

# RANCH VIEW APARTMENTS

1206 W. KING AVE.

P.O. BOX 411 KINGSVILLE, TX 78364  
361-455-1545

709 WEST AVE. B

RANCHVIEWAPARTMENTS@GMAIL.COM  
WWW.RANCHVIEWAPARTMENTS.COM

## APARTMENT LEASE APPLICATION

This application is made to rent an apartment located at:

1206 West King Avenue  
Kingsville, Texas 78363

709 West Avenue B  
Kingsville, Texas 78363

Please Print, fill out completely, and send it by mail to: Ranch View Apartments P.O. Box 411 Kingsville, TX 78364 or E-Mail to: [ranchviewapartments@gmail.com](mailto:ranchviewapartments@gmail.com) . If you have any questions, please call 361-455-1545. Thank You!

### GENERAL INFORMATION

Landlord:  
**Cesar E. Silva**

APARTMENT SUMMARY: 625 Sq. ft. living area. Two (2) Bedrooms, one (1) Bath, Kitchen, Living Room, and two (2) Parking Spaces per apartment. Appliances included: stove and refrigerator. Access to Laundry Room.

- The Lease shall be for a term of 12 Months.
- The monthly rent shall be \$785.00 payable in advance.
- A Security deposit in the amount of \$500.00 is required upon approval of Lease Application in order to secure apartment under applicant's name.
- Additional Approved Application Fee \$50.00 and Admin. Fee \$150.00 will apply.
- The Applicant understands that the Landlord may perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Lease Application.

No. of occupants under this apartment lease application: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

### APPLICANT'S & CO-APPLICANT'S INFORMATION

Applicant's Name: \_\_\_\_\_ Female  Male

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone No.: ( ) \_\_\_\_\_

Pets are strictly not allowed in the apartment. Do you have Pets:  YES.  NO.

Co-Applicant's Name: \_\_\_\_\_ Female  Male

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone No.: ( ) \_\_\_\_\_

Pets are strictly not allowed in the apartment. Do you have Pets:  YES.  NO.

# RESIDENTIAL HISTORY

Applicant's Current Address: \_\_\_\_\_  
Street City State Zip Code

Month/Year Moved In: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord/ Owner/ Agent: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Landlord/ Owner/ Agent: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Co-Applicant's Current Address: \_\_\_\_\_  
Street City State Zip Code

Month/Year Moved In: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord/ Owner/ Agent: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Landlord/ Owner/ Agent: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

# EMPLOYMENT INFORMATION

Applicant's Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Street City State Zip Code

Status:  Full Time  Part-Time  Other: \_\_\_\_\_

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

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

If Employed less than 6 months, give name & phone number of Previous Employer

\_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Street City State Zip Code

Status:  Full Time  Part-Time  Other: \_\_\_\_\_

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

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

If Employed less than 6 months, give name & phone number of Previous Employer

\_\_\_\_\_

If you have other sources of income that you would like us to consider, please list income, source, and person (financial aid, scholarships, banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Applicant: Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Source/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant: Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Source/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## CREDIT INFORMATION

### APPLICANT

Have you declared bankruptcy in the past seven (7) years? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever been evicted from a rental residence? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you had two or more late rental payments in the past year? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when due? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of any Federal / State Offense? YES  NO

If Yes, please explain: \_\_\_\_\_

### CO-APPLICANT

Have you declared bankruptcy in the past seven (7) years? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever been evicted from a rental residence? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you had two or more late rental payments in the past year? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when due? YES  NO

If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of any Federal / State Offense? YES  NO

If Yes, please explain: \_\_\_\_\_

## REFERENCES

### Personal References, Guarantors or Emergency Contacts for Applicant:

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street City State Zip Code

Employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street City State Zip Code

Employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

## REFERENCES

### Personal References, Guarantors or Emergency Contacts for Co-Applicant:

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street City State Zip Code

Employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street City State Zip Code

Employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_

## ADDITIONAL INFORMATION

### Driver's License and Vehicle Information : Please attach a copy of your DL to this application

Applicant: DL Number: \_\_\_\_\_ State \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Co-Applicant: DL Number: \_\_\_\_\_ State \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Please give any additional information that might help the Landlord evaluate this application.

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

Where may we reach you to discuss this application? Phone No.: \_\_\_\_\_

I hereby submit an application to lease the above described premises for the term and upon the conditions set forth. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the hold deposit and/or application fee will be retained to offset the Landlord's cost for obtaining credit report, time and effort in processing my application.

I understand that the Landlord is not obligated to accept my application and lease the apartment to me.

Landlord will notify me if my application is approved within two weeks from this date \_\_\_\_/\_\_\_\_/\_\_\_\_.

By signing this application I confirm that the above information, to the best of my knowledge, is true and correct.

\_\_\_\_\_  
APPLICANT'S NAME (please print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
CO-APPLICANT'S NAME (please print)

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

## AUTHORIZATION

I authorize RANCH VIEW APARTMENTS to Verify the information above by all available means including reports from consumer reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency. Work history information expires 365 days from the date of this application.

Date \_\_\_\_\_

Applicant's name \_\_\_\_\_

Applicant's signature \_\_\_\_\_

## AUTHORIZATION

I authorize RANCH VIEW APARTMENTS to Verify the information above by all available means including reports from consumer reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers to any state employment-security agency. Work history information expires 365 days from the date of this application.

Date \_\_\_\_\_

Applicant's name \_\_\_\_\_

Applicant's signature \_\_\_\_\_