

RENTAL APPLICATION FOR

Bastrop Estates

Name of Community

Bastrop Estates, LLC P.O. Box 1932 Lampasas TX 76550

Name Or D/B/A And Address Of Legal Entity Owning Community

Name And Address Of Off Site Management Company (if Any) (Enter "NA" If None)

A BLANK COPY OF THE CURRENT LEASE FORM AND RULES APPLICABLE TO THE COMMUNITY ARE PROVIDED TO EACH APPLICANT WITH THIS APPLICATION

Each co-resident and each occupant over the age of 18 must submit a separate application (if not enough space available for answering questions, the second page of this form may be used)

Prospective Resident's Information

Full Name (as shown on driver's license or other I D):

Current address:

Home Phone # ()

Would you have a secondary address for notice that would be your primary residence other than in this Community? Yes No. If yes, please provide your primary residence address during the proposed lease in the Community:

Current monthly rent: \$ Owner/Manager of current rental:

Owner/Manager's Phone # () Date moved in:

Reason for moving from current address:

Previous address:

Owner/Manager of previous rental: Owner/Manager's Phone # ()

Date moved in: Date moved out:

Reason for moving:

Social Security # Driver's License # & State:

Marital Status: Birth date:

Present Employer:

Address: Work Phone # ()

How long employed:

Monthly income is over: \$ Supervisor's name:

Supervisor's phone #- ()

Previous employer (if present employment less than 1 year):

Address: Work Phone #: ()

Monthly income was over: \$ How long employed:

Supervisor's name: Supervisor's phone #: ()



Spouse's Information

Spouse's full name: _____ Social Security #: _____
DL # & State: _____ Birth date: _____
Present employer: _____ Address: _____
Work phone #: () _____ Monthly income is over: \$ _____
How long employed: _____ Supervisors name: _____
Supervisor's phone #: () _____

Other Occupants Under 18 Years of Age Information

Please Note: **All Occupants Must Be Listed On The Lease In Order To Be Authorized To Reside In The Community Having Unauthorized Occupants May Be A Violation Of The Lease And The Rules**

Name: _____ DL #: _____ Birth date: _____
Sex: _____ Relationship: _____
Name: _____ DL #: _____ Birth date: _____
Sex: _____ Relationship: _____
Name: _____ DL #: _____ Birth date: _____
Sex: _____ Relationship: _____

Vehicle Information

Make of vehicle _____ Year: _____ License # _____
State: _____
Make of vehicle _____ Year: _____ License #: _____
State: _____
Make of vehicle _____ Year: _____ License #: _____
State: _____

Credit/Criminal History

Bank's Name: _____ City/State: _____
Active checking account # _____ Active savings account # _____

Have you, your spouse, or any occupant listed above ever / / been evicted or asked to move out? / / broken a rental agreement or lease contract? / / declared bankruptcy? / / been sued for nonpayment of rent? / / been convicted of a felony? / / on parole or probation for any offense? Please explain if you check any of the above.



Pet Information

Will you or any occupant have a pet? / / Yes / / No If so, how many and what kind (dog, cat, bird, reptile, etc.) _____

Please indicate the weight, breed, age of each pet: _____

Please indicate if the animal(s) have been spayed or neutered and, if the animal is a dog or cat, does it have an up-to-date rabies vaccination: _____

Manufactured Home Information

Name and address of legal owner of home: _____

Is your home financed? / / Yes / / No Monthly payments: \$ _____

Name and address of lienholder: _____

If new home, name and address of selling retailer: _____

Make, size (counting hitch), year of home: _____

What type air conditioner? / / central / / window / / other (explain) _____

Is your home all electric? / / or is your home gas and electric? / /

Is your roof shape: peaked / / or rounded/arched / / Is your roof: shingled / / or metal / /

What type siding does your home have? Metal / / vinyl / / hardboard / / Does your home have a bay window? If so, where is it located? _____

Emergency Information

Name & relationship of emergency contact: _____

Office address of emergency contact: _____

Office phone # _____

Home address of emergency contact: _____

Home phone # _____

How Did You Hear of Our Community

List Any One You Know in Our Community



Each applicant hereby represents that all of the above statements and information furnished are true and correct and authorizes verification of such. Each Applicant acknowledges, understands and agrees that false information shall constitute grounds for rejection of this application.

Date: _____

Signature of Applicant

Signature of Applicant's Spouse

Application was received by Lessor Community at ____ o'clock on this date _____.
This application is approved as of _____ (date) and shall become a part of the lease agreement between the parties hereto.

Bastrop Estates

(name of community)

(authorized signature)

(title)

*Applicant(s) hereby authorizes any creditor or former landlord to release relevant data to Lessor regarding this Application.

(initials)

Space for Continuing Answers

