

**RENTAL APPLICATION FOR AERO MOBILE HOME PARK**  
101 Hergotz Lane Office #209 Austin, Texas 78742  
(512) 385-8224

Each co-resident and each occupant 18yrs. or older must submit a separate application  
(If not enough space is available for answering questions, please use back of paper)

(Application must be fully completed. All blanks must be filled in.)

**RESIDENT'S INFORMATION:**

Full Name (as shown on driver's license or other ID): \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City, State \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Current Monthly rent: \$ \_\_\_\_\_ Owner/Manager's Name (of current rental): \_\_\_\_\_ Owner/Manager's Phone #: \_\_\_\_\_  
Time at this address: \_\_\_ Years \_\_\_ Months Reason for moving from current address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Would you have a secondary address for notice that would be your primary residence other than in this Community \_\_\_\_\_. If yes, please provide your primary residence address during the proposed lease in the Community: \_\_\_\_\_

Previous Address (if current is less than 1 yr): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Manager's Name: \_\_\_\_\_ Owner/Manager's Phone #: \_\_\_\_\_  
Time at this address: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Work Status:  Full time  Part time  Student  Retired  Unemployed  Workman's Comp.  SSI  AFDC/Welfare  
Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ How Long Employed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Previous Employer (if current employment less than 1 year): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ How Long Employed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Supv. Phone #: \_\_\_\_\_

**SPOUSE INFORMATION:**

Spouse's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DL # and State: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ Monthly Income: \_\_\_\_\_ Position: \_\_\_\_\_  
How Long Employed: \_\_\_ Years \_\_\_ Months Supervisor's Name: \_\_\_\_\_ Supv. Phone #: \_\_\_\_\_

**OTHER OCCUPANTS UNDER 18YRS OF AGE INFORMATION:**

Please Note: All Occupants Must Be Listed On The Lease In Order To Be Authorized To Reside In The Community. Having Unauthorized Occupants May Be A Violation Of the Lease And the Rules

Name: \_\_\_\_\_ DL #: \_\_\_\_\_ SS #: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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**VEHICLE INFORMATION (list all trucks, motorcycles, RV's etc.)**

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

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**BANK & CREDIT INFORMATION:**

Bank's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Active Checking Account #: \_\_\_\_\_ Active Savings Account #: \_\_\_\_\_

Have you, your spouse, or any occupant listed above ever: \_\_\_\_\_ Been evicted or asked to move out? \_\_\_\_\_ Broken a rental agreement or lease contract? \_\_\_\_\_ Declared bankruptcy? \_\_\_\_\_ Been sued for nonpayment of rent?

Please explain if you said "YES" to any of the above: (use back of paper if necessary) \_\_\_\_\_

**CRIMINAL HISTORY:**

Have you, your spouse, or any occupant listed above ever: \_\_\_\_\_ Been convicted of a felony? \_\_\_\_\_ On parole or probation for any offense? Please explain if you said "YES" to any of the above: (use back of paper if necessary) What was the offense? \_\_\_\_\_ In What State? \_\_\_\_\_

Name of Parole or Probation Officer: \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

**MANUFACTURED HOME INFORMATION:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Size (including hitch) \_\_\_\_\_ Year \_\_\_\_\_ Serial No. \_\_\_\_\_

H.U.D. # \_\_\_\_\_ Name of legal owner of home: \_\_\_\_\_ Address: \_\_\_\_\_

Is your home financed?  Yes  No Monthly payments: \$ \_\_\_\_\_ Name, address and phone number of lien holder (Finance Company): \_\_\_\_\_

If this is a new home, name and address of selling retailer: \_\_\_\_\_

What type of air conditioner?  central  window  other (explain \_\_\_\_\_) Is your home all electric? \_\_\_\_\_ Is your home gas and electric? \_\_\_\_\_ Is your water heater gas or electric? \_\_\_\_\_ Is your furnace gas or electric? \_\_\_\_\_ Do you have a shed, portable bldg. or porch? \_\_\_\_\_ Size of shed, portable building or porch \_\_\_\_\_ Is your roof shape:  peaked  rounded/arched. Is your roof:  shingled  metal. What type siding does your home have?  metal  vinyl  hardboard. Does your home have a bay window?  Yes  No If so, where is it located? \_\_\_\_\_ Does your home have any slide outs? (RV's only)  Yes  No Where are they located? \_\_\_\_\_

**PET INFORMATION:** (No dogs over 30 lbs. No Pit Bulls, Rottweilers, Chows, Shepherds or Dobermans-full blooded or mixed)

Will you or any occupant have a Pet?  Yes  No If so, how many and what kind (dog, cat, bird, reptile, etc.): \_\_\_\_\_

\_\_\_\_\_ Please indicate the weight, breed, age of each pet: \_\_\_\_\_ Has the animal(s)

been spayed or neutered  Yes  No Has the animal(s) current rabies vaccination(s):  Yes  No Does your dog or cat have a City Pet

Registration or Microchip?  Yes  No If animal is a dog or cat, will they be inside or outside?: Dog(s)  Yes  No Cat(s)  Yes  No

City Ordinance does not allow tethering dogs outside. All outside cats must be spayed or neutered prior to being allowed outside.

**EMERGENCY INFORMATION:**

Name of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office address of emergency contact: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Home address of emergency contact: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**HOW DID YOU HEAR OF OUR COMMUNITY?** \_\_\_\_\_

**LIST ANYONE YOU KNOW IN OUR COMMUNITY** \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

If management has any questions about the application, please give PHONE NUMBERS where you can be reached:

Daytime Phone No.: \_\_\_\_\_

Night time Phone NO.: \_\_\_\_\_

**Each applicant understands this application will be sent to National Tenant Network for processing and verification of all information, including rent history, banking, credit, and criminal history. Each applicant hereby represents that all of the above statements and information furnished are true and correct and authorizes verification of such. Each Applicant acknowledges, understands and agrees that false information shall constitute grounds for rejection of this application. Applicant agrees to pay a \$25.00 Application Fee (money order only) at time application for residency is submitted to Aero Mobile Home Park.**

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

(Signature of applicant) \_\_\_\_\_

**“Applicant(s) hereby authorize any creditor or former landlord to release relevant data to Lessor regarding this Application**

(Signature of spouse) \_\_\_\_\_

of

Initials \_\_\_\_\_

-----[FOR OFFICE USE ONLY]-----

Application was received by the Lessor Community at \_\_\_\_\_ (time) on \_\_\_\_\_ (date).

This application is approved as of \_\_\_\_\_ (date) and shall become part of the Lease Agreement between the parties

hereto. This applications denied as of \_\_\_\_\_ because \_\_\_\_\_

Aero Mobile Home Park

\_\_\_\_\_  
For Lessor

\_\_\_\_\_  
Date