



## TENANT AND OCCUPANT INFORMATION

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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 \_\_\_\_\_

Residential Lease concerning: \_\_\_\_\_

**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 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