



P. O. BOX 159, EL PASO, TX 79942

Below is an application, please fill in ALL the applicable blanks, and return to us as soon as possible with \$20.00 application fee per household. The Fee can be paid by cash or money order. This fee is NON-REFUNDABLE

\* Items identified by an asterisk will require photocopies of information. Please see Application Checklist.

APPLICATION

Date of Application \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

Type and Size of Apartment Wanted (No. of Bedrooms) \_\_\_\_\_

HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in your household.

Table with 6 columns: Number of Persons, Full Names, Relationship to Head of HH, Social Security No./Alien Registration No., Date of Birth, Student Status. Rows 1-8.

Were any of the household members a full-time student in the calendar year? [ ] No [ ] Yes

If yes, who? \_\_\_\_\_

Please list the School Name for all students listed above

Table with 2 columns: NAME, SCHOOL NAME. Multiple empty rows for listing students.

Do you anticipate any other members joining your household within the next 12 months? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

CURRENT HOME ADDRESS

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Present Telephone \_\_\_\_\_ Dates from \_\_\_\_\_ To: \_\_\_\_\_

Present Landlord/Name of Apart. Complex. \_\_\_\_\_ Telephone \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

CURRENT EMPLOYMENT INFORMATION

\*PRESENT EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gross Monthly Salary\$ \_\_\_\_\_

\*CO-APPLICANT'S EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gross Monthly Salary\$ \_\_\_\_\_

**OTHER SOURCES OF INCOME**

Does anyone in your household receive income from any of the following? Please mark "yes" or "no"

Source of Employment	Check One	Source Benefits/Pensions	Check One	Source	Check One
SECOND JOB	<input type="checkbox"/> Yes <input type="checkbox"/> No	OVERTIME PAY	<input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY	<input type="checkbox"/> Yes <input type="checkbox"/> No
BONUSES	<input type="checkbox"/> Yes <input type="checkbox"/> No	WORKERS COMPENSATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	GRANTS	<input type="checkbox"/> Yes <input type="checkbox"/> No
REPORTED TIPS	<input type="checkbox"/> Yes <input type="checkbox"/> No	UNEMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	SCHOLARSHIPS	<input type="checkbox"/> Yes <input type="checkbox"/> No
UN-REPORTED TIPS	<input type="checkbox"/> Yes <input type="checkbox"/> No	ALIMONY	<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMISSION/FEES	<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD SUPPORT	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "YES" marked above, please complete the following:

NAME	AMOUNT RECEIVED	SOURCE
	Month Salary \$ _____ Hourly _____ Weekly _____ Bi-weekly _____ Monthly _____ Yearly _____ Other _____	
	Month Salary \$ _____ Hourly _____ Weekly _____ Bi-weekly _____ Monthly _____ Yearly _____ Other _____	
	Month Salary \$ _____ Hourly _____ Weekly _____ Bi-weekly _____ Monthly _____ Yearly _____ Other _____	
	Month Salary \$ _____ Hourly _____ Weekly _____ Bi-weekly _____ Monthly _____ Yearly _____ Other _____	

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark "YES" or "NO" for each type of asset.

TYPE OF ASSET	CHECK ONE	TYPE OF ASSET	CHECK ONE	TYPE OF ASSET	CHECK ONE
Checking Account Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Pension Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Fund/Stock * Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land* Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as an Investment Amount _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

In the past two years, has any household member given away any asset(s) for less than they were worth? Circle YES NO  
What was the estimated value of this asset? \_\_\_\_\_

HAVE YOU, CO-APPLICANT, OR MEMBERS OF THE HOUSEHOLD EVER:

Been sued for non-payment of rent? YES NO  
 Been evicted or asked to move out? YES NO  
 Broken a Rental Agreement or Lease? YES NO  
 Been sued for damage to rental property? YES NO  
 Declared Bankruptcy? YES NO  
 Been convicted of a violent crime? YES NO  
 Been convicted of a sexual crime? YES NO

\*\*\*Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Tropicana Properties does business in accordance with the Federal Fair Housing Law and does not discriminate against any person because of race, color, religion, sex, disability, familial status, or national origin. Immediate denial of the application will occur if any member of the household including applicant and co-applicant have been convicted of a sexual crime. Applicants must be a U.S. Citizen or a Legal Resident of the United States.**



I/We understand, if; I/We do not meet the rental selection criteria, I/We fail to answer any question, or give false information Tropicana Properties may reject the application and terminate the right of occupancy.

I hereby make this application for an apartment and certify that the information above is true and correct.

**SIGNATURES**

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

\_\_\_\_\_  
Co/Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorize release of information without liability to the owner/manager of the apartment community listed below, and/or the Texas Department of Housing and Community Affairs; and any other entity listed below.

**INFORMATION COVERED:**

I/We understand that previous or current information regarding our application may be needed. Verifications and inquires that may be requested include, but are not limited to: credit and criminal report, personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

1. I further hereby agree to indemnify and hold harmless the releases from any loss, liability damage or costs, including court costs and attorney fees they may incur due to my participation in said activity whether caused by negligence of releases of otherwise.
2. In signing this release, I acknowledge and represent that this document represents a Waiver of Liability and Hold Harmless Agreement. I understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by it.

**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	Educational Institutions	(including Public Housing Agencies)
Welfare Agencies	Social Security Administration	Credit Bureaus
Veterans Administrations	Medical and Child Care Providers	Law Enforcement Officials
Support and Alimony Providers	Banks and other Financial Institutions	(Criminal Background Checks)
State Unemployment Agencies	Previous Landlords	All Utility Providers
Retirement Systems		

I hereby make this application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit-reporting agency, which will appear as an inquiry on my file

Furthermore, I understand that I may be asked for some of my paperwork to be updated. These documents could include check stubs, bank statements and verification of employment, as well as any other documents the state requires us to update. We understand we have 7 days from the date of request, to fulfill our request for pending documentation in order to complete the application process. If approved and once notified of approval, you will have 7 days for all applicants on the application to execute the lease agreement, unless both parties agree to different arrangements. Failure to comply within the allowed period of time may result in us retaining all application deposits as liquidated damages, and the parties will then have no further obligation to each other.

I understand the application fee is not a security deposit. However, an application deposit is asked for at the time the application is submitted and will be credited toward the required security deposit when the Lease Contract has been signed by all parties; or it will be refunded if you are not approved; or it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw. If you or any co-applicant fail to sign as required after approval, we may keep the application

I understand that if any applicant or co-applicant is disapproved, the application deposit will be refunded within 30 days of such disapproval.

I understand the rental amount and move in date can possibly change due to any changes in income, construction constrains for newer properties or other reasons out of Tropicana Properties' control.

I understand that I will be asked to choose an apartment from a specific building that will be ready for leasing at the time I sign the contract.

I acknowledge that you had an opportunity to review the rental selection criteria, which include reasons my application may be denied, such as criminal history, credit history, current income, and rental history.

**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 the right to review this file and correct any information that is incorrect.*

**SIGNATURES**

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

\_\_\_\_\_  
Co/Applicant Resident (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Adult Member (Print Name) Date

\_\_\_\_\_  
Apartment Name Contact Phone

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

**CHECKLIST OF MANDATORY DOCUMENTS NEEDED TO QUALIFY**

- TEXAS OR OTHER ACCEPTABLE ID'S FOR ALL MEMBERS ON APPLICATION 18 & OVER
- SOCIAL SECURITY CARDS FOR MEMBERS ON APPLICATION
- IF A STUDENT - FINANCIAL AID AWARD LETTER (obtained from financial aid office); TUITION STATEMENT (Must be original NOT computer generated) STUDENT VERIFICATION REQUIRED IF NOT ATTENDING EPCC.
- 6 MONTHS OF BANK CHECKING STATEMENTS and/or 1 MONTH SAVING STATEMENT (if assets are over 5K), PRIOR TO DATE OF APPLICATION (Detailed letter explaining reoccurring deposits over \$100.00, if any) STATEMENTS NEED TO REFLECT A STAMPED SIGNATURE FROM THE BANK TELLER IF NOT MAILED IN, CANNOT ACCEPT COMPUTER PRINT-OUTS WITHOUT THE SIGNATURE

**IF YOU OR A MEMBER OF YOUR HOUSEHOLD IS EMPLOYED You will need the following:**

- MOST RECENT CONSECUTIVE CHECK STUBS FOR AT LEAST 2 MONTHS, 4 paystubs if paid monthly
- SELF-EMPLOYMENT AFFIDAVIT (if self-employed; last year's income tax form or Profit & loss Statement along with business card)
- BIRTH CERTIFICATES FOR ALL CHILDREN UNDER THE AGE OF 18

**IF YOU OR A MEMBER OF YOUR HOUSEHOLD IS UNEMPLOYED, You will need the following:**

- UNEMPLOYMENT COMPENSATION, STATEMENT OF BENEFIT ACCOUNT, IF APPLICABLE
- ZERO INCOME AFFIDAVIT, IF APPLICABLE
- SSI AWARD LETTER WITH CURRENT DATE, IF APPLICABLE
- RETRIEVE A TEXAS WORKFORCE COMPUTER PRINT OUT OF EMPLOYMENT HISTORY, IF APPLICABLE
- TANF AWARD LETTER, IF APPLICABLE

**IF A MEMBER OF THE HOUSEHOLD IS A SINGLE PARENT OR RECEIVES CHILD SUPPORT, You will need following:**

- CHILD SUPPORT VERIFICATION FORM (see leasing agent) or COURT ORDERED JUDGMENT, IF APPLICABLE (No Alimony Child Support Affidavit - if applicable)
- DIVORCE DECREE, IF APPLICABLE (Estrangement Affidavit)

**OTHER APPLICABLE COPIES OF REQUIRED DOCUMENTS**

- QUARTERLY STATEMENT FOR LIFE INSURANCE/ RETIREMENT/ PENSIONS, IF APPLICABLE

APPLICATION **MUST BE** COMPLETED, **SIGNED AND DATED**, OR IT WILL BE CONSIDERED **INCOMPLETE**. **STAFF MAY ASK FOR MORE INFORMATION TO ACCURATELY DETERMINE YOUR INCOME STATUS.**

**A FULLY REFUNDABLE DEPOSIT OF UP TO \$350.00 (WILL BE DUE AT SIGNING OF THE ONE YEAR LEASE). IT CAN BE PAID IN THE FORM OF CASH, CHECK, OR MONEY ORDER.**

All of the above items must accompany your application at time of submission.

**DENIAL REASON**

- Over income / Under income  
Your household has been determined over income / under income in accordance with applicable housing tax credit compliance regulations. Income limits can be found in HUD 4350.3 and Texas Department of Housing and Community Affairs Housing Tax Credit Compliance Manual Appendix B; Guide to determining annual income.
- Student Household  
All members of your household are full time students. Under Housing Tax Credit requirements established by the IRS, households in which all of the members are full-time students are not eligible tax credit residents. The definition of full-time student is established in Section 151 (c) (4) of the Internal Revenue Code.
- Oversized Household  
Your household exceeds company policy unit size standards. No more than two persons may occupy a bedroom. Basic standards are further described in HIJD Section 4352, Chapter 2-18, DETERMINING UNIT SIZE AT MOVE IN.
- Credit/Criminal/Sex Offender  
Your application was denied due to derogatory information contained in your credit report that is cause for denial. You may request a copy of your credit report or information in your credit report at Tele-check Consumer Assistance at 1-800-366-2425.
- Misleading or False Information  
Your application was denied due to falsification of information/documents. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Refund after Non-approval. If you or any co-applicant is disapproved or deemed disapproved, we'll refund all application deposits required by law to be refunded within  30  days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

\_\_\_\_\_  
Owner/Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date