



## United Apartment Group Applicant Criteria

**(Amor Apartments Homes )** supports the Fair Housing Act as amended, and prohibits discrimination based on race, color, religion, sex, national origin, handicap or familial status. All applicants and co-applicants must be 18 and over unless protected by the familial status per the Fair Housing amendment. All adult members of the household must complete a TAA Application and sign a Tenant Release and Consent. Third party written verification will be obtained to certify household claim.

**(Amor Apartments Homes )** requires all applicants to meet the following criteria in order to qualify for housing at our community.

**Income:**

Each household must show income that is at least 2.5 times the resident paid portion of the rent.

**Income Verifications: (Amor Apartments Homes )** requires each applicant to provide us with at least four consecutive pay stubs for each occupant 18 and older prior to having their application approved. If self-employed, a copy of your last Income Tax return is needed.

**Occupancy: Maximum Occupancy Apartment Size= Maximum # of Occupants**

One Bedroom = 3 Occupants, Two Bedroom =5 Occupants, Three Bedroom =7 Occupants

**Credit/Criminal History:**

We perform credit and criminal background checks in accordance with applicable federal and state laws. An unsatisfactory criminal background check revealing a serious charge including, but not limited to, conviction of a felony or misdemeanor for crimes against persons or property, drugs, assaults, weapons or sex crimes or deferred adjudication/status of a felony or misdemeanor for crimes against persons or property, drugs, assaults, weapons or sex crimes may result in denial of your application. If the credit profile for any and or all applicants does not meet the approval criterion for the community an additional Risk Assessment Fee may be required and due upon or before move-in. A Risk Assessment Fee is a non-refundable fee that is relative to the risk profile of the applicant(s). The Risk Assessment Fee may range from a minimum amount of \$250 to a maximum amount equal to one month of rent.

**Rental History:** All occupants 18 and over are required to sign the Lease Agreement. Applicants may be denied occupancy for non-payment or frequent late payment of rent, evictions, drug use, poor housekeeping, poor supervision of applicant’s children, and unruly or destructive behavior by applicants and/or their guests.

**Waiting list:** Leasing is based on a first come, first serve basis in accordance with the qualifying criteria of **(Amor Apartments Homes )**. When there are no vacant or available rental units, eligible applications will be placed on a waiting list. **(Amor Apartments Homes )** waiting list is close/open considering the number of applications for each size or type of unit to fill anticipated vacancies for the coming 12 months. **(Amor Apartments Homes )** will publicly announce the close or open of the waiting list.

**Utilities:**

All residents will be responsible for their electricity/gas, water/sewer, and trash and pest control.

**NO CASH ACCEPTED FOR ANY TRANSACTIONS.**

**NOTICE: By signing this document you acknowledge that you have had the opportunity to review the Applicant Criteria. If you do not meet the Applicant Criteria your application fee will not be refunded. Any inaccurate information or false statements may lead to rejection of your application or immediate termination of your lease. This community will operate under an affirmative marketing plan. All Fair Housing Laws will be followed.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner’s Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
RELEASE AND CONSENT FORM**

<b>I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT</b>	
<b>Administrator/Owner/Management Name:</b>	<b>TDHCA Number:</b>
<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Email Address:</b>	<b>Fax:</b>

<b>II. THIS SECTION TO BE COMPLETED BY APPLICANT</b>															
<b>Applicant/Resident Name:</b>															
<p>I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.</p> <p><b>INFORMATION COVERED</b></p> <p>I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.</p> <p><b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</b></p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td>Past and Present Employers</td> <td>Welfare Agencies</td> <td>Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
Past and Present Employers	Welfare Agencies	Veterans Administrations													
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems													
Educational Institutions	Social Security Administration	Medical and Child Care Providers													
Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

<b>III. APPLICANT CERTIFICATION</b>		
<p>I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and <b>will stay in effect for a year and one month</b> from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.</p>		
Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**



# Rental Application for Residents and Occupants

TEXAS APARTMENT ASSOCIATION  
MEMBER

Each co-resident and each occupant over 18 must submit a separate application.  
Spouses may submit a joint application.

Date when filled out: \_\_\_\_\_

### ABOUT YOU

Full name (exactly as on driver's license or gov't ID card): \_\_\_\_\_

Your street address (as shown on your driver's license or gov't ID card): \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR gov't photo ID card #: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated

U.S. citizen?  Yes  No Do you or any occupant smoke?  Yes  No

Will you or any occupant have an animal?  Yes  No

Kind, weight, breed, age: \_\_\_\_\_

Current home address (where you now live): \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/cell phone: (\_\_\_\_\_) \_\_\_\_\_ Current rent: \$ \_\_\_\_\_

E-mail address: \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of owner or manager: \_\_\_\_\_

Their phone: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Why are you leaving your current residence? \_\_\_\_\_

Previous home address (most recent): \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Apartment name: \_\_\_\_\_

Name of owner or manager: \_\_\_\_\_

Their phone: \_\_\_\_\_ Previous monthly rent: \$ \_\_\_\_\_

Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_

### YOUR WORK

Current employer: \_\_\_\_\_

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/Zip: \_\_\_\_\_

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 convicted or received probation for a felony or sex crime?

Please indicate below the year, location, and type of each felony or sex crime for which you were convicted or received probation. We may need to discuss more facts before making a decision. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### YOUR SPOUSE

Full name: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_  
OR gov't photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Current employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date began job: \_\_\_\_\_ Gross monthly income is over: \$ \_\_\_\_\_

Supervisor's name and phone: \_\_\_\_\_

### OTHER OCCUPANTS

Names of all people who will occupy the unit without signing the lease. Continue on separate page if more than three.

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

Sex: \_\_\_\_\_ DL or gov't ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Sex: \_\_\_\_\_ DL or gov't ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Sex: \_\_\_\_\_ DL or gov't ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### YOUR VEHICLES

List all vehicles (cars, trucks, motorcycles, trailers, etc.) owned or operated by you, your spouse, or any occupant. Continue on separate page if more than three.

1. Make, model, and color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

2. Make, model, and color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

3. Make, model, and color: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

### WHY YOU WANT TO RENT 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:

Internet site: \_\_\_\_\_

Rental publication: \_\_\_\_\_  Stopped by

Newspaper: \_\_\_\_\_  Other: \_\_\_\_\_

### EMERGENCY

Emergency contact person over 18 who will not be living with you:

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

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

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If you die or are seriously ill, missing, or incarcerated 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) North Austin Apartment Portfolio Master Lessee, LLC

to: (1) share the information above with the owner's electric provider; and (2) verify the information above by all available means, including reports from consumer-reporting agencies before, during, and after tenancy on matters relating to my lease, as well as income history and other information reported by employers 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.

Applicant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_

## Contemplated Lease Contract Information

*To be filled in only if the Lease Contract is not signed by the resident or residents at the time of application for rental.*

The TAA Lease Contract to be used must be the latest version of **(check one)**:  the Apartment Lease,  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 the Lease Contract \_\_\_\_\_
- Name of owner or lessor North Austin Apartment Portfolio Master Lessee, LLC
- Property name and type of dwelling (bedrooms and baths) QUAIL RUN
- Complete street address 1200 Mearns Meadow  
City/State/Zip Austin, TX 78758
- Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) \_\_\_\_\_
- Total number of residents and occupants \_\_\_\_\_
- Our consent is necessary for guests staying longer than 3 days
- Beginning date and ending dates of Lease Contract \_\_\_\_\_
- Number of days' notice for termination 60
- Total security deposit \$ 0.00 Animal deposit \$ 0.00
- # of keys/access devices for 1 unit, 1 mailbox,     other \_\_\_\_\_
- Total monthly rent for dwelling unit \$ \_\_\_\_\_
- Rent to be paid:  at the onsite manager's office,  through our online payment site,  at **NO DROP BOX**
- Prorated rent for:  first month  second month \_\_\_\_\_
- Late charges due if rent is not paid on or before 3rd
- Initial late charge \$ 50.00 Daily late charge \$ 10.00
- Returned-check charge \$ 50.00
- Animal-rules-violation charges: Initial \$ 100.00 Daily \$ 10.00
- The dwelling is to be  furnished **OR**  unfurnished.
- Utilities paid by owner (**check all that apply**):  electricity,  gas,  water,  wastewater,  trash/recycling,  cable/satellite,  master antenna,  Internet,  stormwater/drainage,  other \_\_\_\_\_
- Utility-connection charge \$ 50.00
- You are (**check one**):  required to buy insurance,  not required to buy insurance.
- Agreed reletting charge \$ \_\_\_\_\_
- Security-deposit refund check will be by (**check one**):  
 one check jointly payable to all residents (*default*), **OR**  
 one check payable and mailed to \_\_\_\_\_
- Your move-out notice will terminate Lease Contract on (**check one**):  
 last day of the month, **OR**  exact day designated in your move-out notice.
- If the dwelling unit is a house or duplex, owner will be responsible under paragraph 12.2 of the Lease Contract for  lawn/plant maintenance,  lawn/plant watering,  lawn/plant fertilization,  picking up trash from grounds,  trash receptacles.  
You will be responsible for anything not checked here.
- You will be responsible for the first \$ \_\_\_\_\_ of each repair.
- Special provisions regarding parking, storage, etc. (see attached page, if necessary): \_\_\_\_\_

## Application Agreement

1. **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 the Contemplated Lease Information above.
2. **Application Fee (may or may not be refundable).** You have delivered to our representative an application fee in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.
3. **Application Deposit (may or may not be refundable).** In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit, but it will be credited toward the required security 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 by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7, if you fail to answer any question, or if you give false information.
4. **Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
5. **Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve your application, our representative will notify you (or one of you if there are 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 applicants toward the required security deposit.
6. **If You Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within three days after we give you our approval in person, by telephone, or by email, or within five days after we mail you our approval. If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages and terminate all further obligations under this agreement.
7. **If You Withdraw Before Approval.** You and any co-applicants may not withdraw your application or the application deposit. If, before signing the 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 have no further obligation to each other.

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 not checked*):  a separate application has been fully filled out and signed by you and each co-applicant;  an application fee has been paid to us;  an application deposit has been paid to us. If no item is checked, all are necessary for the application to be considered completed.
9. **Nonapproval in Seven Days.** We will notify you whether you've been approved within seven days after the date we receive a completed application. Your application will be considered disapproved if we fail to notify you of your approval within seven days after we have received a completed application. Notification may be in person, by mail, or by telephone unless you have specified that notification be by mail. You must not assume approval until you receive actual notice of approval.
10. **Refund After Nonapproval.** If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits required by law to be refunded within 30 days (*not to exceed 30 days; 30 days if left blank*) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
11. **Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal 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-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. **Keys or Access Devices.** We'll furnish keys and access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
14. **Receipt.** Application fee (*may or may not be refundable*): .....\$ \_\_\_\_\_  
Application deposit (*may or may not be refundable*): .....\$ \_\_\_\_\_  
Administrative fee (*refundable only if not approved*): .....\$ 75.00  
Total of above fees and application deposit: .....\$ \_\_\_\_\_  
Total amount of money we've received to this date: .....\$ \_\_\_\_\_
15. **Signature.** Our representative's signature indicates our acceptance only of the above application agreement. It does not bind us to approve your application or to sign the proposed Lease Contract.

**If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Important medical information in emergency: \_\_\_\_\_

**Acknowledgment.** You declare that all your statements on the first page of this application are true and complete. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. **You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your application may be denied, such as criminal history, credit history, current income, and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the application, retain all application fees, administrative fees, and deposits as liquidated damages for our time and expense, and terminate your right of occupancy.** Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to consumer-reporting agencies and other rental-housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

**Right to Review the Lease.** Before you submit an application or pay any fees or deposits, you have the right to review the Rental Application and Lease Contract, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties. You are entitled to a copy of the Lease Contract after it is fully signed.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner's Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

1. Apt. name or dwelling address (street, city): North Austin Apartment Portfolio Master Unit # or type: \_\_\_\_\_
2. Person accepting application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
3. Person processing application: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
4. Date that the applicant or co-applicant was notified  by telephone,  by letter, or  in person of  acceptance or  nonacceptance: \_\_\_\_\_  
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person or persons notified (if there are more than one applicant, at least one of them must be notified): \_\_\_\_\_
6. Name of owner's representative who notified the applicant: \_\_\_\_\_