



Email completed application to: [properties@littlepagebooth.com](mailto:properties@littlepagebooth.com)  
[www.littlepageproperties.com](http://www.littlepageproperties.com)

Zelle payments: [alejandra@littlepagebooth.com](mailto:alejandra@littlepagebooth.com) (Zoe Littlepage)

## **RENTAL APPLICATION**

**\$35.00 Fee**  
**(non-refundable)**

**(Each applicant or co-applicant must complete a separate application)**  
**(Every Occupant 18+ must complete a background check)**

What address are you applying for: \_\_\_\_\_

Move - in Date: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Term of Lease: \_\_\_\_\_

**1.** Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (Work): \_\_\_\_\_  
Cell: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Email: \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_  
Military Service Member: \_\_\_\_\_

**2.** Name of Present Landlord or Apt Complex: \_\_\_\_\_  
Landlord's Phone: \_\_\_\_\_ (Work): \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_ Email: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**3.** Name of Prior Landlord or Apt Complex (*if less than 2 years*): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ (Work): \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_ Email: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**4.** Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Describe your job: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**5.** Name of Prior Employer (*if less than 2 years*)

Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**6.** List all other occupants plus their relationship with the applicant

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_  
License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**8.** All animals to occupy the property (*if any*)?

**a)** Species: \_\_\_\_\_ Gender: \_\_\_\_\_ ESA or PSA? \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered: \_\_\_\_\_ Name: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ Declawed: \_\_\_\_\_ Date of Last Rabies Shot: \_\_\_\_\_

**b)** Species: \_\_\_\_\_ Gender: \_\_\_\_\_ ESA or PSA? \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered: \_\_\_\_\_ Name: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_ Declawed: \_\_\_\_\_ Date of Last Rabies Shot: \_\_\_\_\_

**9.** Will any person guarantee the Lease?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**10.** Check the following if it applies to you:

Will any waterbeds be in the Property? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Will Applicant maintain a renter's insurance policy? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Has Applicant or any other occupant ever:

been evicted? YES: \_\_\_\_\_ NO: \_\_\_\_\_

filed bankruptcy? YES: \_\_\_\_\_ NO: \_\_\_\_\_

lost property due to foreclosure? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do you have any credit problems? YES: \_\_\_\_\_ NO: \_\_\_\_\_

been convicted of a felony? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If the answer to any of the above questions is Yes, explain below:

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**11.** Emergency Contact (Full Name): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## **Applicant Declaration and Authorization**

The applicant declares that all information provided in this application is true, accurate, and complete to the best of their knowledge. Applicant understands that any false, misleading, or omitted information may result in the denial of this application or termination of any lease agreement entered based on this application.

The applicant hereby authorizes the landlord or the landlord's authorized agent to:

- Obtain and review the applicant's credit report.
- Conduct a criminal background check.
- Verify rental history and employment information; and
- Obtain any other information deemed necessary to evaluate this application.

This authorization is given in accordance with applicable federal, state, and local laws, including those governing consumer reports and tenant screening in the state of Texas.

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**Signature of Applicant**

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**Date**

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**Printed Name**