

University Apartments Galveston

602 Seawolf Parkway

Galveston, TX 77554

(409) 741-9100

www.uagalveston.com

For Office Use Only

Date App. Received: _____

Deposit Amount: _____

Cash: ___ Check: ___ Money Order: ___

Check/M.O. No.: _____

Application Fee Required: Y / N

RENTAL APPLICATION

The undersigned hereby makes an application to rent the following property type: *(select one)*

One Bedroom/One Bath One Bedroom Loft Two Bedroom/Two Bath

Two Bedroom/One Bath Four Bedroom/Two Bath

at 602 Seawolf Parkway, Galveston, Texas 77554, beginning on the ____ day of _____, _____

ABOUT YOU

Name: _____ Phone #: _____ Email: _____

Date of Birth: _____ Social Security #: _____

Drivers License #: _____ State: _____ Exp. Date: _____

Vehicle Model: _____ Year: _____ Plate #: _____

YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS

Current address: _____

Month & year moved in: _____ Reason for leaving: _____

Owner or Agent: _____ Phone #: _____

Have you in the past resided in the University Apartments _____ If so when _____

Reason for leaving _____

YOUR EMPLOYMENT INFORMATION

Employed full-time Employed part-time Student Unemployed

Leave blank if you are student and not employed

Employer/School: Current Previous _____

Date(s) employed: _____ Position: _____

Supervisor: _____ Phone #: _____

Address: _____ Salary: _____

If employed by above less than 6 months please give the name and address of previous employer or school: _____

RESIDENT PROFILE SHEET

Name: _____ College class of: '14 '13 '12 '11 '10 '09 GRAD
 Major: _____ Age: _____
 Home phone #: _____ School attending: _____
 Cell phone #: _____ Email: _____
 Hometown: _____ Move in date: _____
 Are you a member of any organizations? _____

Check all that apply:

I prefer to live with a: FR/SOPH SR/JR Graduate Student Doesn't matter
 Female Male Doesn't matter

During my free time, I like to: Sleep Study Work Out Play video games
 Shop Party Play Spots Go to a friend's
 Relax and watch movies Have friends over

I: Smoke Do not smoke and it bothers me if my roommates do inside
 Drink Do not drink and it bothers me if my roommates do inside
 Study at home Study away from home
 Am a night person Am a morning person
 Often have overnight guests Am bothered if my roommates often have overnight guests

On a 10 scale (1=always; 10=never): I am quiet: _____ I require peace: _____
 I am neat: _____ I can tolerate messiness: _____

Other important considerations/ requests/ restraints:

	Yes	No	Explanation
Has Applicant ever:			
been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been asked to move out by a landlord?	<input type="checkbox"/>	<input type="checkbox"/>	_____
breached a lease or rental agreement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
lost property in a foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
had any credit problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is any occupant a registered sex offender?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any criminal matters pending against any occupant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there additional information Applicant wants considered?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If applicable, please list the names of requested roommates & phone numbers:

Name: _____ Phone #: _____
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

GUARANTOR INFORMATION SHEET

Complete information below if you are student and not employed or relying on parents or others for rent payment.

Name (*Primary guarantor*): _____ Relation: _____ SS #: _____

Address: _____ Phone #: _____

Name (*spouse*): _____ SS #: _____

Address: _____ Phone #: _____

The undersigned acknowledges and understands that the information set forth is provided in anticipation of the execution by the undersigned of the Guaranty of Resident Obligations (the "Guaranty") to be given as guaranty of the Resident's obligations under a Lease Agreement for an apartment at the University Apartments on Pelican Island, located in Galveston, Texas.

Guarantor signature: _____ Print Name: _____ Date: _____

Guarantor signature: _____ Print Name: _____ Date: _____

EMERGENCY INFORMATION (Resident)

In event of emergency, who should we contact?

Primary contact: _____ Relation: _____

Address: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ Email: _____

Secondary contact: _____ Relation: _____

Address: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ Email: _____

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 #: _____

Name: _____ Phone #: _____

Important emergency medical information _____

APPLICANT HEREBY AGREES AS FOLLOWS

Applicant understands that there is a NON-REFUNDABLE Application Fee in the amount of \$ 40, said amount hereby tendered by Applicant. Applicant hereby deposits \$ 250 the "Application Deposit", as an inducement for Landlord to reserve the assigned apartment unit, subject to the Landlord verifying the information provided and approving this application. The Applicant warrants that the information provided herein is true. If Applicant does not cancel this application with 48 hours, then:

- I. If Landlord does not approve application the Security Deposit shall be refunded in full.
- II. If application is approved by Landlord:
 - A. All lease documents, including Guaranty (if applicable), shall be executed within five(5) days of said approval.
 - B. Upon the receipt by Landlord of the fully executed Lease Agreement, including all exhibits and Guaranty (if applicable), the Application Deposit shall serve as a Security Deposit of the Lease Agreement.

I, THE UNDERSIGNED APPLICANT, HAVE READ AND AGREE TO ALL PROVISIONS OF THIS APPLICATION. I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS A PART OF MY LEASE AGREEMENT. I HEREBY AUTHORIZE THE MANAGEMENT TO MAKE ANY NECESSARY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, PAST RENTAL HISTORY, AND CRIMINAL SEARCH. I THEREFORE, CONSENT TO THIS INVESTIGATION, AND I CERTIFY THAT ALL STATED FACTS ARE TRUE, AND IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR THE LANDLORD AND/OR AGENTS TO REJECT THIS APPLICATION AND/OR TERMINATE THIS LEASE. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THIS REPORT. I AUTHORIZE THE MANAGEMENT TO EXAMINE MY CRIMINAL RECORDS AND USE THE INFORMATION AS AN ADDITIONAL BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED.

Application signature: _____ Date: _____

Landlord representative: _____ Date: _____