UVALDE LANDMARK APARTMENTS 1518 GARNER FIELD ROAD UVALDE, TEXAS 78801 830-278-5557

RENTAL APPLICATION

Apt # Date	:							
Full Name								
Street Address								
Driver's License # and State								
Former last names (maiden and married)_								
Social Security#: Date	of Birth Sex							
Height Weight Eye co	lor Hair color							
Marital Status: single married divorced	l widowed separated							
Are you a U.S. citizen? Yes No								
Phone #	Cell#							
Present Employer	Phone #							
Address	City/State/zip							
Position	Gross monthly income \$							
Supervisor's name								
Other Income Amount \$								
YOUR RENTAL/CRIMINAL HISTORY Have you ever been evicted Yes No Broken a lease Yes No Declared bankruptcy Yes No Been sued for rent Yes No Sued for property damage Yes No Charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion Yes No Charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method. Yes No								
Will you have a pet Yes No								
Kind Breed	Weight Age							

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OTHER OCCUPANTS

Name			Age	Relationship		Sex
Social Security #		Phone	#:		Cell#:	
Name			Age	Relationship		Sex
Social Security #		Phone	#:		Cell#:	
Name			Age	Relationship)	Sex
Social Security #		Phone	#:		Cell#:	
YOUR VEHICLES						
Make	Color		Year	Licen	se #	
Make	Color		Year	Licen	se #	
EMERGENCY CONTAC	<u>CT</u>					
Name			Addres	s		
Tele.#:		c	ell#:			
Relationship						
Signature:						

In the event that we lease a rental unit, this amount will be credited toward the security deposit to be placed on this unit. However, if I/we choose not to take the rental unit, we agree that 100% of this amount will be forfeited to Landmark Apartments if cancellation is after 24 hours. Cancellation made prior to 24 hours must be in writing. I/we agree that no recourse will be taken against Landmark Apartments or any type of attempt to recover the above hold deposits if we default on this agreement.

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AGREEMENT TO CONDUCT BACKGROUND CHECK

I understand and agree that as a condition of being approved as a tenant at Uvalde Landmark Apartments they will conduct a criminal background check. My signature below constitutes my authorization for Uvalde Landmark Apartments or its agents to check my background. I waive and release Uvalde Landmark Apartments and its agents from any and all claims I may otherwise have with respect to any such criminal background check. Signature Date Please complete the following: Name Address City/State/Zip Code Date of Birth Social Security Number