

Rental Application (page 1 of 2)

Each applicant over the age of 18 must submit a separate application

About You	Your Spouse (if applicable)
Full Name (exactly as it appears on your driver's license etc): _____	Full Name (exactly as it appears on your driver's license etc): _____
Your Current Address: _____	Former last names: _____
Last 4 of your Social Security #: _____	Social Security #: _____
Birthdate: _____ Height: _____	Birthdate: _____ US citizen (yes, no): _____
Marital Status (single, married, divorced, separated): _____	Present employer: _____
Are you a US citizen (yes, no): _____	Work phone: _____
Pet description (breed weight, age etc) _____	Cell phone: _____
Phone Number (primary): _____	Email: _____
Email Address (primary): _____	Gross monthly income: \$ _____
Do you smoke/vape: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Occupants (Names of all persons under 18 and other adults who will occupy the unit that are <u>not</u> signing the lease)
Current Address (street, apartment #, city, state): _____	Name: _____
Current Rent: \$ _____	Sex: _____ Age: _____
Current owner or manager's name: _____	Relationship: _____
Their contact phone number: _____	Name: _____
Date moved in: _____	Sex: _____ Age: _____
Why are you leaving current residence: _____	Relationship: _____
Previous Address (street, apartment #, city, state): _____	Your Vehicle(s) (list any non-applicant vehicle also)
Date moved in: _____ Rent: \$ _____	Make, model and color: _____
Date moved out: _____	Year _____ License#: _____
Owner or manager's name: _____	Make, model and color: _____
Their contact phone number: _____	Year _____ License#: _____
Reason for leaving: _____	Make, model and color: _____
Previous Address (street, apartment #, city, state): _____	Year _____ License#: _____
Date moved in: _____ Rent: \$ _____	Your Work
Date moved out: _____	Present employer: _____
Owner or manager's name: _____	Address: _____
Their contact phone number: _____	Position: _____
Reason for leaving: _____	Gross Monthly Income: \$ _____
	Date Started: _____
	Supervisor's name: _____
	Supervisor's phone: _____

Rental Application (Page 2 of 2)

<p>Emergency</p> <p>Emergency contact: _____</p> <p>Address: _____</p> <p>Cell phone: _____</p> <p>Phone secondary: _____</p> <p>Relationship to applicant: _____</p> <p>If you die or are seriously ill, missing, or incarcerated according to an affidavit, the following are authorized to enter your dwelling to remove all contents, as well as your property in storerooms, common areas and mailboxes (check one or more) <input type="checkbox"/> emergency contact, <input type="checkbox"/> your current spouse, or <input type="checkbox"/> your parent or child. If no box is checked any of the above are authorized at our option. If you are seriously ill or injured you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so.</p>	<p>Spouse Work</p> <p>Present employer: _____</p> <p>Position: _____</p> <p>Gross Monthly Income \$ _____</p> <p>Date Started: _____</p> <p>Supervisor's name: _____</p> <p>Supervisor's phone: _____</p>
<p>Have you, your spouse or any occupant listed on this application ever:</p> <p>been evicted or asked to move out? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>moved out of a dwelling before the end of the lease term without the owner's consent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>been sued for rent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>been sued for property damage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>been charged or arrested for a felony? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If additional information is warranted, use this space or attach separate sheet</p>	<p>Additional Information (use this space for additional pertinent information):</p>
<p>Acknowledgment: You declare that all your statements made on this application are true and complete. You authorize Hub City Ventures, LLC or any of its agents to verify same through any means, including but not limited to consumer reporting agencies and other rental housing owners. You understand that if you do not meet our rental selection criteria or if you fail to answer any question or give false information, we may reject your application, retain all fees or deposits, and terminate your right of occupancy. We may at any time furnish information to consumer reporting agencies, online rental housing websites and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease contract, the rules, and financial obligations. Faxed or electronic signatures are legally binding.</p>	
<p>We will notify you whether you have been approved within seven days after we receive a completed application. Your application will be considered "disapproved" if we fail to notify you of your approval within seven days of receipt of your completed application.</p>	
<p>I or we authorize Hub City Ventures, LLC or one of it's agents to: (1) share the above information with owner's electric provider, and (2) verify, by all available means, the above, including reports from consumer reporting agencies before, during and after tenancy on matters relating to my lease, and income history.</p>	

Address of property wishing to lease: _____ Desired lease term: _____

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Please email to info@hubcityventures.com or mail to Hub City Ventures, LLC 727 North Sandhill Road Tahoka, TX 79373

Thank you for your interest in Hub City Ventures, LLC properties.