

Name & Address (As it appears on Driver's License/I.D.)	Rental/Criminal History Have you ever:		
	Been evicted or asked to move out? □No		
Former Last Name (Maiden & Married)	□Yes, why?		
Driver License State & #	Moved out before end of lease? □No		
Social Security #	□Yes, why?		
Date of Birth Ht. Wt.			
Sex Eye Color Hair Color Phone (home) Phone (cell)	Declared bankruptcy? □Yes □No		
Email:	Been sued for rent or property damage? □Yes □No Been charged, detained, or arrested for a felony or sex crime?		
Current Home Address (if different from above)	☐Yes ☐No If, Yes indicate year and type of felony or sex crime_		
Monthly Rent \$ Date Moved in Manager's Name : Manager's #:			
Manager's Name : Manager's #:			
Why are you leaving your current residence?			
	Children		
	Name Date of birth		
	Name Date of birth		
Previous Home Address	Name Date of birth		
Monthly Rent \$	<u>Vehicle</u>		
Date you moved in Date you moved out	MakeModelYear		
Manager's Name : Manager's #:	License#		
Current Employer	Other Information Will you or any occupant have an animal?		
Name	□Yes □No		
Address	If so: Weight Age Breed		
Address City/State/Zip Phone Position Gross Monthly Income	n sei weightnge breed		
Position Gross Monthly Income	Emergency Contact (Mother, Father, Friend, or other relative)		
Date started job	Name		
Supervisor's name	Address		
	Home phone		
Previous Employer	Work phone		
Name	Relationship		
Address	(If you die or are seriously ill, missing or incarcerated according to an		
Address Phone Position Gross Monthly Income Date started job Dated ended job	affidavit of [check one or more] \square the above person, \square your spouse, or		
Position Gross Monthly Income	☐ your parent or child, we may allow such person(s) to enter your		
Date started job Batea enaca job	dwelling to remove all contents, as well as your property in the mailbox.		
Supervisor's name	If no box is checked, the above person is authorized at our option. If you		
Credit History	are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.)		
Bank Accounts: Yes or No	amountainee at your expense. We re not regarry obligated to do so.)		
	Authorization I or we authorize AAA Properties, L.C. to		
Bank Name:Account Number:	verify the above information, by all available means, including		
Credit Cards:	reports from consumer reporting agencies before, during, and		
	after occupancy on matters relating to my lease, and income		
Other Non-Work Income	history and other information reported by employers.		
	Applicant's signature		
	Date		
	How did you hear about us?		
For Office Use Only:			
Property/Unit # Requested Move In Dat			
$\$ Application Fee By: \Box cash \Box m	oney order \Box credit card Received By:		

CONSENT FOR RELEASE OF INFORMATION

(relating to affordable housing rental application)

I, the undersigned applicant, authorize all persons or companies in the categories listed below to release without liability, all information regarding our employment, income and/or assets. The information may be released only to the rental dwelling owner named below. The purpose of releasing the information is to verify information we've given on a rental application.

Information covered. We understand that previous or current information may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment income, assets and allowance for child care or medical purposes. This authorization cannot be used to obtain any information about us that does not relate to our eligibility for rental housing from the property owner named below. 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-T entitled "Request for Transcript of Tax Form" must be prepared and signed separately.

Group or individuals who may be asked. The groups or individuals who may release the above information include, but are not limited to:

Present and Past Employers Present and Past Landlords (including Public Housing Agencies) Support and Alimony Providers Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers Veterans Administration Retirement Services Financial Institutions Credit Reporting Agencies

Conditions for release. We agree that a photocopy of this authorization may be used for the above purposes. The original of this authorization is on file and will stay in effect for 13 months from the date signed. We have a right to review the file and correct information that is incorrect.

Rental dwelling owner. The above information may only be released to the rental dwelling owner or management company named below:

OWNER

AAA Properties, L.C. 322 S Waco Street Weatherford, Texas 76086 Phone: (817)598-0663 Fax: (817)598-5902

Applicant Signature	Printed Name	Date	