



Rental Application for Residents and Occupants
6804 North Capital of Texas Highway, Austin, Texas 78731
(512) 346-9886 PH (512) 346-9887 FX

ABOUT YOU

FULL NAME (AS IT APPEARS ON DL OR ID):
CURRENT HOME ADDRESS:
CITY / STATE / ZIP:
HOME PHONE: CELL PHONE:
EMAIL ADDRESS:
SOCIAL SECURITY # : BIRTH DATE:
DRIVERS LICENSE # : STATE:

YOUR RESIDENCE

CURRENT OWNER OR MANAGER NAME: DATE YOU MOVED IN:
CURRENT OWNERS PHONE NUMBER: CURRENT MONTHLY RENT: \$
WHY ARE YOU LEAVING YOUR CURRENT RESIDENCE?:

YOUR PREVIOUS RESIDENCE:

PREVIOUS OWNER OR MANAGER NAME:
PREVIOUS OWNERS PHONE: PREVIOUS MONTHLY RENT: \$
ADDRESS: CITY / STATE / ZIP:
DATE YOU MOVED IN: DATE YOU MOVED OUT:

YOUR WORK

PRESENT EMPLOYER:
ADDRESS: CITY / STATE / ZIP:
SUPERVISORS NAME: SUPERVISORS :PHONE:
WORK PHONE: POSITION:
DATE YOU BEGAN THIS JOB: YOUR GROSS ANNUAL INCOME: \$
PREVIOUS EMPLOYER:
ADDRESS: CITY / STATE / ZIP:
SUPERVISORS NAME: SUPERVISORS PHONE:
WORK PHONE: POSITION:
DATE YOU BEGAN THIS JOB: YOUR GROSS ANNUAL INCOME: \$

OTHER OCCUPANTS

Names of all persons under the age of 18 who will occupy the unit

NAME: SEX: M F NAME: SEX: M F
BIRTHDAY: SS# BIRTHDAY: SS#
DRIVER'S LICENSE #: STATE: DRIVER'S LICENSE #: STATE:

NAME: \_\_\_\_\_ SEX: M  F

NAME: \_\_\_\_\_ SEX: M  F

BIRTHDAY: \_\_\_\_\_ SS# \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SS# \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

**YOUR SPOUSE** (other occupants over the age of 18 need to fill out a separate application)

FULL NAME (AS IT APPEARS ON DL OR ID): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_

SUPERVISORS PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE YOU BEGAN THIS JOB: \_\_\_\_\_

GROSS ANNUAL INCOME: \$ \_\_\_\_\_

**YOUR VEHICLE(S)**

MAKE & MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

MAKE & MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

**YOUR PETS**

Will you or any occupants have an animal? Yes  No

NAME: \_\_\_\_\_

BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

AGE: \_\_\_\_\_

**HOW YOU FOUND US**

WERE YOU REFERRED? YES  NO  BY WHOM? \_\_\_\_\_

INTERNET  DRIVE-BY  RENTAL PUBLICATION

OTHER: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**Rental/criminal history:** Have you, your spouse or any occupant listed ever been evicted, declared bankruptcy, been charged, detained, arrested for any felony or sex-related crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? If yes, please indicate date, location and type of each incident. We may need to discuss more facts before making a decision.

**Authorization:** I/we authorize The McClintock through its designated agents and its employees, to obtain and verify my/our credit, criminal background, and related information for the purpose of determining eligibility in the qualifying process for a new apartment home. I/we understand that should we/we lease an apartment, The McClintock and its agents shall have a continuing right to review my/our credit card information rental application, criminal background information, related information, payment history and occupancy history for account review purposes and for improving application methods.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

