



Rental Application for Residents and Occupants
8585 Spicewood Springs Road, Austin, TX 78759
(512) 726-5500 PH (512) 726-5600 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 <input type="radio"/> F <input type="radio"/>	NAME: _____	SEX: M <input type="radio"/> F <input type="radio"/>
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 Terrazzo 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, Terrazzo 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 _____

