

RENTAL APPLICATION

Lost Creek Apartment Homes

4505 Call Field Road

Wichita Falls, Texas 76310

Apartment #	Move-In Date
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APPLICANT INFORMATION (If applicant is accepted as a resident, this application becomes part of the rental agreement.)

Applicants Name	Last	First	M.I.	Date of Birth	SSN#	Driv. Lic. & State
Spouses Name	Last	First	M.I.	Date of Birth	SSN#	Driv. Lic. & State
Home Phone Number	Home Fax Number			Email Address		
Present Address	City	State	Zip Code	How Long?	Monthly Rent/Mortgage	
Landlord/Mortgage Co. Name	Landlord/Mortgage Co. Address (Including Street, City, State, Zip)					Phone Number
Prev. Address (if at current address < 2 yrs)	City	State	Zip Code	How Long?	Monthly Rent/Mortgage	
Landlord/Mortgage Co. Name	Landlord/Mortgage Co. Address (Including Street, City, State, Zip)					Phone Number
Name of Persons (other than Applicant) to Occupy Apartment			Relationship to Applicant		Date of Birth	SSN#

EMPLOYMENT

Present Employer	Position	Phone No.	No. of Years	Salary \$	Per
Employer Address	City	State	Zip	Supervisor	
Spouse's Employer	Position	Phone No.	No. of Years	Salary \$	Per
Employer Address	City	State	Zip	Supervisor	

PERSONAL

# of Licensed Non-Recreational Vehicles to be Parked on Site:	Specify any Motorcycles, Boats, Trailers, Campers You May Have		
Vehicle 1 – Type	License No. & State	Color	Year
Vehicle 2 – Type	License No. & State	Color	Year
Pet 1 – Type (Dog/Cat) & Breed (Beagle/Calico)	Color & Weight	Pet 2 – Type (Dog/Cat) & Breed (Beagle/Calico)	Color & Weight

I acknowledge that all information stated on the Application is true. I understand that this Application is subject to the review and approval of Management, and I understand that Management has the sole discretion to decide if I can lease this apartment. I hereby consent to allow Capron Properties, through its designated agents and employees, to obtain my credit information, to review my occupancy history, payment history and criminal history, and to verify the income stated on this application in order to process my application.

Applicant Signature

Date

Applicant Signature

Date