**Rental Application**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | |  | | | |
| Name: DL# | | | |  | | | |
| Date of birth: | | | SSN: |  | | Phone: | |
| Current address: | | | |  | | | |
| City: | | | State: |  | | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | | |  | | | How long? |
| Previous address: | | | |  | | | |
| City: | State: | | |  | | ZIP Code: | |
| Owned Rented (Please circle) | Monthly payment or rent: | | |  | | | How long? |
| **Employment Information** | | | |  | | | |
| Current employer: | | | |  | | | |
| Employer address: | | | |  | | | How long? |
| Phone: | | E-mail: | |  | | Fax: | |
| City: | State: | | |  | | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | | |  | Annual income: | | |
| **Emergency Contact** | | | |  | | | |
| Name of a person not residing with you: | | | |  | | | |
| Address: | | | |  | | | |
| City: | State: | | | ZIP Code: | | | Phone: |
| Relationship: | | | |  | | | |
| **Co-applicant Information,** | | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Name: DL# | | | |  | | |
| Date of birth: | | | SSN: |  | Phone: | |
| Current address: | | | |  | | |
| City: | | | State: |  | ZIP Code: | |
| Own Rent (Please circle) | Monthly payment or rent: | | |  | | How long? |
| Previous address: | | | |  | | |
| City: | | | State: |  | ZIP Code: | |
| Owned Rented (Please circle) | | | Monthly payment or rent: |  | | How long? |
| **Co-applicant Employment Information** | | | |  | | |
| Current employer: | | | |  | | |
| Employer address: | | | |  | | How long? |
| Phone: | | E-mail: | |  | Fax: | |
| City: | State: | | |  | ZIP Code: | |
| Position: | Hourly Salary (Please circle) | | | Annual income: | | |
| **References** | | | |  | | |
| Name: | | | Address: |  | | Phone: |
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| **OCCUPANTS** | | | | | | | | | | | | |
| \*ALL IMFORMATION IS NEED FOR ANY ADULT OVER THE AGE OF 18 THAT WILL BE LIVING AT THE ABOVE  ADDRESS. ALL OCCUPANTS ARE SUBJECT TO A BACKGROUND CHECK.\* | | | | | | | | | | | | |
| NAME | | DATE OF BIRTH | | SOCIAL SECURITY# | | | | | DRIVER  LICENSE/ID# | | RELATIONSHIP TO APPLICANT | |
|  | |  | |  | | | | |  | |  | |
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| **VEHICLE INFORMATION** | | | | | | | | | | | | |
| **MAKE** | **MODEL** | | **YEAR** | | | | **LICENSE PLATE** | | | **STATE** | | **COLOR** |
|  |  | |  | | | |  | | |  | |  |
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|  |  | |  | | | |  | | |  | |  |
| LIST ALL PETS THAT WILL BE ON PROPERTY. ( Dogs, cats, birds, reptiles, and other pets) | | | | | | | | | | | | |
| TYPE | | COLOR | | NEUTERED? | | | | | DECLAWED? | | SHOTS? | |
|  | |  | |  | | | | |  | |  | |
|  | |  | |  | | | | |  | |  | |
| HAS APPLICANT EVER: YES NO EXPLANTION | | | | | | | | | | | | |
| BEEN EVICTED? | | | | |  |  | |  | | | | |
| BREACHED A LEASE OR RENTAL AGREEMENT? | | | | |  |  | |  | | | | |
| FILED FOR BANKRUPTCY? | | | | |  |  | |  | | | | |
| LOST PROPERTY IN A FORECLOSURE? | | | | |  |  | |  | | | | |
| HAD **ANY** CREDIT PROBLEMS, SLOW-PAYS OR DELINQUENCIES? | | | | |  |  | |  | | | | |
| ARE THERE ANY CRIMINAL MATTERS PENDING AGAINST ANY OCCUPANT? | | | | |  |  | |  | | | | |
| **IS ANY OCCUPANT A REGISTERED SEX OFFENDER?** | | | | |  |  | |  | | | | |

**RENTAL PROPERY INFORMATION**

RENTAL PROPERTY NAME: Pearland Acres MHP  **OWNER INFORMATION**

PROPERTY ADDRESS: 18810 Tree Top Lane OWNER’S NAME: ROBERT AZZARELLO

PROPERTY CITY, STATE, ZIP: Pearland, TX OWNER’S CONTACT # : 818-825-7333

77584 OWNER’S EMAIL: robert4re@gmail.com

**LOTS ONLY** OWNER’S FAX: 818-478-2928

**LEASING AGENT INFORMATION**

LEASING OFFICE MANAGER: Tiffany Tackett

OFFICE ADDRESS:18810 Tree Top Lane

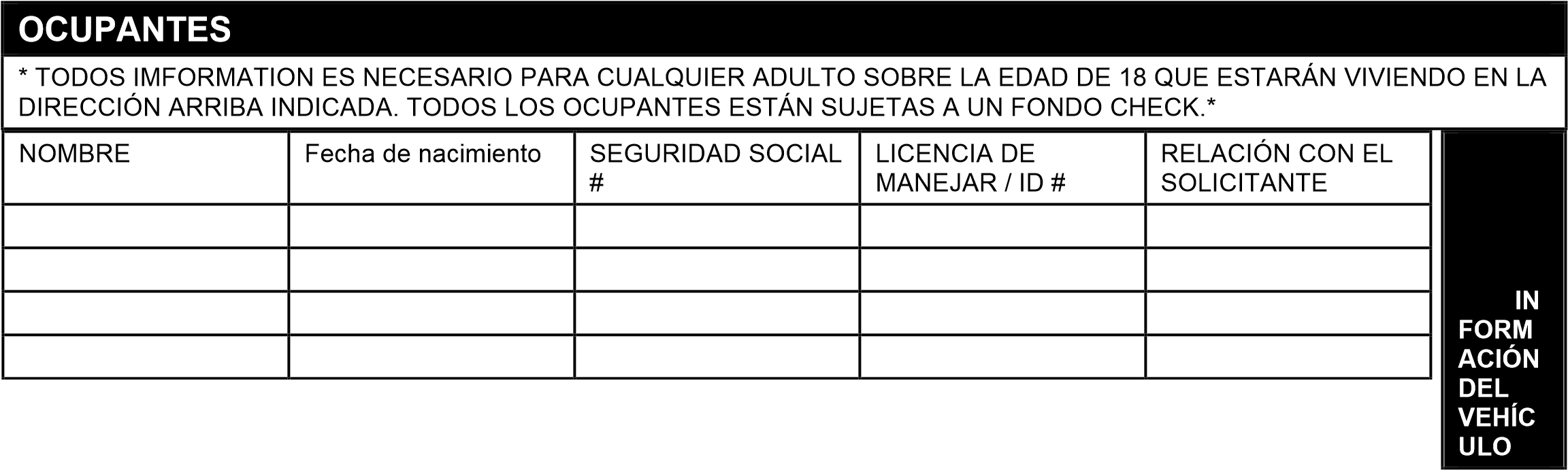
OFFICE CITY, STATE, ZIP: Pearland, TX, 77584 AGENT’S CONTACT NUMBER: 832-655-3344

AGENT’S EMAIL: TiffanyTackettCFP@gmail.com

|  |  |
| --- | --- |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |

# Solicitud de alquiler

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| **Información del solicitante** | | | |  | | | |
| Nombre: DL # | | | |  | | | |
| Fecha de nacimiento: | | | SSN: |  | | Teléfono: | |
| Dirección actual: | | | |  | | | |
| Ciudad: | | | Provincia/estado: |  | | Código postal: | |
| Alquiler propia (círculo por favor) | Pago mensual o alquiler: | | |  | | | ¿Cuánto tiempo? |
| Dirección anterior: | | | |  | | | |
| Ciudad: | Provincia/estado: | | |  | | Código postal: | |
| Propiedad alquilada (círculo por favor) | Pago mensual o alquiler: | | |  | | | ¿Cuánto tiempo? |
| **Información de empleo** | | | |  | | | |
| Empleador actual: | | | |  | | | |
| Dirección del empleador: | | | |  | | | ¿Cuánto tiempo? |
| Teléfono: | | Correo electrónico: | |  | | Fax: | |
| Ciudad: | Provincia/estado: | | |  | | Código postal: | |
| Posición: | Salario por horas (por favor círculo) | | |  | Renta anual: | | |
| **Contacto de emergencia** | | | |  | | | |
| Nombre de una persona que no reside con usted: | | | |  | | | |
| Dirección: | | | |  | | | |
| Ciudad: | Provincia/estado: | | | Código postal: | | | Teléfono: |
| Relación: | | | |  | | | |
| **Cosolicitante información,** | | | |  | | | |
| Nombre: DL # | | | | |  | | |
| Fecha de nacimiento: | | | SSN: | |  | Teléfono: | |
| Dirección actual: | | | | |  | | |
| Ciudad: Provincia/estado: | | | | | Código postal: | | |
| Alquiler propia (círculo por favor) | Pago mensual o alquiler: | | | |  | | ¿Cuánto tiempo? |
| Dirección anterior: | | | | |  | | |
| Ciudad: | | | Provincia/estado: | |  | Código postal: | |
| Propiedad alquilada (círculo por favor) | | | Pago mensual o alquiler: | |  | | ¿Cuánto tiempo? |
| **Información de empleo cosolicitante** | | | | |  | | |
| Empleador actual: | | | | |  | | |
| Dirección del empleador: | | | | |  | | ¿Cuánto tiempo? |
| Teléfono: | | Correo electrónico: | | |  | Fax: | |
| Ciudad: | Provincia/estado: | | | |  | Código postal: | |
| Posición: | Salario por horas (por favor círculo) | | | | Renta anual: | | |
| **Referencias** | | | | |  | | |
| Nombre: | | | Dirección: | |  | | Teléfono: |
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| **HACER** | **MODELO** | | **AÑO** | | | | **MATRÍCULA** | | | **ESTADO** | | **Color** |
|  |  | |  | | | |  | | |  | |  |
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| LISTA DE TODOS LOS ANIMALES DOMÉSTICOS QUE SERÁN SOBRE LA PROPIEDAD. (Perros, gatos, aves, reptiles y otros animales domésticos) | | | | | | | | | | | | |
| TIPO | | Color | | ¿CASTRADO? | | | | | ¿DESPEJADO? | | ¿TOMAS? | |
|  | |  | |  | | | | |  | |  | |
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|  | |  | |  | | | | |  | |  | |
| SOLICITANTE HA: | | | | | SÍ | No | | ASOCIACIONISTA | | | | |
| ¿SIDO DESALOJADO? | | | | |  |  | |  | | | | |
| ¿VIOLÓ UN ACUERDO DE ARRENDAMIENTO O ALQUILER? | | | | |  |  | |  | | | | |
| ¿SE DECLARÓ EN BANCARROTA? | | | | |  |  | |  | | | | |
| ¿OBJETOS PERDIDOS EN UNA EJECUCIÓN HIPOTECARIA? | | | | |  |  | |  | | | | |
| ¿TENIDO **problemas de crédito,** paga lento o morosidad? | | | | |  |  | |  | | | | |
| ¿HAY ALGUNA MATERIA PENAL PENDIENTE CONTRA CUALQUIER OCUPANTE? | | | | |  |  | |  | | | | |
| **CUALQUIER OCUPANTE ES UN**  **DELINCUENTE SEXUAL REGISTRADO.** | | | | |  |  | |  | | | | |

**INFORMACIÓN DE ALQUILER DE PROPIEDAD INFORMATION DE DUENO DE PROPIEDAD**

ALQUILER propiedad nombre: Pearland Acres MHP NOMBER del dueño: Robert Azzarello

Dirección de la propiedad: 18810 Tree Top Lane CONTACTO para el dueño: 818-825-7333

PROPIEDAD ciudad, estado, código postal: Pearland, TX 77584 CORREO ELECTRONICO DEL dueño: robert4re@gmail.com

**SOLO ESPASIO DE TIERRA** Fax del dueño: 818-478-2928

**INFORMACIÓN DEL AGENTE DE ARRENDAMIENTO SI HABLO ESPANOL**

NOMBRE del agente: Tiffany Tackett

Oficina Dirección: 18810 Tree Top Lane

Oficina ciudad, estado, código postal: Pearland, TX, 77584 Correo electrónico de agente: TiffanyTackett.CFP@gmail.com CONTACTO # DE AGENTE: 832-655-3344

|  |  |
| --- | --- |
| Autorizo la verificación de la información proporcionada en esta forma en cuanto a mi crédito y empleo. He recibido una copia de esta solicitud. | |
| Firma del solicitante: | Fecha: |
| Firma del co-solicitante: | Fecha: |