

**GLADE INVESTMENTS, INC.**  
**P.O. Box 375, Gladewater, Texas 75647 (903)258 6085**

**There is a \$30 application fee. You agree to a background and credit check.**

This information is sought to assure the most responsible residents possible and to assist the owner in case of emergencies. Your cooperation is appreciated. This information will be kept in confidence and used only in relation to the lease contract.

1. Applicant's full name: \_\_\_\_\_ Home Phone # \_\_\_\_\_
2. Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apartment Name: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Name of property owner/manager \_\_\_\_\_ Phone \_\_\_\_\_  
Monthly payment \_\_\_\_\_
3. Previous Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apartment Name \_\_\_\_\_ Apt. No. \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Name of above property owner/apt. manager \_\_\_\_\_ Phone \_\_\_\_\_
4. Marital Status \_\_\_\_\_
5. Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_
6. Present Employer \_\_\_\_\_ Address \_\_\_\_\_  
Kind of work \_\_\_\_\_ How Long \_\_\_\_\_ Work Phone \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_
7. Spouse's full name \_\_\_\_\_  
Spouse's Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_
8. Spouse's present employer \_\_\_\_\_ Address \_\_\_\_\_  
Kind of work \_\_\_\_\_ How Long \_\_\_\_\_ Work Phone \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_
9. List name, age, relationship of ALL persons to be occupying the premises:  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_
10. List all vehicles to be parked on the premises by applicant, spouse or children  
(cars, trucks, recreational vehicles, motorcycles, trailers, boats)  
Type vehicle \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_  
Type vehicle \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_
11. Effective 1<sup>st</sup> August, 2006, tenants are not permitted to have pets in the units.
12. Bank \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Active Checking A/C No. \_\_\_\_\_ Active Savings A/C No. \_\_\_\_\_

13. Retail Credit References (Active Accounts Only) \_\_\_\_\_  
City \_\_\_\_\_ Account No. \_\_\_\_\_  
National Credit Card. \_\_\_\_\_ Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Local Credit Card. \_\_\_\_\_ Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

14. Why are you leaving your present residence? \_\_\_\_\_

15. Have you or your spouse ever been evicted? \_\_\_\_\_ Have you or your spouse ever broken a rental Agreement or lease contract? \_\_\_\_\_

16. Have you or your spouse ever been sued for non-payment of rent or damages to rental property? \_\_\_\_\_

17. Have you or your spouse ever been convicted of a felony? \_\_\_\_\_

18. Have you or your spouse ever filed bankruptcy? \_\_\_\_\_

19. In case of emergency, notify \_\_\_\_\_ work phone \_\_\_\_\_  
Home phone \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship \_\_\_\_\_

20. In the event of serious illness or death of resident, the above person is ( ) or is not ( ) authorized to enter the property and remove all contents.

21. Other Information \_\_\_\_\_

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

**CORRECT INFORMATION**

The undersigned persons declare that all of the above statements are true and complete and hereby authorize verification of such information. False information given above shall be grounds for owner's rejection of this application, non return of deposit and termination of the right or occupancy; and it may constitute a serious criminal offense under the laws of this State.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant's Spouse