



Home Sweet Home LLC

P.O. Box 863434 ♥ Plano ♥ Texas ♥ 75086-3434

866-SWEETHOMES (866-793-3846) **469-361-6779** (fax)

Property Address _____, City _____, State _____ Zip _____

How were you referred to us? Real Estate Co. - Name _____ Newspaper Friend Website Sign Phone
 Other - Explain _____

APPLICANT

Name: _____
Phone: (hm) _____ (wk) _____
Soc. Sec # _____ Date of Birth _____
Driver Lic. _____ State _____

List All Residences For The Last 2 Years (start with the current residence):

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Current Employer: _____
Address: _____
Supervisor's Name: _____
Phone: _____ Mo. Income: \$ _____
Position: _____
Date of Employment _____ (begin) _____ (end)

Previous Employer: _____
Address: _____
Supervisor's Name: _____
Phone: _____ Mo. Income: \$ _____
Position: _____
Date of Employment _____ (begin) _____ (end)

CO-APPLICANT

Name: _____
Phone: (hm) _____ (wk) _____
Soc. Sec # _____ Date of Birth _____
Driver Lic. _____ State _____

List All Residences For The Last 2 Years if different from Applicant (start with the current residence):

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Address: _____ Apt _____
City, St, Zip _____
Move-in Date _____ Move-Out Date _____
Landlord or Manager: _____
Phone: _____ Rent \$ _____

Current Employer: _____
Address: _____
Supervisor's Name: _____
Phone: _____ Mo. Income: \$ _____
Position: _____
Date of Employment _____ (begin) _____ (end)

Previous Employer: _____
Address: _____
Supervisor's Name: _____
Phone: _____ Mo. Income: \$ _____
Position: _____
Date of Employment _____ (begin) _____ (end)

Bank at which Checking Account is located: _____ Phone: _____ Acct#: _____

Bank at which Savings Account is located: _____ Phone: _____ Acct#: _____

Application for Rental Concerning _____, City _____, State ____ Zip _____

Name all other persons who will occupy the Property:

Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____

Will any waterbeds or water-filled furniture be in the Property? Yes No

Will any occupant smoke in the dwelling? Yes No Will Applicant maintain a renter's insurance policy? Yes No

List all vehicles to be parked on the Property (cars, trucks, trailers, recreational vehicles, motorcycles, boats, etc.):

Type: _____ Year: _____ Make: _____ Lic #/State: _____
Type: _____ Year: _____ Make: _____ Lic #/State: _____
Type: _____ Year: _____ Make: _____ Lic #/State: _____

Will there be ANY pets on the Property? Yes No Number of Pets _____

Type: _____ Breed: _____
Weight: _____ Age: _____ Gender: _____ Neutered? Yes No Declawed? Yes No
Rabies Shot Current? Yes No Other (i.e., fish, birds, reptiles, etc.) and explain manner in which kept: _____

Write Yes (Y) or No (N): Has Applicant or ANY other occupant ever: been evicted? _____; filed bankruptcy? _____; lost property due to foreclosure: _____; had any credit problems? _____; been convicted of a felony? _____. If the answer to any of the preceding questions is Yes, explain (attach additional sheets if necessary) _____

If Applicant is a member of the Armed Forces: Has Applicant requested or received military orders transferring Applicant within one year? Yes No Is Applicant presently serving temporary orders limiting Applicant's stay to one year or less? Yes No

Will any person be signing a Lease Guaranty? Yes No Name: _____
Relationship: _____ Phone (hm) _____ (wk) _____ (fax) _____
Address: _____ City, State, Zip _____

In case of emergency, notify: _____
Relationship: _____ (hm) _____ (wk) _____
Address: _____ City, State, Zip _____

Additional Information: _____

Representation: Applicant and Co-Applicant represent that the above statements are true and complete. Providing false information is grounds for rejection, termination, and retention of money tendered as liquidated damages.

Authorization: Applicant and Co-Applicant authorize *Home Sweet Home LLC* or their broker to: (1) obtain copy of any consumer or credit report related to this application; and (2) verify any rental history, employment history, or any other information related to this application; and (3) discuss information in the consumer report with *Home Sweet Home LLC* or their broker.

Fees and Deposits: Applicant has submitted with this Application the following to *Home Sweet Home LLC*:

- (a) a non-refundable fee of \$__20 - single & 40 - couple__ for obtaining report and reviewing this Application.
- (b) a refundable deposit of \$__100.00__ to hold property specified or another property that becomes available.

Applicant's Signature

Co-Applicant's Signature