## **E L Enterprise**

## **Residential Lease Application**

Personal Information Fax to: 830-433-4777 or Email to EL.Rentals@yahoo.com

Applicant	Spouse/other		
Full Name	Full Name		
Address			
Phone:			
Social Security#			
Drivers License#			
Marital Status			
Date of Birth			
Smoker: Y N	Smoker: Y N		
	3110KC1. 1 N		
Pets: Y N Kind, Wt., breed and age	House trained? Yes No		
List five years of past Employment			
Applicant	Spouse/other		
Employer Position	Employer position		
Address			
Supervisors Name			
Phone#	Phone#		
Income \$monthly/ Other \$_ How long employed?			
Use back page to list other past employ			
Present Home Address			
	Do you have a lease Expires When		
Name of Land Lord			
Monthly Rental or Mortgage Payment \$			
Have you ever been evicted/foreclosed			
Explain			
Other Occupants:			
Name:	Relationship:		
Gender:	date of birth:		

Name:	Relationship:		
Gender:	Date of birth:		
Name:	Relationship:		
Gender:	Date of birth:		
Other Information:			
Have you or spouse ever:			
() moved out of dwelling before	e the lease term expired?		
() declared bankruptcy?			
() been sued for rent?			
() been sued for property dama	age?		
() been charged with a crime? It yes to any of the above please	e explain. (use backside)		
List closest family member. Name:		Phone:	
Address:			
List Three Personal references (	other than relatives or employe	ers)	
1	Phone#		
2	Phone#		
3	Phone#		
•	application, including reports from	ons or entities listed herein above to om consumer reporting agencies a se, and income history.	, ,
application shall serve as the au	thority for release of any said ir	on known to them, concerning me. Information. I further authorize the d determination upon this applicat	e above persons to
Applicant signature		Date	
Co-Applicants signature	<del></del>	Date	<del></del>