

# Rental Application

Please complete the following application and return it to **The Leasing Office 1102 North Third, Abilene, TX 79601**. All items must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

## A. General Information - Please circle one: MR. MRS. MS. MISS

App ID:

Name:

Address:

City: State: Zip:

Daytime Telephone Number: E-Mail Address:

Property Name:

Unit Size: 1BR 2BR 3BR 4BR List Desired Apt. Number (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Choice):

## B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Drivers License	Birth Date	Social Security Number
1.	Head of Household			- -
2.				- -
3.				- -
4.				- -
5.				- -
6.				- -

## C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	<i>Wages – Gross Monthly Amount</i> Employer Name:	\$
	<i>Wages – Gross Monthly Amount</i> Employer Name:	\$
	Social Security/Pension – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

**D. Landlords**

Name of Landlord	Address	Rental Amount	Phone Number	Period Rented
1. Current:				From: To:
2.				From: To:
3.				From: To:

**E. Other Information**

Do you have a Section 8 Voucher or any other type of voucher? Yes ☐ No ☐

Have you ever been evicted or served with a Notice to Quit? Yes ☐ No ☐

If yes, describe reason(s):

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List any vehicles that you own: Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Do you own a pet? Yes ☐ No ☐ If yes, describe \_\_\_\_\_

In case of emergency notify:

Address:

Relationship:

Phone #:

**H. Signatures**

**I certify that I received the community's Tenant Selection Policy and have read it thoroughly.**

Signed: \_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Tenant

\_\_\_\_\_  
Date

**Authorization**

I/we do hereby authorize The Hotel Wooten and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

**Signatures**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date