

LITTLEPAGE PROPERTIES

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RENTAL APPLICATION

\$35.00 Fee
(non-refundable)

(Each applicant or co-applicant must complete a separate application)

Property Address: _____

Move - in Date: _____ Monthly Rental Rate: \$ _____

Security Deposit: \$ _____ Term of Lease: _____

1. Name: _____
Telephone Number (Hm): _____ (Wk): _____
Cell: _____ D.O.B: _____
Email: _____
Soc. Sec. No.: _____ Driver License No.: _____
Military Service Member: _____

(Please include copy of your ID)

2. Name of Present Landlord or Apt. Manager: _____
Landlord's Phone (Hm): _____ (Wk): _____
Present Monthly Rent: \$ _____ Email: _____
Move-in Date: _____ Move-out Date: _____
Applicant's Present Street Address: _____ Unit No.: _____
City, State, Zip Code: _____

3. Name of Immediate Prior Landlord or Apt. Manager (if less than 2 years)

Landlord's Phone (Hm): _____ (Wk): _____
Amount of Monthly Rent: \$ _____ Email: _____
Move-in Date: _____ Move-out Date: _____
Applicant's Immediate Street Address: _____ Unit No.: _____

City, State, Zip Code: _____

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

(Please provide copies of at least 2 paystubs)

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

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

6. Name(s) of all persons (other than applicant and spouse) to occupy the Property and their relationship to Applicant: _____

7. List all vehicles to be parked on the Property (cars, trucks, trailers, recreational vehicles, motorcycles, boats, etc.)
- | | | | |
|-------------|------------|-------------|-------------------------|
| Make _____ | Year _____ | Model _____ | License No./State _____ |
| Color _____ | | | |
| Make _____ | Year _____ | Model _____ | License No./State _____ |
| Color _____ | | | |

8. Will any pets be on the Property? Yes _____ No _____
- a. Kind: _____ Weight: _____ Breed: _____ Age: _____
Declawed: _____ Neutered: _____ Indoor or Outdoor: _____
Gender: _____ Color: _____ Name: _____ Rabies shot: _____
- b. Kind: _____ Weight: _____ Breed: _____ Age: _____
Declawed: _____ Neutered: _____ Indoor or Outdoor: _____
Gender: _____ Color: _____ Name: _____ Rabies shot: _____

9. Will any person guaranty the Lease? [] Yes [] No
Name: _____
Phone (Hm): _____ (Wk) _____
Fax: _____

Address: _____
City, State, Zip Code: _____

10. Write Yes (Y) or No (N)

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: _____
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 (attach additional sheet if necessary) _____

11. In case of emergency, notify: _____
Relationship: _____ Phone: _____ Email: _____
Address: _____
City, State, Zip Code: _____

Providing false information in this application is grounds for rejection of this application. The undersigned represents that the above statements are true and complete and hereby authorizes verification of said information.

If approved, applicant must submit deposit payment on same day application is approved.

APPLICANT AUTHORIZES LANDLORD OR LANDLORD'S AGENT TO OBTAIN A COPY OF APPLICANT'S CREDIT REPORT, CRIMINAL BACKGROUND, VERIFY APPLICANTS' RENTAL AND EMPLOYMENT HISTORY, AND OBTAIN OTHER INFORMATION RELATED TO THIS APPLICATION.

Signature of Applicant

Date

Printed Name