

JERRY G. FALLIN - Properties
118 N. Burnet Dr.
Baytown, TX 77520
713-455-7111 phone

Submit to our office with
\$50 cash or money order.
Fax: 832-695-0050

Date form filled out: _____

Property Address _____

This information is sought to assure the most responsible residents and occupants possible and to assist the management in case of emergencies. Your cooperation is appreciated.

1. Full name of applicant/occupant		Present home phone		Cell Phone	
2. Social Security #		Driver's License # or ID# if no driver's license		State	
3. Street address where you are presently residing		City		State	
4. Present employer		Address		City/State	
Type of work		How long at present employer		Work phone	
5. Spouse's full name		Cell Phone			
6. Spouse's Social Security #		Driver's License # or ID# if no driver's license		State	
7. Spouse's present employer		Address		City/State	
Spouse's type of work		How long at present employer		Work phone	
8. Applicant's monthly income is over		Spouse's monthly income is over			
9. List all persons, including children, who will be occupying the dwelling unit and not signing the lease. Continue on back if more than three.					
Name		Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship
Name		Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship
Name		Date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship
10. List all vehicles to be parked on the premises by applicant, spouse, occupants or children (cars, trucks, RVs, motorcycles, trailers, boats, etc.). Continue on back if necessary.					
Type vehicle (example: Ford Mustang, Honda motorcycle, boat trailer)		Year		License Plate #	State
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11. Will you or the other occupants have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>		Kind			
12. Active checking Yes <input type="checkbox"/> No <input type="checkbox"/>	Active savings Yes <input type="checkbox"/> No <input type="checkbox"/>	Retail credit reference Yes <input type="checkbox"/> No <input type="checkbox"/>		Visa/MasterCard/American Express/Discover Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Why are you leaving your present residence?					
14. Have you, your spouse, or any occupant listed in item 9 ever: (A) been evicted or been asked to move out?		(B) broken a rental agreement or lease contract?		(C) declared bankruptcy?	
15. Have you, your spouse, or any occupant listed in item 9 ever: (A) been sued for nonpayment of rent?		(B) been sued for damages to rental property?			
HAS ANY PERSON ON THIS APPLICATION EVER BEEN CONVICTED OF A FELONY?					
16. In case of emergency, notify:		Work phone		Home phone	
Street address		City/State/Zip		Relationship	
17. Other information you may wish us to consider:					

ACKNOWLEDGMENT BY PERSON(S) SIGNING. The undersigned person(s) represent that all the above statements are true and complete and hereby authorize verification of such information via consumer reports, rental history reports, criminal history reports and other means. Such authorization does not require owner to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for Owner's time and expenses of processing this application, and (3) terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the laws of this state from the non-prevailing party. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. BY SIGNING THIS APPLICATION YOU AGREE TO ALLOW US TO OBTAIN YOUR CREDIT REPORT(S).

Signature: _____

Spouse Signature: _____

Date: _____

Date: _____