

**EGR PARTNERSHIP  
RENTAL APPLICATION FOR RESIDENTS & OCCUPANTS**

OCCUPANT OVER 18 MUST SUBMIT A SEPARATE APPLICATION. SPOUSES MAY SUBMIT A JOINT APPLICATION

**ABOUT YOU:**  
Full name (exactly as on DL or Gov't ID): \_\_\_\_\_  
Tel. # \_\_\_\_\_ Tel.# \_\_\_\_\_  
Your address (as shown on DL or Gov't ID): \_\_\_\_\_  
Driver's license # and State: \_\_\_\_\_  
OR Gov't photo ID card #: \_\_\_\_\_  
Former last names (maiden and married): \_\_\_\_\_  
SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Status:  Single  Married  Divorced  Widowed  Separated  
Are you a US citizen?  Yes  No  
Current address (where you live now): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Name of Apt. where you live now: \_\_\_\_\_  
Current Owner or Manager: \_\_\_\_\_  
Mgr. Phone: \_\_\_\_\_  
Date moved in: \_\_\_\_\_  
Why are you leaving current residence: \_\_\_\_\_  
Previous address (prior to above): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Previous Monthly Rent: \_\_\_\_\_  
Name of Apt. Complex: \_\_\_\_\_  
Their Phone: \_\_\_\_\_  
Date moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

**YOUR WORK:**  
Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Position: \_\_\_\_\_  
Gross monthly income is over: \$ \_\_\_\_\_  
Date job began: \_\_\_\_\_  
Supervisor's name and phone: \_\_\_\_\_

**YOUR CREDIT HISTORY:**  
Bank name and address: \_\_\_\_\_  
List all major credit cards: \_\_\_\_\_  
Other non-work income you want considered Please explain: \_\_\_\_\_  
Have you or your spouse ever owned a home?  Yes  No  
Past credit problems you want to explain. (Use separate page) \_\_\_\_\_

**YOUR RENTAL/CRIMINAL HISTORY:**  
Check only if applicable.  
Have you, your spouse, or any occupant listed in this Application ever:  
been evicted or asked to move out?  
 Broken a rental agreement?  
 Declared bankruptcy?  
 been sued for rent?  
 been sued for property damage?  
 been 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?

**YOUR SPOUSE:**  
Full Name: \_\_\_\_\_  
Former last names (maiden and married): \_\_\_\_\_  
Tel. # \_\_\_\_\_ Tel.# \_\_\_\_\_  
Spouse SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver's license # and State: \_\_\_\_\_  
OR Gov't photo ID card #: \_\_\_\_\_  
Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Are you a US citizen?  Yes  No  
Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Position: \_\_\_\_\_  
Gross monthly income is over: \$ \_\_\_\_\_  
Date job began: \_\_\_\_\_  
Supervisor's name and phone: \_\_\_\_\_

**OTHER OCCUPANTS**  
Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on add'l page if more than three.  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**YOUR VEHICLES**  
List all vehicles to be parked by you, your spouse, or other occupants (incl. cars, trucks, motorcycles, trailers, etc.)  
Continue on separate sheet if more than three.  
Make/Model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Make/Model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Make/Model and color: \_\_\_\_\_  
Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**OTHER INFORMATION:**  
Will you or any occupant have an animal?  Yes  No  
Type, weight, breed, age: \_\_\_\_\_  
Do you or any occupant smoke?  Yes  No  
How were you referred?  Internet  Stopped by  
 Rental Ad publication: \_\_\_\_\_  
 Friend: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Other: \_\_\_\_\_

**EMERGENCY:**  
Emergency contact person over 18, who will not be living with you:  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
If you die or are seriously ill, missing, or in jail or penitentiary according to an affidavit of (check one or more)  the above person,  your spouse, or  your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is check, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so.

**YOUR RENTAL/CRIMINAL HISTORY: (Continued)**  
 been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?  
Please indicate the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is no to any item not checked above.

**AUTHORIZATION:**  
I/We authorize Bo Rogers, Casey Beddingfield, EGR Partnership, or the Law Office of Raymond E. "Bo" Rogers, Jr. to (1) share the above information with owner's electric provider, and (2) verify by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g. Texas Workforce Comm.) Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.  
Applicant's signature \_\_\_\_\_  
Spouse's Signature: \_\_\_\_\_  
Co-Applicant's signature: \_\_\_\_\_

**Additional Comments:**  
(please provide any add'l information you wish to be considered with this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT.**  
You declare that all of your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax signatures are legally binding.  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse/Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments**  
(please provide any add'l information you wish to be considered with this application:  
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**FOR OFFICE USE ONLY**

Apt. name or address: \_\_\_\_\_ Unit #/Type: \_\_\_\_\_  
Person accepting application: \_\_\_\_\_ Phone: \_\_\_\_\_  
Person Processing Application: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Applicant/Co-Applicant notified \_\_\_\_\_ / \_\_\_\_ by telephone \_\_\_ letter \_\_\_ in person of \_\_\_ acceptance \_\_\_ non-acceptance  
Name of person/applicant notified: \_\_\_\_\_  
Name of owner/representative who notified applicant: \_\_\_\_\_