



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

OFFICE USE ONLY:

Date/Time Received _____ / _____ a.m. / p.m.

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 ". Missing information and/or incomplete applications will not be added to our waiting list until all necessary information is provided. Once your application has reached the in-compliance with our Application Process Procedures we will call you to schedule a final determination of eligibility appointment. At that time. We will familiarize you with our policies and to sign the necessary release forms.

Applicant(s) Information

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, nonpayment 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 vehicle: _____ License plate _____ State _____

Household Composition

List the Household and all other members who will be living in the apartment. Provide 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 Number

Any member of the household moved out in the last 12 months? YES ____ NO ____ If yes who:

Are there any additions to the household expected? YES ____ NO ____ if yes who:

Are there any members of the household over 18 years old & a full time student? YES ____ NO ____

If yes who:

SOURCE OF INCOME

Do you or any member of your household receive or anticipate receiving income from any of the following sources during the next 12 months? (Write YES/NO to every question) If you answer yes, then please complete the blanks on the right.

CHECK MARKS ARE NOT ACCEPTABLE AS AN ANSWER

Source	YES	NO	Amount received (per time period)	Received by which Household member	Source of Income Name, Address and Phone Number
Employment (earned income)			\$_____per ____hr____wk____month		
Employment (part-time)			\$_____per ____hr____wk____mont h		
Employment (earned income) Self Employment This may include. Babysitting, house cleaning, Avon etc			\$_____per ____hr____wk____mont h		
Child Support			\$_____per ____hr____wk____mont h		
Alimony			\$_____per ____hr____wk____mont h		
Recurring Monetary Gifts or Money from relatives			\$_____per ____hr____wk____mont h		
Pension or Retirement Benefits			\$_____per ____hr____wk____mont h		
School Grants or Scholarships			\$_____per ____hr____wk____mont h		
Social Security/SSI			\$_____per ____hr____wk____mont h		
Unemployment Compensation			\$_____per ____hr____wk____mont h		
Veterans Administration			\$_____per ____hr____wk____mont h		
Disability Benefits (Workers Compensation disability income)			\$_____per ____hr____wk____mont h		
Other			\$_____per ____hr____wk____mont h		

Assets: Assets include cash held in a savings and/or checking accounts, trust funds, equity in real estate or other capital investments, stocks, bonds and Treasury bills, certificates of deposit, money market funds, IRS accounts and retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc. and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.) **If you answer yes, complete the information below. Do not include necessary personal property such as furniture, automobiles or clothing.**

Account Type	Yes	No	Name on Acct	Account #	Balance/Value	Bank Name and Address
Checking Account (s)						
Saving Account(s)						
Direct Deposit (SS,SSI,Child Support etc						
Money Market Account (s)						
Certificate of deposit						
Safety deposit box						
Trust Account(s)						
Stocks and Bonds						
IRA/Keogh/Life Insurance or other retirement accounts						
Rental Property						
Other Real Estate						
Annual Interest Earned						
Other income earned						

ASSETS: YES ____ NO ____ I/We have NOT sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years. If YES, what was the fair market value and how much money did you receive, for each asset on which this occurred? _____

MEDICAL EXPENSES: Only for applicants 62 YEARS OLD OR OLDER.

Is the head of household over 62 years old or older? YES ____ NO ____

Does any household member receive Medicare benefits? YES ____ NO ____

Does any household member receive medical assistance through any Welfare Agency? YES ____ NO ____

If yes, provide information _____

Does any household member pay medical insurance and/or medical premiums? YES ____ NO ____

Does any household member have any outstanding medical bills which current payments are being made?

YES ____ NO ____

Does any household member pay copays and/or out of pocket expenses for prescription?

YES ____ NO ____

Does any household member anticipate health care related expenses for the next 12 months that will not be covered by health insurance? YES ____ NO ____

Have you or any adult occupant ever been evicted? YES ____ NO ____ When _____

Do you engage in the distribution or sale of illegal drugs? YES ____ NO ____

Have you ever had an infestation in your household? YES ____ NO ____

If yes, please explain: _____

Have you ever been convicted of felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drugs related offenses, theft, dishonesty, obscenity and related violations? YES ____ NO ____

Are you a convicted sex offender? YES ____ NO ____

Is any member of the applicant's household subject to a lifetime sex offender registration requirement in any state? YES ____ NO ____

Does any member of your household, have special needs, or are they handicapped and require special accommodations? YES ____ NO ____ If yes, please explain and provide medical documentation for accommodation (s) needed. _____

Do you have any outstanding/open warrants for arrest? YES ____ NO ____

EMERGENCY CONTACT PERSON(s)

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Name: _____ Address _____

Phone Number _____ Relationship _____

ACKNOWLEDGEMENTS:

Applicant represents that all of the above statements are true and complete, and hereby authorize verification of above information, references, and background reports. Applicant acknowledges that false information or misrepresentation is a criminal offense punishable under federal law. Herein constitute grounds for rejection of the application if discovered before move-in or basis for eviction. This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

Signature of applicant: _____ Date: _____

Signature of Co – Applicant: _____ Date: _____

Signature of Manager: _____ Date: _____

REMINDER: Your application for residency will be processed in 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 added to a waiting list.

Should your address or telephone number change during the time your name is on the waiting list it is your responsibility to notify us of the changes. Once you have be placed on the waiting list, you must check your waiting list status every (60) days. Failure to do so will cause your application to be removed from the waiting list.

When your application reaches the top of the waiting list, we will contact you to for a final determination interview.

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



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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, criminal, credit, income and/or assets to Mary Lee Property Management. I also hereby authorize Mary Lee Property Management to request and obtain a consumer report 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
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers
Texas Dept. of Public Safety
Credit Reporting Agencies
Criminal History

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical / Child Care Providers

Veterans Administration
Retirement Systems
Banks and other
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.