

Date when filled out: \_\_\_\_\_

**ABOUT YOU:** Full name (exactly as on driver's license or govt. ID card) \_\_\_\_\_  
 Your street address (as shown on your driver's license or government ID card): \_\_\_\_\_  
 Driver's license # and state: \_\_\_\_\_  
 OR govt. photo ID card #: \_\_\_\_\_  
 Former last names (maiden and married): \_\_\_\_\_  
 Your Social Security #: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
 Marital Status:  single  married  divorced  widowed  separated

Current home address (where you now live): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_  
 Name of apartment where you now live: \_\_\_\_\_  
 Current owner or manager's name: \_\_\_\_\_  
 Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_  
 Why are you leaving your current residence? \_\_\_\_\_

Your previous home address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Apartment name: \_\_\_\_\_  
 Name of above owner or manager: \_\_\_\_\_  
 Their phone: \_\_\_\_\_ Previous monthly rent: \$ \_\_\_\_\_  
 Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR WORK:** Present employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Work phone: (\_\_\_\_) \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Your gross monthly income is over: \$ \_\_\_\_\_  
 Date you began this job: \_\_\_\_\_  
 Supervisor's name and phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Work phone: (\_\_\_\_) \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Gross monthly income was over: \$ \_\_\_\_\_  
 Dates you began and ended this job: \_\_\_\_\_  
 Previous supervisor's name and phone: \_\_\_\_\_

**YOUR CREDIT HISTORY:** Your bank's name, city, state: \_\_\_\_\_  
 List major credit cards: \_\_\_\_\_  
 Other non-work income you want considered. Please explain: \_\_\_\_\_  
 Have you or your spouse ever owned a home?  Yes  No  
 Past credit problems you want to explain. (Use separate page.)

**YOUR RENTAL/CRIMINAL HISTORY:** I have you, your spouse, or any occupant listed in this Application ever:  been evicted or asked to move out?  broken a rental agreement?  declared bankruptcy?  been sued for rent?  been sued for property damage?  been arrested for a felony or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?  been arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate the year, location and type of each felony and sex-related crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 You represent the answer is "no" to any item not checked above.

**YOUR SPOUSE:** Full name: \_\_\_\_\_  
 Former last names (maiden and married): \_\_\_\_\_  
 Spouse's Social Security #: \_\_\_\_\_  
 Driver's license # and state: \_\_\_\_\_  
 OR govt. photo ID card #: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_  
 Present employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Work phone: (\_\_\_\_) \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date began job: \_\_\_\_\_ Gross monthly income is over: \$ \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_  
 Supervisor's phone: (\_\_\_\_) \_\_\_\_\_

**OTHER OCCUPANTS:** Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Sex: \_\_\_\_\_ DL or govt. ID card # and state: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**YOUR VEHICLES:** List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.  
 Make and color of vehicle: \_\_\_\_\_  
 Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Make and color of vehicle: \_\_\_\_\_  
 Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Make and color of vehicle: \_\_\_\_\_  
 Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**OTHER INFORMATION:** Will you or any occupant have an animal?  yes  no  
 Kind, weight, breed, age: \_\_\_\_\_  
 Do you or any occupant smoke?  yes  no How were you referred?  
 Internet  Stopped by  Rental publication: \_\_\_\_\_  
 Rental agency or locator service name: \_\_\_\_\_  
 Agent's name: \_\_\_\_\_  
 Friend (name): \_\_\_\_\_  Newspaper (name): \_\_\_\_\_  
 Other: \_\_\_\_\_

**EMERGENCY:** Emergency contact person over 18, who will not be living with you:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Work phone: (\_\_\_\_) \_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more]  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

**AUTHORIZATION:** I or we authorize (owner's name) Stonebrook Village Apartments to verify, by all available means, the above, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.  
 Applicant's signature \_\_\_\_\_  
 Spouse's signature \_\_\_\_\_  
 You must also sign the Application Agreement on the next page of this Application.

**Contemplated Lease Contract Information**

*To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.*

The TAA Lease Contract to be used must be the latest version of (check one):  the Apartment Lease,  the Residential Lease, or  the Condominium/Townhome Lease, unless an earlier version is initiated by resident(s) and attached to this Application. The blanks in the contract will contain the following information:

- Names of all residents who will sign Lease Contract \_\_\_\_\_
- Name of Owner/Lessor Stonebrook Village Apartments;
- Property name and type of dwelling (bedrooms and baths) \_\_\_\_\_
- Complete street address 7500 Rolling Brook Drive  
City/State/Zip Frisco, TX 75034;
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) \_\_\_\_\_
- Total number of residents and occupants \_\_\_\_\_;
- Our consent necessary for guests staying longer than 7 days;
- Beginning date and ending date of Lease Contract \_\_\_\_\_
- Number of days notice for termination 30 ;
- Total security deposit \$ \_\_\_\_\_ ; Animal deposit \$ 350.00 ;
- # of keys/access devices for 2 unit, 2 mailbox, 2 other pool ;
- Total monthly rent for dwelling unit \$ \_\_\_\_\_ ;
- Rent to be paid at (check one)  on-site manager's office or  at NIGHT DROP BOX ;
- Prorated rent for:  first month or  second month \$ \_\_\_\_\_
- Monthly rental due date \_\_\_\_\_ ;
- Late-charge date 3rd day of the month ;
- Initial late charge \$ 50.00 ; Daily late charge \$ 10.00 ;
- Returned-check charge \$ 30.00 ;
- Animal violation charges: Initial \$ 100.00 ; Daily \$ 10.00 ;
- Check if the dwelling is to be furnished;
- Utilities paid by owner (check all that apply):  electricity,  gas,  water,  wastewater,  trash,  cable TV,  master antenna;
- You will (check one):  not buy insurance or  buy insurance;
- Agreed reletting charge \$ \_\_\_\_\_ ;
- Your move-out notice will terminate Lease Contract on (check one):  
 last day of month, or  exact day designated in move-out notice;
- If dwelling unit is house or duplex, owner will be responsible under paragraph 26 of the Lease Contract for  lawn/plant maintenance,  lawn/plant watering,  picking up trash from grounds,  lawn/plant fertilization,  trash receptacles. If not checked, applicant will be responsible. The applicant will be responsible for the first \$ \_\_\_\_\_ of each repair.
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): \_\_\_\_\_

**Application Agreement**

1. Lease Contract Information. The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.
2. Application Fee (nonrefundable). You have delivered to our representative an application fee in the amount indicated below, and this payment partially defrays the cost of administrative paperwork. *It's nonrefundable.*
3. Application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. *The application deposit is not a security deposit.* However, it will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7.
4. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.*
7. If You Withdraw Before Approval. You and any co-applicants may not withdraw your Application or the application deposit. *If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.*
8. Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked):  a separate Application has been fully filled out and signed by you and each co-applicant;  an application fee has been paid to us;  an application deposit has been paid to us. *If an item is checked, all are necessary for the Application to be considered completed.*
9. Nonapproval in Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. Refund after Nonapproval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within \_\_\_\_\_ days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. Receipt. Application fee (nonrefundable): \$ \_\_\_\_\_  
Application deposit (may or may not be refundable): \$ \_\_\_\_\_  
Total of above application fee and application deposit: \$ \_\_\_\_\_  
Total amount of money we've received to this date: \$ \_\_\_\_\_
15. Signature. *Our representative's signature is consent only to the above application agreement. It does not bind us to accept approval or to sign the proposed Lease Contract.*

**Acknowledgment.** You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. (TAA signatures are legally binding.)

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Important medical information in emergency: \_\_\_\_\_

This Rental Application and the Lease Contract are binding legal documents when signed. Please read them carefully. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to an original of the Lease Contract after it is fully signed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

1. Apt. name or dwelling address (street, city): Stonebrook Village Apartments Unit # or type: \_\_\_\_\_
2. Person accepting application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
3. Person processing application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
4. Date that applicant or co-applicant was notified by  telephone,  letter, or  in person of  acceptance or  nonacceptance: \_\_\_\_\_  
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): \_\_\_\_\_
6. Name of owner's representative who notified above person(s): \_\_\_\_\_





Supplemental Rental Application for Units  
Under Government Regulated Affordable Housing Programs



Date: \_\_\_\_\_  
(when this Application is filled out)

- SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
- HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above?  Yes  No. Does anyone plan to live with you in the future who is not listed above?  Yes  No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are any of the household members listed above: Foster children?  Yes  No Live-in attendants?  Yes  No

- ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment of persons under the age of 18).

Annual Income Source: <i>Indicate whether anyone in your household receives income from any of the following</i>	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$
				<b>TOTAL \$</b>

- ASSETS.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

- CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. Do you certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application?  Yes  No
- RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the TAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

