

Empty Eye Inc.

44422 Highway 290 Business, Ste.12
P.O. Box 126
Prairie View, Texas 77446



Leasing Office: Tel: 936 857-9500

Rental Application Form

Full Name: _____

Home Address: _____

Address on ID: _____

Birthday: _____

Height & Weight: _____

Sex, Eyes/Hair Color: M__ F__ Eye _____ Hair _____

Marital Status: _____ # Of Children: _____

Are You a Citizen: Y__ N__ Other _____

Cell Phone#: _____

Home Phone#: _____

Email Address: _____

Lease Term-From: _____

Lease Term-To: _____

Driver's License#:

Or Govt. ID#:

Social Security#:

Do You Have a Cosigner: Y__ N__

Cosigner's Name: _____

Cosigner's Cell#: _____

Relationship: _____

Referred By: _____

Requesting A Roommate: Y__ N__

Roommate's Name:

Roommate's Cell#:

RM Gender: _____ Age: _____

RENTAL HISTORY

Rental history is required if you have been renting or owning for that time.

If not, please list dorm, parent's home, etc.

Present Address: _____

Current Manager's Name: _____

Their Phone#: _____

Move In Date: _____ Move Out Date: _____

Have you given written notice to leave? __ Yes __ No Where you asked to move out ? __ Yes __ No

College Attending:

Vehicle Plate#:

Previous Address: _____ From _____ to _____ Rent Paid:\$ _____ Phone #:

Previous Address: _____ From _____ to _____ Rent Paid:\$ _____ Phone #:

Ever been evicted or asked to move out? ____ Yes ____ No. Broken Lease, rental agreement? ____ Yes ____ No. Been sued for non-payment of rent? ____ Yes ____ No. Been sued for damage to rental property? ____ Yes ____ No.

If so, Where, what type, and how many, please explain?

WORK HISTORY

Present Employer: _____

Address: _____

Gross Monthly Income: _____

Supervisor's Name: _____

Date You Began Work: _____

Position:

Work Phone:

Emergency Contact: _____ Cell#: _____

Criminal History: Have you ever been arrested, or convicted of a felony: ____ Y ____ N Misdemeanors: ____ Y ____ N

A background check is a part of our application process and we may need to discuss more facts before making a decision. Empty Eye does not rent our apartments to anyone who is a convicted felon.

I authorize Empty Eye Apartments to share the above information with Empty Eye owner's and Affiliate's, Electric Providers, and Credit Bureaus. I authorize Empty Eye to obtain work history, rental history, and employer statements, to investigate my credit and financial responsibility, income, rental and eviction history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer-reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I warrant and represent that I am at least 18 years of age and that all information and answers to the above questions are true and complete to the best of my knowledge which will be used for the approval of this application. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria. You must provide proof of identity by providing a copy of your government issued ID.

Signature: _____ Print _____ Date: _____

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Lease Contract Guaranty

Full Name: _____

Home Address: _____

Address on ID: _____

Driver's License#: _____

Or Govt. ID#: _____

Social Security #: _____

Birthday: _____

Vehicle Plate#: _____

Are You a Citizen: Y ___ N ___ Other _____

Resident Name: _____

Resident Cell#: _____

Relationship: _____

I agree to guarantee this lease for

Choose an option: For 1 lease term

or, all Lease Contract Renewal

If neither box is checked, your obligation will continue for the duration of all lease Renewal

Cell Phone#: _____

Home Phone#: _____

Email Address: _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION STATUS: *Provide copies of 2 recent paystubs, and government picture I.D. **If you are self-employed, you must provide a copy of your most recent tax return for proof of income.

Self Employed ___ Employed Full-Time ___ Employed Part-Time ___ Student ___ Retired ___ Not Employed

Present Employer: _____ Date You Began Work: _____

Address: _____

Position: _____

Gross Monthly Income: _____

Supervisor's Name: _____ Phone#: _____

MISCELLANEOUS INFORMATION

Do You Own or Rent Your Resident: _____

Ever Breach contract for non-payments of rent? ___ Yes ___ No Ever been evicted or asked to move out? ___ Yes ___ No

Ever been sued for damage to rental property? ___ Yes ___ No Ever Declared bankruptcy? ___ Yes ___ No

Ever broken a rental agreement or lease contract? ___ Yes ___ No

NOTE: Applicant is legally obligated for the rental unit, and will be held responsible accordingly. APPLICANT WILL BE RESPONSIBLE FOR RENT FROM DATE OF MOVE-IN OR UNTIL UNIT HAS NEW RESIDENT RESIDING IN IT, WHICHEVER COMES FIRST. All cancellations must be in writing.

This application must be filled out COMPLETELY AND ACCURATELY. I understand that in the event a lease is entered into, it may be canceled by the landlord if any of the information provided in the application is materially inaccurate or incomplete. By signing this application, I authorize the Landlord or Landlords' agents to verify above information such as employment, monthly income, and past residential history. Verification or re-verification of any information contained in the application will be retained by the landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding the application, my credit, tenant, check writing histories and or my criminal record to Empty Eye Apartments to acquire this information may include, but are not limited to, Experian (TRW) Credit Services, Equifax/Capital CSC Credit Services, Tele-Check, and/or any law enforcement agency. When a Co-Signer is required, the Co-Signer Application must be filled out completely by Co-signer, signed and delivered to our office.

Resident acknowledges and consents that he/she understands that this Guaranty is part of the Lease Contract and shall be performed in the county where the dwelling unit is located. You represent that all information submitted by you on this Guaranty is true and complete, and you will inform us of any changes. You authorize verification of such information via consumer reports, rental history reports, and other means. You acknowledge that our privacy policy is available to you. A signature on this Guaranty will be binding. You do not need to sign or be named in the Lease Contract, only this Guaranty.

You acknowledge that by signing this Lease Contract Guaranty you unconditionally guarantee all obligations of the resident named above, including but not limited to duration of Contract Lease Term and Renewals, rent, late charges, Re-letting charges, property damage, repair costs, violation fees, or any increases in rent even if the Lease reverts to a month to month renewal term.

As a Guarantor you have a right to any information kept in our files for the full term of any and all Lease Renewals.

Rental Applicant Print Name: _____ Signature of Resident: _____

Signature: _____ Print _____ Date: _____