

**Rental Application for Citizens Plaza Shopping Center
Wills Point, TX 75169**

Name: _____

Co-owner Name: _____

Name of Business to occupy space _____

Home Phone _____ Owner Cell Phone _____

Co owner cell phone: _____

E-Mail: _____

Driver's Lic. No. _____ Date of Birth _____

Co owner Driver's Lic. No. _____ Date of Birth _____

Current Address: _____

How long at this address? _____ Mo. & Yrs. _____ Rent \$ _____

Rental history:

Name and contact information for current Landlord:

How long was your last contract? _____

How much did you pay for monthly rent? _____

HAVE YOU: Ever filed bankruptcy? Y / N

Ever been evicted? Y / N

Explain any "yes" answers on back.

Personal
Reference _____

Address _____ Phone _____

Contact in emergency _____

Address _____ Phone _____

Initial each line:

- ___ I declare that the statements above are true and correct.
- ___ I authorize verification of my references and credit as they relate to my tenancy AND to future rent collections.
- ___ **I have included a copy of my driver license.**
- ___ **I understand these spaces are smoke free.**
- ___ I agree to set up an automatic transfers or digital pay schedule to pay rent at the 1st of each month.

Owner Signature _____

Print Name _____

Co-Owner
Signature _____

Print Name _____

Date _____

Please return to:

Cathy Turner * PO BOX 3 * Wills Point, Texas 75169

e-mail: cathyturner5@hotmail.com

Cell-214-532-1848

Date you want to start contract? _____

Date you want to move in? _____

Desired length of contract? _____

Business Rental History for the last five years:

Name of Business _____

Date of occupancy _____

Name of Landlord _____

Landlord contact number _____

Name of Business _____

Date of Occupancy _____

Name of Landlord _____

Landlord contact Number _____

Name of Business _____

Date of occupancy _____

Name of Landlord _____

Landlord contact number _____