

Lease Application: 2714 Greenbriar - Dickinson, TX 77539  
Phone: 281.337.7655  
Fax: 832.285.5281  
Mailing Address: P.O. Box 1266 – Dickinson, TX 77539

Lease Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Drivers License No . \_\_\_\_\_

SS# 1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Rental History**

#### **Location 1**

Landlord: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#### **Location 2**

Landlord: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Applicant Employment Information**

Income: \$ \_\_\_\_\_  Weekly  Monthly  Annually

Employer: \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's City: \_\_\_\_\_

Employer's State: \_\_\_\_\_

Employer's Zip: \_\_\_\_\_

**CO-APPLICANT**

Lease Co-Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Drivers License No . \_\_\_\_\_

SS# 1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Rental History**

**Location 1**

Landlord: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Location 2**

Landlord: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Co-Applicant Employment Information**

Income: \$ \_\_\_\_\_  Weekly  Monthly  Annually

Employer: \_\_\_\_\_

Employer's Phone No. \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's City: \_\_\_\_\_

Employer's State: \_\_\_\_\_

Employer's Zip: \_\_\_\_\_

I authorize Shawn Schoellkopf to verify my employment history as well as credit, and criminal background check with information collected. I also understand that there will be a non refundable lease application fee of \$49.95

Please fax this application along with copies of 2 forms of valid ID

**Fax:** 832.285.5281

Sign Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Sign Co-Applicant: \_\_\_\_\_ Date \_\_\_\_\_