

# Rental Application Form

## Southwestern Medical Park Apartments

The undersigned is applying to occupy a unit in Southwestern Medical Park Apartments (the "Apartments") at The University of Texas Southwestern Medical Center at Dallas (the "University").

Name: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Move-In Date Requested: \_\_\_\_\_

Please Circle One of the Following:

Medical Student	MSTP Student	Graduate Student	Allied Health Student
Post-Doctoral Research	Post-Doctoral Clinical		Resident
Other (list department) _____			Junior Faculty

Floor Plan Preference - Please number 1-5 with 1 indicating your first choice!  
(While we cannot guarantee you will get your desired floor plan or apartment location, we will make every attempt to accommodate your request.)

One Bedroom: Two Bedroom:

Floor Plan A1 (654 sq. ft.) \_\_\_\_\_ Floor Plan B1 (1015 sq. ft.) \_\_\_\_\_

Floor Plan A2 (656 sq. ft.) \_\_\_\_\_ Floor Plan B2 (1,042 sq. ft.) \_\_\_\_\_

Floor Plan A3 (597sq. ft.) \_\_\_\_\_

Lease Term: All leases expire May 31<sup>st</sup>.

Floor Preference: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ 3<sup>rd</sup> Floor \_\_\_\_\_

Please Circle the Following:

Do you require a handicap accessible unit (limited availability)? Yes No

Are you interested in a roommate? Yes No

May we give your email address to anyone interested in a roommate? Yes No

Please provide us with a current email address

\_\_\_\_\_ Do you have another permanent email address?

\_\_\_\_\_ How did you hear about us? \_\_\_\_\_ (i.e. website, dept, friend)

Office Use Only

Deposit

Received \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Apartment Number \_\_\_\_\_ Assigned

By \_\_\_\_\_ Date \_\_\_\_\_

Rent Amount \_\_\_\_\_ Lease Dates

\_\_\_\_\_ To \_\_\_\_\_

Administration

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

1) To apply for housing in the Southwestern Medical Park Apartments you must complete a Rental

Application Form and submit your \$25.00 non-refundable application fee to:

Southwestern Medical Park Apartments

Leasing Office

6401 Maple Avenue

Dallas, TX 75235-5505

2) Please note: A \$25 Non-refundable application fee is required with the submission of a Rental Application Form in order for your name to be placed on the waiting list for an apartment. Once an

apartment has been assigned you will be notified and will have 72 hours to submit a \$150 application

deposit and a \$50 administrative fee, or the apartment will be assigned to another applicant. Upon move-in, the application deposit will become your \$150 security deposit. The \$50 administrative fee

becomes non-refundable upon move-in. If you cancel your apartment assignment after the aforementioned 72 hour period, you will forfeit the \$150 deposit and \$50 administrative fee.

3) To be eligible to reside at Southwestern Medical Park Apartments, a tenant must maintain a current

affiliation with the University at all times during occupancy.

4) A tenant must file a "Notice to Vacate" form with the University no later than ninety days (90) prior to

tenant's anticipated move-out date. A graduating student continuing as a student at the University after

graduation must obtain written approval to maintain eligibility to reside at the Apartments.

5) A tenant suspended or expelled by the University must complete a "Notice to Vacate" form no later than

24 hours following exhaustion of the appeal process. A tenant who withdraws or resigns from the University as a student or faculty member must also complete a "Notice to Vacate" form and vacate the

Apartments within sixty days after withdrawal or resignation.

6) Available units are processed on a first-come, first-serve basis after a Rental Application Form and complete deposit has been received. University reserves the right to make changes in housing

priorities

and procedures as deemed necessary by University. Changes will become effective whenever the appropriate University officers so determine and may apply to both prospective tenants and those tenants already residing at the Apartments.

Contract Guarantor: When Required: If applicant is under the age of eighteen (18) years, or receives 50% or

more of his or her financial support from a parent, guardian or other person, then the parent, guardian or other

person must also sign and date the Apartment Lease Contract, as a guarantor.

I understand this does not guarantee me a right to lease or to renew a lease, and that the right to lease and reside

in Southwestern Medical Park Apartments will be based on the University's housing priorities and apartment

unit availability.

X \_\_\_\_\_ Date

Signed: \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_  
Please PRINT your full name above

With few exceptions, you are entitled on your request to be informed about the information UT Southwestern collects about you. Under Sections 552.021

and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government

Code, you are entitled to have UT Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures

set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT Southwestern collects will be retained and

maintained as required by Texas records retention laws (Section 441.180, et. seq. of the Texas Government Code) and rules. Different types of

information are kept for different periods of time.

Rev: July 2003

## **Southwestern Medical Park Apartments**

The following notice is provided in accordance with Section 559.003(a) of the Texas Government Code:

1. With few exceptions, you are entitled on your request to be informed about the information The University of Texas Southwestern Medical Center at Dallas collects about you;
2. Under Sections 552.021 and 552.023 of the Texas Government Code, you entitled to received and review the information; and
3. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Southwestern Medical Center at Dallas correct information about you that is held by The University of Texas Southwestern Medical Center at Dallas and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32, *Texas Public Information Act*.

The information that The University of Texas Southwestern Medical Center at Dallas collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Please sign that you have read the following information.

\_\_\_\_\_  
Signature Date

*This form must accompany the Rental Application.*