



TENANT AND OCCUPANT INFORMATION

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.
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CONCERNING THE RESIDENTIAL LEASE OF THE PROPERTY AT _____

A. Please list the Tenants from the above-referenced lease:

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Social Security/TIN _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Social Security/TIN _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Social Security/TIN _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Social Security/TIN _____ Marital Status _____

B. Please list any other Occupants who are not Tenants from the above-referenced lease:

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Marital Status _____

Name (first, middle, last) _____ Age: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state) Height _____
Date of Birth _____ Marital Status _____

Residential Lease concerning: _____

C. Please list the named representatives who may represent the Tenants in the event of death under Paragraph 31F of the above-referenced lease (note: do not list the tenant or other occupant in this section):

Name (first, middle, last) _____ Age: _____
Date of Birth _____ Relationship: _____
E-mail _____ Home Phone _____ Mobile _____
Driver License No. _____ in _____ (state)

D. Please list any animal(s) on the Property and provide the following information:

Type: _____ Breed: _____ Name: _____
Color: _____ Weight: _____ Age: _____ Gender: _____
Spayed/Neutered? yes no Rabies Shots Current yes no Assistance animal? yes no

Type: _____ Breed: _____ Name: _____
Color: _____ Weight: _____ Age: _____ Gender: _____
Spayed/Neutered? yes no Rabies Shots Current yes no Assistance animal? yes no

Type: _____ Breed: _____ Name: _____
Color: _____ Weight: _____ Age: _____ Gender: _____
Spayed/Neutered? yes no Rabies Shots Current yes no Assistance animal? yes no

Type: _____ Breed: _____ Name: _____
Color: _____ Weight: _____ Age: _____ Gender: _____
Spayed/Neutered? yes no Rabies Shots Current yes no Assistance animal? yes no

E. Emergency Contact: (Do not insert the name of an occupant or tenant.)

Name and Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

F. Privacy Policy: Landlord's agent or property manager maintains a privacy policy that is available upon request.

Note: This form is informational only and does not amend the lease.

Tenant _____ Date _____

Tenant _____ Date _____

Tenant _____ Date _____

Tenant _____ Date _____