



Date & Time Stamp
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## Rental Application

Please complete the following application and return it to **The Hotel Wooten 1102 North Third, Abilene, TX 79601**. All items must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

**A. General Information - Please circle one: MR. MRS. MS. MISS**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Property Name:

Unit Size: **1BR 2BR** List Desired Apt. Number (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Choice): \_\_\_\_\_

**B. Household Composition – List all persons, including yourself, who will be living in the apartment.**

Name (List Head of Household first)	Relationship	Drivers License	Birth Date	Social Security Number
1.	<b>Head of Household</b>			- -
2.				- -
3.				- -
4.				- -
5.				- -
6.				- -

**C. Income – All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	<i>Wages – Gross Monthly Amount</i> Employer Name:	\$
	<i>Wages – Gross Monthly Amount</i> Employer Name:	\$
	Social Security/Pension – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest Earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$



**D. Landlords**

Name of Landlord	Address	Rental Amount	Phone Number	Period Rented
1. Current:				From: To:
2.				From: To:
3.				From: To:

**E. Other Information**

Do you have a Section 8 Voucher or any other type of voucher? Yes  No

Have you ever been evicted or served with a Notice to Quit? Yes  No

If yes, describe reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information: (In case of an emergency the name of a person to contact)

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

Referral Information: (How did you here about us?)

\_\_\_ Flyer \_\_\_ Newspaper \_\_\_ Website \_\_\_ Drive By \_\_\_ Radio \_\_\_ Television \_\_\_ Resident Referral

List any vehicles that you own: Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Do you own a pet? Yes  No  If yes, describe \_\_\_\_\_

**H. Signatures**

I certify that I have received and read the Tenant Selection Policy.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Date

**Authorization**

I/we do hereby authorize The Hotel Wooten and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

**Signatures**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

