



M3R Properties

Residential Lease Application

Each occupant and co-applicant 18 years or older must submit a separate application.

Property Address: _____
 Anticipated: Move in Date: _____ Monthly Rent: \$ _____ Security Deposit: \$ _____

Applicant:(List name and address exactly as shown on driver's license)

Name _____
 Drivers License No. _____ in _____ (State) SS# _____
 Address _____ City, State, Zip _____
 Date of Birth _____ Height _____ Weight _____ Sex _____ Marital Status _____
 Current Address _____ City, State, Zip _____
 Home Telephone # _____ Cell Phone # _____
 E-mail _____

Emergency Contact: (contact person over 18 years of age who will not be living with you)

Name _____ Relationship _____
 Address _____ City, State, Zip _____
 Home Telephone # _____ Work Telephone # _____
 E-mail _____ Cell Phone # _____

In case you are seriously ill, missing, or incarcerated, you authorize the following person(s) to enter your dwelling to remove all contents, as well as property in your mailbox, storerooms, and/or common areas.

- Spouse
- Emergency contact person noted above
- Parent or child (name: _____)

If no selection is made, any of the above are authorized at our option. Further, if you are seriously ill or injured, you authorize us to send for an ambulance at your expense, though we are not legally obligated to do so.

Name all other persons who will occupy the property:

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

Applicant's Current Address _____ Apt.No. _____
 (city, state, zip)

Landlord's Name _____ Email _____
 Phone(Day) _____ Cell _____ Fax _____
 Date Moved-In _____ Move-Out Date _____ Monthly Rent \$ _____
 Reason for move _____

Applicant's Previous Address _____ Apt. No. _____
 Previous Landlord's Name _____ Email _____
 Phone(Day) _____ Cell _____ Fax _____
 Date Moved-In _____ Move-Out Date _____ Monthly Rent \$ _____
 Reason for move _____



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Employment:

Applicant's Current Employer _____
 Address _____ (street, city, state, zip)
 Supervisor's Name _____ Phone _____ Fax _____
 Email _____
 Start Date _____ Gross Monthly Income \$ _____ Position _____

Note: If Applicant is self-employed, Landlord may require one or more previous year's tax return(s) attested by a CPA, attorney, or other tax professional.

Applicant's Previous Employer _____
 Address _____ (street, city, state, zip)
 Supervisor's Name _____ Phone _____ Fax _____
 Email _____
 Employed from _____ to _____ Gross Monthly Income \$ _____ Position _____

Describe other income Applicant wants considered in the application _____

List all vehicles to be parked on the property:

Type	Year	Make	Model	License/State	Monthly Payment
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List all Pets to be kept on the Property (dogs, cats, birds, reptiles, fish and other pets):

Type of Breed	Name	Color	Weight	Age	Gender	Neutered?	Declawed?	Rabies Shots Current?
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	Yes	No	Explanation
Will any water beds or water-filled furniture be on the property?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does anyone who will occupy the Property smoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will applicant maintain renter's insurance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is applicant or Applicant's spouse, even if separated, in military?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, is the military person serving under orders limiting the military person's stay to one year or less?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has applicant ever:			
been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been ask to move out by a landlord	<input type="checkbox"/>	<input type="checkbox"/>	_____
breached a lease or rental agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____



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	Yes	No	Explanation
filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
lost property in a foreclosure	<input type="checkbox"/>	<input type="checkbox"/>	_____
has <u>any</u> credit problems, slow - pays or delinquencies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been convicted of a crime	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is any occupant a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any criminal matters pending against any occupant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there additional information Applicant wants considered?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Authorization: Applicant authorizes Landlord and Landlord's agent, at any time before, during or after any tenancy, to:

- 1) Obtain a copy of applicant's credit report;
- 2) Obtain a criminal background check related to applicant and any occupant; and
- 3) Verify any rental or employment history or verify any other information related to this application with persons knowledgeable of such information.

Notice of Landlord's Right to Continue to Show the Property: Unless Landlord and Applicant enter into a separate written agreement otherwise, the Property remains on the market until a lease is signed by all parties and Landlord may continue to show the property to other prospective tenants and accept another offer.

Fees: Applicant submits a non - refundable fee of \$ 30.00 for processing and reviewing this application.

Acknowledgement & Representation:

- 1) Signing this application indicates that the Applicant has had the opportunity to review Landlord's selection criteria. The tenant selection criteria may include factors such as criminal history, current income and rental history.
- 2) Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application and forfeiture of any application fees and may be grounds to declare Applicant in breach of any lease the Applicant may sign.
- 3) Applicant represents that the statements in this application are true and complete.

Applicant's Signature _____

Date _____

For Landlord's Use:

On _____, _____ (name/initials)

Applicant notified by: Phone E-mail Mail Fax in person that the Applicant was

approved not approved. Reason for disapproval _____



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Authorization:

Release Information Related To A Residential Lease Applicant

I _____ (Applicant), have submitted an application to lease a property located at _____ (address, city, state zip)

The Landlord is:

M3R Properties, Ltd./Mark Woods
P.O. Box 9562
College Station, TX 77842-9562
979-777-5631 (phone)
E-mail: mark@m3rproperties.com

I give my permission:

- 1) to my current and former employers to release any information about my employment history and income history to the above-named person;
- 2) to my current and former Landlords to release any information about my rental history to the above-named person;
- 3) to my current and former mortgage lenders on property that I own or have owned to release information about my mortgage payment history to the above-named person;
- 4) to my bank, savings and loan, or credit union to provide a verification of funds that I have on deposit to the above-named person; and
- 5) to the above-named person to obtain a copy of my consumer report (credit report) from any consumer reporting agency and to obtain background information about me.

Applicant's Signature

Date