DVM Rental Application

ABOUT YOU	Full Name(exactly as	on driver's License	e or govt. ID card		
Address					
Drivers License # and state					
		OR govt. photo II	D card #:		
Maiden Name					
Social Security #					
Date of Birth		Height		Weight	
Sex		eye color		hair colo	ſ
marital status	single	married	divorced	Widowed	seperated
US citizen				yes	No
current address					
city/state/zip code					
Cell number ()				
phone number ()			monthly rent	
email address					
name of apartment where yo	 ou live				
current owner or managers					,
phone number ()			date you moved out	
why are you leaving your cui	rrent residence				
previous address					
city/state/zipcode					
apartment name					
name of owner or manager					
phone number ()		month	ly rent	
date of move in				move out date	
\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
Your Work	Present employer:				
address city/state/zip code					
phone number					
position					
Your gross monthly income:	\$				
date you began this job	Ψ				
supervisor name and phone	number				

previous employer				
address				
city/state/zipcode				
phone number				
position				
your gross monthly income				
date you began this job	•			
supervisor name and phone nur	mber			
YOUR RENTAL/CRIMINA	L HISTORY	You must c	neck if applicable. Have	
you, your spouse, or any occ			• • • • • • • • • • • • • • • • • • • •	
asked to move our? mo				
without the owner's consent?	_			
been sued for property dama		• —		
or sex crime that was resolve	· —		•	
		•		
ordered community supervisi	•		·	
arrested for a felony or sex-re		• •		
Please indicated below the ye	•	•		
than those resolved by dismi		-		
before making a decisions. `	You represent the answ	ver is "no" to any item nit ch	ecked 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 #:			
Birthday:		Height:	Weight:	
Sex:	Eye color:	Hair color:		
	Lyc color.		 No	
Are you a U.S citizens?		Yes	NO	
Present employer:				
Address:				
City/State/Zip:				
Work phone: ()				
Position:				
Date began job:		Gross Monthly income	s over: \$	
Supervisor's name and phone:				
WHO WILL LIVE HERE				
Name		AGE		
Name				
Name				
iname		AGE		

AUTHORIZATION	I or We (DVM)	
to (1) share the above information with	owner's electric provider, and (2) verify, by all	
available means, the above, including re	eports from consumer reporting agencies before,	
during and after tenancy on matters rela	ating to my lease, and income history and other	
information reported by employer's) to a	any state employment security agency (e.g.,	
Texas Workforce Commission. Work h	nistory information may be used only for this	
Rental Application. Authority to obtain v	work history information expires 365 days from	
the date of this application.		
Applicant's signature		
Spouse's signature		