

Rental Application for Residents and Occupants
Each co-resident and each occupant over 18 must submit a separate application. Spouses may submit a joint application.



11292007087600TX01080813

Date when filled out:

ABOUT YOU Full name (exactly as on driver's license or govt. ID card)	YOUR SPOUSE Full name:
	Former last names (maiden and married):
Your street address (as shown on your driver's license or government ID card):	Spouse's Social Security #:
Deissayle licence # and state:	Driver's license # and state:
Driver's license # and state: OR govt. photo ID card #:	OR govt. photo ID card #:
Former last names (maiden and married):	Birthdate: Height: Weight:
Your Social Security #:	Sex: Eye color: Hair color:
Birthdate: Height: Weight:	Are you a U.S. citizen? Yes No
Sex: Eye color: Hair color:	Present employer:
Marital Status: single married divorced widowed separated	Address:
Are you a U.S. citizen? Yes No Do you or any occupant smoke? yes no	City/State/Zip:
Will you or any occupant have an animal? yes no	Work phone: ()
Kind, weight, breed, age:	Position:
Current home address (where you now live):	Date began job: Gross monthly income is over: \$
Apt. #:	Supervisor's name and phone:
City/State/Zip:	OTHER OCCUPANTS Names of all persons under 18 and other adults who will
Home/cell phone: () Current rent: \$	occupy the unit without signing the lease. Continue on separate page if more than three.
Email address:	Name: Relationship:
Name of apartment where you now live:	Sex: DL or govt. ID card # and state:
Current owner or manager's name:	Birthdate: Social Security #:
Their phone: Date moved in:	Name: Relationship:
Why are you leaving your current residence?	Sex: DL or govt. ID card # and state:
This are you leaving your current residence:	Birthdate: Social Security #:
	Name: Relationship:
Previous home address (most recent):	Sex:DL or govt. ID card # and state:
Apt. #:	Birthdate: Social Security #:
City/State/Zip:	YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants
Apartment name:	(including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
Name of above owner or manager:	Make and color of vehicle:
Their phone: Previous monthly rent: \$	Year: License #: State:
Date you moved in: Date you moved out:	Make and color of vehicle:
	Year: License #: State:
YOUR WORK Present employer:	and the second s
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Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): Address: City/State/Zip: Work phone: () Position: Gross monthly income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone: YOUR CREDIT HISTORY Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.) YOUR RENTAL/CRIMINAL HISTORY You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been without the owner's consent? declared bankruptcy? been sued for rent? been	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person: Did you find us on your own? Yes No If yes, fill in information below: On the Internet Stopped by Newspaper (name): Rental publication: Other: EMERGENCY Emergency contact person over 18, who will not be living with you: Name: Address: City/State/Zip: Work phone: () Home phone: () Relationship: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of (heck one or more!) the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so. AUTHORIZATION I or we authorize (owner's name) Sugar Hill Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting
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Address: City/State/Zip: Work phone: Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): Address: City/State/Zip: Work phone: Position: Gross monthly income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone: YOUR CREDIT HISTORY Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.) YOUR RENTAL/CRIMINAL HISTORY You, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? been charged, detained, or	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person: Did you find us on your own? Yes No If yes, fill in information below: On the Internet Stopped by Newspaper (name): Rental publication: Other: EMERGENCY Emergency contact person over 18, who will not be living with you: Name: Address: City/State/Zip: Work phone: () Home phone: () Relationship: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so. AUTHORIZATION I or we authorize (owner's name) Sugar Hill Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state
Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): Address: City/State/Zip: Work phone: () Position: Gross monthly income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone: YOUR CREDIT HISTORY Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.) YOUR RENTAL/CRIMINAL HISTORY You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person: Did you find us on your own? Yes No If yes, fill in information below: On the Internet Stopped by Newspaper (name): Rental publication: Other: EMERGENCY Emergency contact person over 18, who will not be living with you: Name: Address: City/State/Zip: Work phone: () Home phone: () Relationship: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so. AUTHORIZATION I or we authorize (owner's name) Sugar Hill Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history
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Address: City/State/Zip: Work phone: () Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): Address: City/State/Zip: Work phone: () Position: Gross monthly income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone: YOUR CREDIT HISTORY Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.) YOUR RENTAL/CRIMINAL HISTORY You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person: Did you find us on your own? Yes No If yes, fill in information below: On the Internet Stopped by Newspaper (name): Rental publication: Other: EMERGENCY Emergency contact person over 18, who will not be living with you: Name: Address: City/State/Zip: Work phone: Home phone: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so. AUTHORIZATION I or we authorize (owner's name) Sugar Hill Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain
Address: City/State/Zip: Work phone: Position: Your gross monthly income is over: \$ Date you began this job: Supervisor's name and phone: Previous employer (most recent): Address: City/State/Zip: Work phone: Position: Gross monthly income was over: \$ Dates you began and ended this job: Previous supervisor's name and phone: YOUR CREDIT HISTORY Your bank's name, city, state: List major credit cards: Other non-work income you want considered. Please explain: Past credit problems you want to explain. (Use separate page.) YOUR RENTAL/CRIMINAL HISTORY You must check if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts	Make and color of vehicle: Year: License #: State: WHY YOU RENTED HERE Were you referred? Yes No. If yes, by whom: Name of locator or rental agency: Name of individual locator or agent: Name of friend or other person: Did you find us on your own? Yes No If yes, fill in information below: On the Internet Stopped by Newspaper (name): Rental publication: Other: EMERGENCY Emergency contact person over 18, who will not be living with you: Name: Address: City/State/Zip: Work phone: () Home phone: () Relationship: If you die or are seriously ill, missing, or in a jail or penitentiary according to an affidavit of [check one or more] the above person, your spouse, or your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We're not legally obligated to do so. AUTHORIZATION I or we authorize (owner's name) Sugar Hill Apartments to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The TAA Lease Contract to be used must be the latest version of (check one): X the Apartment Lease, or the Residential Lease, or the Condominium/Townhome Lease, unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the contract will contain the following information:

	Names of all residents who will sign Lease Contract	• Late charges due if rent is not paid on or before
		• Initial late charge \$50.00_; Daily late charge \$5.00;
	· Name of Owner/Lessor Sugar Hill Apartments	• Returned-check charge \$ 40.00 ;
		 Animal violation charges: Initial \$ 100.00 ; Daily \$ 10.00 ;
		 Check if the dwelling is to be furnished;
	Property name and type of dwelling (bedrooms and baths) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	 Utilities paid by owner (check all that apply): electricity, X gas, water, wastewater, X trash, cable TV, X master antenna, Internet,
	Complete street address 8303 Greatview Drive City/State/Zip San Antonio, TX 78230 ;	other utilities; • Utility connection charge \$;
	Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) ; ;	 You are (check one): required to buy insurance or not required to buy insurance; Agreed reletting charge \$;
	,	Security deposit refund check will be by : (check one)
	Total number of residents and occupants;	one check jointly payable to all residents (default), OR
	Our consent necessary for guests staying longer than days; Beginning date and ending date of Lease Contract	one check payable and mailed to; • Your move-out notice will terminate Lease Contract on (check one):
		last day of month, or X exact day designated in move-out notice;
	Number of days notice for termination;	 If dwelling unit is house or duplex, owner will be responsible under
	Total security deposit \$; Animal deposit \$;	paragraph 26 of the Lease Contract for lawn/plant maintenance,
	• # of keys/access devices for 1 unit, 1 mailbox, other;	lawn/plant watering, picking up trash from grounds, lawn/ plant fertilization, trash receptacles. If not checked, applicant will be
	Total monthly rent for dwelling unit \$;	responsible. The applicant will be responsible for the first \$
	 Rent to be paid at (check one) X on-site manager's office or at 	of each repair. • Special provisions regarding parking, storage, etc. (see attached page, if
	Prorated rent for: first month or second month \$; A ==1i=1i=1i=1i=1i=1i=1i=1i=1i=1i=1i=1i=1i	necessary):
		on Agreement
	Lease Contract Information. The Lease Contract contemplated by the parties is attached-or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in	8. Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked): a separate Application has been fully filled out and signed by you and each co-applicant; an application fee
	the Contemplated Lease Information above.	has been paid to us; an application deposit has been paid to us. If no
	Application Fee (may or may not be refundable). You have delivered to our representative an application fee in the amount indicated in paragraph 14	item is checked, all are necessary for the Application to be considered completed.
1	below, and this payment partially defrays the cost of administrative paperwork.	Nonapproval in Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed
3.	Application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application	Application. Your Application will be considered "disapproved" if we fail
	deposit in the amount indicated in paragraph 14. The application deposit is not	to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or
	a security deposit. However, it will be credited toward the required security	telephone unless you have requested that notification be by mail. You must
1	deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it will be retained	not assume approval until you receive actual notice of approval. 10. Refund after Nonapproval. If you or any co-applicant is disapproved
1	by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7, or fail to answer any question or give false information.	or deemed disapproved under paragraph 9, we'll refund all application
4.	Approval When Lease Contract Is Signed in Advance. If you and all	deposits within days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all
-	co-applicants have already signed the Lease Contract when we approve the	co-applicants and mailed to one applicant.
	Application, our representative will notify you (or one of you if there are co-	11. Extension of Deadlines. If the deadline for signing, approving, or refunding
	applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.	under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal
5.	Approval When Lease Contract Isn't Yet Signed. If you and all co-	holiday, the deadline will be extended to the end of the next business day. 12. Notice to or from Co-applicants. Any notice we give you or your co-
	applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are	applicant is considered notice to all co-applicants; and any notice from
	co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all	you or your co-applicant is considered notice from all co-applicants. 13. Keys or Access Devices. We'll furnish keys and/or access devices only after. (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security depositions.
	applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.	after: (1) all parties have signed the contemplated Lease Contract and
6.	If You Fail to Sign Lease After Approval. Unless we authorize otherwise	its have been baid in full.
	in writing, you and all co-applicants must sign the Lease Contract within 3	14. Receipt. Application fee (may or may not be refundable): \$
	days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval. If you or any co-applicant fails to sign	Application deposit (may or may not be refundable): \$ Administrative fee (refundable only if not approved): \$
	as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.	Total of above fees and application deposit: \$
7.	If You Withdraw Before Approval. You and any co-applicants may not	Total amount of money we've received to this date: \$
	withdraw your Application or the application deposit. If, before signing the	15. Signature. Our representative's signature indicates our acceptance only
	Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then	of the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.
	have no further obligation to each other.	
If yo	ou are seriously ill or injured, what doctor may we notify? (We are not respon	nsible for providing medical information to doctors or emergency versonnel.)
Nam	ortant medical information in emergency:	Phone: ()
mea	ns, including consumer reporting agencies and other rental housing owners	Application are true and complete. You authorize us to verify same through any You acknowledge that you had an opportunity to review our rental selection
crite	ria, which include reasons your application may be denied, such as criming if you do not meet our rental selection criteria or if you fail to answer as	nal history, credit history, current income, and rental history. You understand
app	lication fees, administrative fees, and deposits as liquidated damages for	I fou acknowledge that you had an opportunity to review our rental selection nal history, credit history, current income, and rental history. You understand the question or give false information, we may reject the application, retain all requirements and expense, and terminate your right of occupancy. Giving false on or Lease Contract, the prevailing party may recover from the non-prevailing ation to consumer reporting agencies and other rental housing owners regarding worshle information about your compliance with the Lease Contract.
info	rmation is a serious criminal offense. In lawsuits relating to the application	on or Lease Contract, the prevailing party may recover from the non-prevailing
you	i periormance or your regar obligations, including both lavorable and unta	ivorable information about your comphance with the Lease Contract, the rules,
and	financial obligations. Fax signatures are legally binding. You acknowledge	that our privacy policy is available to you.
Ri	ight to Review the Lease. Before you submit an application or pay any fee	es or deposits, you have the right to review the Rental Application and Lease
Co	ontract, as well as any community rules or policies we have. You may also co	insult an attorney. These documents are binding legal documents when signed.
W ds	e will not take a particular dwelling off the market until we receive a com	pleted application and any other required information or monies to rent that act if agreed to in writing by all parties. You are entitled to an original of the
	ease Contract after it is fully signed.	ict is agreed to in writing by an parties. Tou are endiced to an original of the
App	olicant's Signature:	Date:
-	•	
oigr	nature of Owner's Representative:	Date:
F0	OR OFFICE USE ONLY Apt. name or dwelling address (street, city): Sugar Hill Aparts	ments
		Unit # or type:
2.		Phone: (
3.		Phone: ()
1	(Deadline for applicant and all co-applicants to sign lease is three days after	er notification of acceptance in person or by telephone, five days if by mail.)
5.	Name of person(s) who were notified (at least one applicant must be notif	
6.	Name of owner's representative who notified above person(s):	

DISCLOSURE AND AUTHORIZATION REGARDING FEDERAL FAIR CREDIT REPORTING ACT

The purpose of this disclosure and authorization is to inform you that a consumer report under the Fair Credit Reporting Act may be obtained about you for the purposes of determining your credit worthiness in connection with the application you have made with us. Failure to authorize the consumer reports may result in denial of your application or continuation of our business relationship.

I acknowledge receipt of this disclosure and authorize Sugar Hill Apartments and its agents to obtain consumer reports on me, including any additional information given as a part of this application. If my application is approved, this authorization shall remain valid and serve as an ongoing authorization Sugar Hill Apartments and its agents to obtain consumer reports on me.

I release Sugar Hill Apartments and its agents from any and all claims, damages and liabilities arising from conducting consumer reports, obtaining information about me and utilizing that information in connection with my applicant or ongoing business relationship that we may establish.

Please acknowledge receipt of this disclosure and authorization for the consumer reports by signing below and providing us with the necessary information to obtain a consumer report:

Signature of applicant:	Date :	
Printed name of applicant		
Address, City, State and Zip Code		
Social Security Number:	Date of Birth	
Driver's License Number:	State	

If a consumer report is obtained, your credit report will show that we inquired. We may be obtaining a report through one of our affiliated properties. The name of the company that inquired on our behalf is Sugar Hill Apartments and/or Tenant Tracker.