



**MARY LEE FOUNDATION  
MARY LEE PROPERTY MANAGEMENT**

**1339 Lamar Square Dr.  
Austin, Texas 78704**

**P. O Box 3174  
Austin, Texas 78764  
512-448-9628  
512-444-9949 fax**

**RENTAL APPLICATION**

To the Applicant:

Please answer all questions as completely and accurately as possible. **Do not leave any items blank.** If a particular question does not apply to you, write "N/A". Any application that is **not fully completed** will be held in a pending applicant processing file until all necessary information is provided. A requirement of the Application Process Procedures is to verify all information stated in your application by a third party. To do this, we will call you to set up an appointment with you to familiarize you with our policies and to have you sign the necessary release forms. Use the back of a page if additional space is needed.

OFFICE USE ONLY:

Date/time received: \_\_\_\_\_ a.m. / p.m.

**Information Concerning Applicant(s)**

Applicant Name(s): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other Phone No.: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Landlord Name: \_\_\_\_\_

Present Landlord Address: \_\_\_\_\_

Present Landlord Phone #: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Years \_\_\_\_\_ Months - Monthly rent: \$ \_\_\_\_\_

Have you ever participated in a Section 8 or HUD program before? Yes No

If you have ever received housing assistance from any source, has this assistance been terminated for fraud, non payment or any other reason? Yes No

List and describe any pets: \_\_\_\_\_

Note: A pet is allowed only when a reasonable accommodation request has been approved by management.

List any vehicles: \_\_\_\_\_ License plate: \_\_\_\_\_ State: \_\_\_\_\_

## Household Composition and Characteristics:

List the Head of Household and all other members who will be living in the regulated unit. Give the relationship of each member to the head as well as the date of birth, age, sex and social security number of each member.

Full Name	Relationship	Birth Date	Age	Sex	Social Security #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Use back of page for additional members

Are there any addition(s) to the household expected?    Yes    No

Are there any members of the household over 18 years old and a full time student?    Yes    No

Have any members of the household been convicted of a felony?    Yes    No

If 'Yes' please provide felony dates and details on the back of this page.

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## INCOME:

List all full time and/or part time EMPLOYMENT for all household members. Include self-employed earnings. Use the back of this page for additional space.

### APPLICANT:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone # of employer: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Contact person: \_\_\_\_\_

Current gross earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month): \_\_\_\_\_ Full time \_\_\_\_\_ Part time

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### CO-APPLICANT:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone # of employer: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

Current gross earnings: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month): \_\_\_\_\_ Full time \_\_\_\_\_ Part time

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**OTHER SOURCES OF INCOME:**

Include Public Assistance, Social Security, SSI, SSDI, Pensions, Disability Compensation, Unemployment Compensation, Interest on any Bank/Savings Accounts, Baby Sitting, Care Taking, Alimony, Child Support, Annuities, Dividends, Bonds, Mutual Funds, Income from Rental Property or other Real Estate, Armed Forces Reserves, Scholarships and/or Grants, Financial Assistance from other persons, Lump Sum Payments (inheritance, insurance, lottery winning, capital gains), Retirement Benefits, any other earned or unearned income.

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

For all sources of income, you will be asked to provide proof of any benefits received for the past 12 months. Use the back of this form for additional space.

**ASSETS:**

Checking / Savings Account: Bank \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking / Savings Account: Bank \_\_\_\_\_ Acct #: \_\_\_\_\_

Do you have any certificate(s) of deposit:    Yes    No

Do you have any bonds, mutual funds, stocks or other securities:    Yes    No

Do you have any life insurance policies?    Yes    No

Do you now own any real estate?    Yes    No

**For all bank accounts earning interest you must furnish the last 3 statements received. For all assets you must furnish proof of value and earnings.**

**Medical Expenses: Only for applicants 62 years old or older**

Does any household member receive Medicare benefits?    Yes    No

Does any household member receive medical assistance through any welfare agency?    Yes    No

Does any household member pay any medical insurance / hospitalization premiums?    Yes    No

Does any household member have any outstanding medical bills which current payments are being made?  
\_\_\_ Yes    \_\_\_ No

Does any household member take prescription drugs on a regular basis?    \_\_\_ Yes    \_\_\_ No

Does any household member anticipate health care related expenses for the next 12 months that will not covered by health insurance?    \_\_\_ Yes    \_\_\_ No

## PERSONAL REFERENCES:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

FRIENDS / RELATIVES who currently know how to contact you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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## ACKNOWLEDGEMENTS:

I declare that the statements contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or false statements are a criminal offence punishable under Federal Law. I further understand and agree that a false statement herein is grounds for denial of housing or basis for eviction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:** Your application for residency will be processed according to our procedures which include verifying all information relative to: (1) Eligibility for Admissions, (2) Federal Preferences, (3) Allowances, and (4) Compliance with Applicant Selection Criteria. Should you be determined eligible and an appropriate apartment is not available, your name will be placed on a Waiting List.

Should your address or telephone number change during the time that your name is on the waiting list it is your responsibility to notify us of the change. It is advised that you contact us at least once a month to verify your status on the waiting list. **When placed on the waiting list, you must check your application status at least once every sixty (60) days or your application will be removed from the waiting list.**

At the time your name comes to the top of the Waiting List, re-verification of these statements may be necessary if at least (4) four months have elapsed.

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**THE MARY LEE FOUNDATION COMPLIES WITH THE FEDERAL CIVIL RIGHTS ACT OF 1964. PEOPLE WHO ARE ELIGIBLE TO PARTICIPATE IN THE PROGRAMS OR HOUSING AT MARY LEE FOUNDATION ARE NOT DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, RELIGION, OR POLITICAL BELIEF.**

**APPLICANT:** \_\_\_\_\_

**PLEASE INDICATE YOUR NEEDS:**

Bedroom Size Required: \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ Efficiency

Accessible Features Needed: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Date unit is needed: \_\_\_\_\_

Other considerations: \_\_\_\_\_

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**OFFICE USE ONLY:**

Elderly (62 or older)? Y N

Applicant Status: \_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible

Unit address: \_\_\_\_\_ # \_\_\_\_\_

Rent: \$ \_\_\_\_\_

Security deposit: \$ \_\_\_\_\_

Pet deposit: \$ \_\_\_\_\_

\_\_\_\_\_ Application approved.

\_\_\_\_\_ Application disapproved. Reason(s):

**Application status checked.:**

☺ \_\_\_\_\_

☺ \_\_\_\_\_

☺ \_\_\_\_\_

☺ \_\_\_\_\_





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512-443-5777

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to Mary Lee Property Management for purposes of verifying information on my/our apartment rental application or for annual income recertification.

**INFORMATION COVERED:**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, criminal history, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other
Texas Dept. of Public Safety (Criminal history)	Medical / Child Care Providers	Financial Institutions

**CONDITIONS:**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

**SIGNATURES:**

\_\_\_\_\_  
Applicant (Print Name) Date

\_\_\_\_\_  
Applicant (Print Name) Date

**NOTE: This general consent may not be used to request a copy of a tax return.**