

**Rental Application for Savannah Square Apartments, 321 SW 5<sup>th</sup> St., Grand Prairie, TX 75051**  
Woodoak Corporation

Phone: (469) 993-6977 Website: l-and-rmanagement.com

**All prospective tenants over 18, who would be living in the unit, must fill out an application**

Date of Application: \_\_\_\_\_  
Size of Unit needed (  ) 1 BR (  ) 2 BR Date you wish to Move in: \_\_\_\_\_

Name of Applicant:  
First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Current Address Street: \_\_\_\_\_  
City, State & Zip : \_\_\_\_\_

Cell or other number we can reach you at: \_\_\_\_\_

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

Your Driver's License # and State : \_\_\_\_\_

*(You will need to present your Photo ID, because a copy will also be made of your license.)*

Your Social Security # : \_\_\_\_\_ Birth Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Marital Status: (  ) Single (  ) Married (  ) Divorced (  ) Widowed (  ) Separated

Are you a US Citizen? (  ) Yes (  ) No Do you or any occupant smoke? (  ) Yes (  ) No

Will you or any occupant have an animal(s)? (  ) Yes (  ) No

Kind, weight, breed, age: \_\_\_\_\_  
*(We will require a signed pet rider, proof of renter's insurance, and an extra pet deposit. You are limited to no more than one pet and dogs must be under 35 lbs. when full grown and no vicious breeds.)*

Current landlord's name and phone number: \_\_\_\_\_

Current rental or Mortgage payment: \_\_\_\_\_ Do you pay on time each month?: \_\_\_\_\_

Previous address and landlord's phone number: \_\_\_\_\_

**Your Work**

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

and address : \_\_\_\_\_

Work phone: \_\_\_\_\_ Current hours: \_\_\_\_\_ Position: \_\_\_\_\_

Your Monthly take-home pay after taxes: \_\_\_\_\_

*(You will need to have your last two paystubs. Copies will be made of the paystubs.)*

Additional Income and Source: \_\_\_\_\_

Approximate month and day you began job: \_\_\_\_\_

Supervisor's Name and Phone #: \_\_\_\_\_

Previous job and approximate monthly take home pay: \_\_\_\_\_

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(Continuation of Application)

Additional Income and Financial Information (Child support)

Additional Income per month: \_\_\_\_\_ Source of said income: \_\_\_\_\_

Do you receive court-ordered child support?: ( ) Yes ( ) No If yes, do you have written proof of said support?: ( ) Yes ( ) No

Present bank name and city : \_\_\_\_\_

Checking?: ( ) Yes ( ) No Savings?: ( ) Yes ( ) No

List of major credit cards: \_\_\_\_\_

Do you have any other monthly payments( e.g. car payment, medical payments)? If so, please list to whom: \_\_\_\_\_

Do you have to pay child support?: ( ) Yes ( ) No Court ordered?: ( ) Yes ( ) No

How much each month do you have to pay in child support? : \_\_\_\_\_

Your Vehicles (We only allow a maximum of two vehicles per unit.)

1.) Make and color of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Licenses#: \_\_\_\_\_

2.) Make and color of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Licenses#: \_\_\_\_\_

Other Occupants

(Names of any occupants under 18 who are not signing the lease. All other occupants over 18 must fill out and sign an application and be included on the lease.)

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency contacts and nearest relatives

List emergency contact over 18 who will not be living with you.

Emergency contact name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nearest living relative over 18 who will not be living with you.

Relative Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If you die or are seriously ill, missing, or in jail the above person may be allowed to enter your dwelling to remove all contents, as well as your property in your mailbox.

How did you hear about us?

( ) Newspaper ad ( ) referral ( ) internet, if so which website \_\_\_\_\_ ( ) drove by

Your criminal and rental history (check if applicable) Have you or any other occupant listed in this application ever been evicted?: ( ) Yes ( ) No Or asked to move out?: ( ) Yes ( ) No Or moved out before the end of the lease term without the owner's permission?: ( ) Yes ( ) No If you answered "yes" to any of these questions, then Why?: \_\_\_\_\_

Have you or any other occupant listed in this application ever 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?: ( ) Yes ( ) No

Authorization

You agree to allow owner/agent to check your employment, credit and previous tenant history. This may include running a credit check to determine your credit. If you wish to have a copy of the credit check, one will be provided to you, if one was run.

This application includes a \$35.00 Nonrefundable application fee. If you pay a security deposit and do not move in, your deposit will be forfeited and you may be responsible for the remainder of your lease.

Applicant

Signed : \_\_\_\_\_