TENANT AND OCCUPANT INFORMATION

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.

CONCERNING THE RESIDENTIAL LEASE OF THE PROPERTY AT _____

_____

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

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*)
Date of Birth _____ Social Security/TIN _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*)
Date of Birth _____ Social Security/TIN _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*)
Date of Birth _____ Social Security/TIN _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*)
Date of Birth _____ Social Security/TIN _____

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

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*) Date of Birth _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*) Date of Birth _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*) Date of Birth _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*) Date of Birth _____

Name (*full legal name*) _____
E-mail _____ Phone _____
Driver License/ID No. _____ in _____ (*state*) Date of Birth _____

C. Please list the named representatives who may represent the Tenants in the event of death under Paragraph 34F of the above-referenced lease (*note: do not list the tenant or other occupant in this section*):

Name (first, middle, last) ______________________________
Address: ______________________________
Date of Birth ____________ Relationship: ______________________________
E-mail ______________________________ Phone ____________
Alternate Phone ____________ Driver License/ID 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 <u>not</u> 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