

**RESIDENTIAL RENTAL APPLICATION**

For inquiries about the rental property, please contact HARDY`S HOME HEALTHCARE at:

Email Address: info@hardyshomehealthcare.com

Phone: (713) 728-8100 EXT: 200

**RENTAL PROPERTY**

Rental Property Address: \_\_\_\_\_, \_\_\_\_\_, TX \_\_\_\_\_

Date of Availability: \_\_\_\_\_

Type of Lease Term: Fixed term

Minimum Term of Lease: \_\_\_\_\_

Monthly Rent Payment: \$\_\_\_\_\_

Initial Security Deposit: \$\_\_\_\_\_

Application Fee: \$\$50.00

**APPLICANT'S PERSONAL INFORMATION**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

DESIRED MOVE-IN DATE: \_\_\_\_\_

**CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)***

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternative Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**OTHER OCCUPANTS' INFORMATION *(if applicable)***

Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RENTAL HISTORY**

**I. Current Residence**

Current Address:

\_\_\_\_\_

How long have you been residing at this address? \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Contact Number: \_\_\_\_\_

Reason(s) for leaving this property:

\_\_\_\_\_  
\_\_\_\_\_

**II. Previous Residence (If applicable)**

Previous Address:

\_\_\_\_\_

How long did you stay at this address? \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Contact Number: \_\_\_\_\_

Reason(s) for leaving this property:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been evicted from a rental residence?	Yes	No
Have you missed two or more rental payments in the past 12 months?	Yes	No
Have you ever refused to pay rent when due?	Yes	No

If you have answered YES to any of the above, please state your reasons and/or circumstances:

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**EMPLOYMENT DETAILS**

**I. Current Employment**

Employment Status: [ ] Full-Time [ ] Part-time [ ] Student [ ] Unemployed [ ] Retired

Current Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Monthly Income:\$ \_\_\_\_\_

Other Sources of Income:

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**II. Previous Employment**

Previous Employer (if any): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

**PROOF OF INCOME**

The applicant is required to attach proof of their income to this rental application form. Acceptable documentation includes pay stubs, employer's letter/certificate, bank statements or copies of the previous year's tax return.

**CREDIT HISTORY AND BACKGROUND CHECK AUTHORIZATION**

Have you declared bankruptcy in the past seven (7) years?                      Yes      No  
Do you consent to a credit check?    Yes      No  
Is there anything that we may find in our **credit** check that you want to comment on?

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**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

Do you consent to a criminal check?    Yes      No  
Is there anything that we may find in our **criminal** check that you want to comment on?

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**ADDITIONAL INFORMATION**

**I. PETS**

The Landlord does not allow pets in the rental property.

**II. SMOKING**

The Landlord does not allow smoking of cigarettes in the rental property.

**III. WATERBEDS**

The Landlord does not allow the use of waterbeds on the premises.

I declare that the information I have provided is true and correct, and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all

available remedies.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_