



A P A R T M E N T S

APPLICATION

I Learned about this Property From: _____

Applicant Name: _____

Date of Birth: _____ Male Female Married Single

Social Security Number: _____

Driver's License Number: _____ State: _____

Phone Number: _____ Email: _____

OTHER RESIDENTS LIVING WITH YOU UNDER 18 YRS OLD AND PETS

NAME: _____ Date of Birth: _____

Relationship: _____

NAME: _____ Date of Birth: _____

Relationship: _____

Pet Name: _____ Type: _____ Breed: _____ Color: _____ Weight: _____

Pet Name: _____ Type: _____ Breed: _____ Color: _____ Weight: _____

RESIDENCE HISTORY FOR LAST TWO YEARS

PRESENT ADDRESS

Address _____ City _____ State _____ Zip _____

Phone #: _____ Dates of Residency: _____

Landlord/ Mortgage Holder Name/Phone Number: _____

Amount of Rent/Mortgage: \$ _____

PREVIOUS ADDRESS IF LESS THAN 2 YEARS

Address _____ City _____ State _____ Zip _____

Phone #: _____ Dates of Residency: _____

Landlord/ Mortgage Holder Name/Phone Number: _____

Amount of Rent/Mortgage: \$ _____

EMPLOYMENT FOR PAST YEAR

PRESENT EMPLOYER

Employer's Name: _____

Work Phone #: _____ **How Long:** _____

Address: _____

Supervisors Name: _____

Monthly Gross Income: \$ _____ **Title:** _____

Your Vehicle Make/Model: _____

Your License Plate Number: _____

Have you ever:

Filed for Bankruptcy? _____ **No** _____ **Yes**

Been Evicted For Non-Payment of Rent or Other Violations? _____ **No** _____ **Yes**

Been convicted of a Felony or have an arrest record or misdemeanor? _____ **No** _____ **Yes**

If yes, please explain _____

Emergency Contact Information:

Name: _____ **Phone Number:** _____

Relationship: _____ **Address:** _____

Name: _____ **Phone Number:** _____

Relationship: _____ **Address:** _____

I do hereby give permission for Hibben Ferry Apartments and its representatives to obtain criminal, financial, credit, employment, and residential history about me from any sources necessary. I do hereby release and hold harmless any person(s) or organizations harmless for the true and accurate information that they release. I also do understand the required information that is needed in order for Hibben Ferry Apartments to approve my rental application must be provided within 72 hours or my application is subject to cancellation. I understand that if I fail to help provide this information or provide false or misleading information, I will forfeit any fees and holding deposits I have given to Hibben Ferry Apartments. Application fees are not refundable for any reason. I understand that I have 72 hours in which to cancel my application and receive a full refund of my holding deposit, unless application has been approved and applicants notified. If I cancel my rental application for any reason other than additional deposit or rejection, after this 72 hour time period, I understand and agree that I will forfeit my holding deposit.

Applicant

Date

Application Received By: _____ **Date:** _____

HIBBEN FERRY APARTMENTS RESIDENT QUALIFYING CRITERIA

We are delighted that you are interested in leasing a dwelling in our apartment community. In order to help you in making your decision, we have listed below the criteria for qualifying as a resident with us.

Fair Housing: This community does not discriminate on the basis of race, color, sex, religion, handicap, familial status, sexual orientation, national origin or any other class protected by applicable law.

Occupancy Standards: No more than two people per bedroom may occupy the apartment, unless there are special circumstances approved by the Landlord. Infants up to twenty-four (24) months old are not considered for occupancy purposes.

Application for Residency: Each applicant must provide a government issued photo identification. A separate rental application must be fully completed, dated and signed by each applicant 18 years of age or older. The application will be reviewed when submitted to ensure we have all information needed to determine your eligibility. Application fees will be collected before an application can be processed.

Co-signers: Applicants who are full-time students and do not have sufficient income to meet the community's standards may qualify by having the lease guaranteed by a guarantor. The guarantor must fill out an application and meet the qualifying credit and income standards set by the community. The applicant for the apartment must also qualify by credit and rental history according to the set standards. They must also complete and sign a lease guaranty agreement. The guarantor must be a direct relative of the applicant for the apartment. Guarantors may be held responsible for the entire rent and other costs, such as damages, as long as you live at the property, even if there are roommates.

Employment and Income History: Employment and monthly income must be verifiable. Applicants must have a total gross income source that meets the minimum income requirements for the apartment being leased which are determined by multiplying the monthly rent by a specified factor of months as determined by the community. If there is insufficient regular income, applicants may qualify by verifying the required amount, determined by the community, in a readily accessible account.

Credit History: Credit history will be checked. An unsatisfactory credit report can disqualify an applicant from renting an apartment. If an applicant is rejected for poor credit history, the applicant will be given the name, address and telephone number of the credit reporting agency that provided the credit report but not be told the content of the credit report.

Criminal History: Applicants will not be accepted if they do not satisfy the criminal history inquiries required by or background investigation allowed by the residency application.

Rental History: Information regarding payment and rental history of each applicant will be collected to verify tenancy. Any applicant who has been previously evicted by a court of law will not be accepted. Prior rental conduct will also be considered when considering approval of an applicant.

I ACKNOWLEDGE THAT I HAD AN OPPORTUNITY TO REVIEW THE PROPERTY'S RENTAL SELECTION CRITERIA, WHICH INCLUDES REASONS WHY MY APPLICATION MAY BE DENIED, SUCH AS CRIMINAL HISTORY, CREDIT HISTORY, CURRENT INCOME, AND RENTAL HISTORY. I UNDERSTAND THAT IF I DO NOT MEET THE PROPERTY'S RENTAL SELECTION CRITERIA OR IF I FAIL TO ANSWER ANY QUESTION OR GIVE FALSE INFORMATION, THE PROPERTY MAY REJECT THE APPLICATION, RETAIN ALL APPLICATION FEES, ADMINISTRATIVE FEES, AND DEPOSITS AS LIQUIDATED DAMAGES FOR ITS TIME AND EXPENSE, AND TERMINATE MY RIGHT OF OCCUPANCY.

Applicant

Date

Tenant Release and Consent

This form should be completed and signed by all adult household members before obtaining verifications.

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The group or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical/Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | Utility Providers |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The /original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident	(Print Name)	Date
Co/Applicant/Resident	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date
Apartment Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.