W E WATSON ENTERPRISES LLC

Brock Street Apartments - French Quarters Apartments - Chickadee Street Duplexes - Marsh Drive Duplexes - Timbers Apartments - Pine Street Duplex - Feagin Street Duplex

209 Denham Street

Livingston, Texas 77351

OFFICE 936-327-3153 FAX 936-327-2832

THIS IS A LEGAL BINDING CONTRACT

The information collected below will be used to determine whether or not you qualify as a resident. It will not be disclosed without your consent, except for your employer verification and your financial institution. You do not have to provide the information requested, but if you fail to do so, your contract may be rejected. **By signing** below, you give authorization to do a credit check and complete background check, including criminal.

Apartment/Duplex/Ho	use Desired									
Applicant's name		Age	Birth dat	te						
SS#	TDL#	S	M	_D	W					
Best Phone #	Alter	nate Phone #								
Current Address:		City	ST		Zip					
How long at current address?_	Reason for r	moving								
Current monthly payment	Current landlord_		Phone #							
Your Employer		Years employed_	posit	tion						
Address	Phone #monthly income									
Spouse/ Co-Applicant		Age	Birth date_							
SS#	TDL#	S	M	_D	W					
Best Phone #	Alternate Phone #									
Your Employer	Years employed position									
Address	Phone #	r	nonthly inco	me						

YOU WILL NEED TO PROVIDE PROOF OF INCOME BEFORE APPLICATION IS PROCESSED

LIST **ALL** OTHER PERSONS THAT WILL BE OCCUPYING THE PREMISES

Name						SS#			_DOB_			R	elationshi	p		
Name						SS#			_DOB_	Relationship						
Name						SS#			_DOB_			R	elationshi	p		
Name _.						SS#			_DOB_	Relationship						
						•				J	, 1		housing	in	the	past?
If yes,	EXPL	AIN														
	BRO	CK STI	REET . /E DU	APAR JPLEX	RTM (ES	IENTS - FI - CHICK	RENCH ADEE ST	QUARTER	RS APAR PLEXES	TMEN	NTS - T	ΓIMB UPLE	as previous BERS APAI EX- FEAGIN LLC	RTMI	ENTS	
Name o	& Add	ress														
Name o	& Add	ress														
	-	-		-									ANY type			
						•		O -					Phone			
There	is a LI	MIT O	F2ve	ehicle	s to	be kept a	t the pro	operty. (th	is inclu	des co	mpany	/em	ployment	vehi	cles)	
Make/	′Mode	el/Yeaı	r					color_			Pla	ite #_				
Make/	′Mode	el/Yeaı	r					color_			Pla	ite#_				
Bankir	ng info	ormatio	on:			Checking	g #			Sa	vings#	ŧ				
Bank 1	Name_							P	none #_							
MY I PROP DEPO LIQUI	KNOV OSEC SIT 1 IDAT	VLEDO ABO Mone Ed D <i>e</i>	GE. VE F Y O AMA	IF T RESII N A GES	THI DEN U FO	S LEGA NT CANO NIT, TH R PERFO	L CONCELS A E AMORMAN	NTRACT AFTER 12 OUNT R CE AND	IS AC HOUI ECEIVI WILL	CCEPT RS OF ED IS BE F	TED A F PLA F HER ORFE	AND CIN(EBY ITEI	RRECT TO SUBSEC G ANY I ACKNO BY THI FF THE M	QUEI REN' DWLI E RE	NTLY F AN EDGI SIDE	THE ID/OR ED AS
Signa	ture:									D	ate : _					
Signa	ture:									D	ate: _					