

Rental Application for Residents and Occupants

Each co-resident and each occupant over 18 must submit a separate Application.

ABOUT YOU	
Full name (exactly as it appears on driver license or govt. ID	card)
Former name (if applicable)	
	Social Security #
	State
	State (if applicable)
Home phone	Cell phone
Work phone	Email address
Marital status □ single □ married U.S. citizen	n? ☐ yes ☐ no Do you or does any occupant smoke? ☐ yes ☐ no
I am applying for the apartment located at	
Is there another co-applicant? ☐ yes ☐ no	
Co-applicant name	Email
OTHER OCCUPANTS	
	Relationship
	Social Security #
	State
	State (if applicable)
	Relationship
	Social Security #
	StateState
Government ID #	State (if applicable)
	Relationship
	Social Security #
	State
Government ID #	State (if applicable)
Full name	Relationship
Birthdate	Social Security #
Driver license #	State
Government ID #	State (if applicable)
WHERE YOU LIVE	
	State Zip
	Monthly payment \$
Apartment name	
Name of owner or manager	
neason for leaving _	
Previous home address (most recent)	
	StateZip
	ToMonthly payment \$
Apartment name	
,	
Phone Reason for leavin	
YOUR WORK	<u> </u>
, ,	
Address	
	State Zip
work priorie Beginning date o	of employment

Cross monthly income ¢	Dosition		
Gross monthly income \$			
Supervisor		Pnone _	
Previous employer (most recent)			
Address			
City		State	Zip
Work phone	Dates: From	To	
Gross monthly income \$	Position		
Supervisor		Phone _	
ADDITIONAL INCOME (Income must be verified to be cons	idered.)		
Type	•	Gross mor	nthly amount \$
Type			
-7/1-0			
If applicable, please explain any pas	t cradit problem.		
ii applicable, please explain any pas	t credit problem:		
RENTAL AND CRIMINAL HISTORY			
Check only if applicable.			
Have you or any occupant listed in this	Application ever:		
☐ been evicted or asked to move out			
moved out of a dwelling before thedeclared bankruptcy?	e end of the lease term without the ov	vner's consent?	
been sued for rent?			
been sued for property damage?			
 been convicted or received probation 	ion (other than deferred adjudication) for a felony, sex crime, or any crim	e against persons or property?
Please indicate below the year, location victed or received probation. We may	on, and type of each felony, sex crime	e, or any crime against persons or I	oroperty for which you were con-
checked above.			
HOW DID YOU FIND US?			
HOW DID YOU FIND US? Online search (website address)			
☐ Online search (website address)	Name		
 Online search (website address) Referral from a person or locator? Social media (please be specific) 	Name		
☐ Online search (website address) ☐ Referral from a person or locator?	Name		
☐ Online search (website address) ☐ Referral from a person or locator: ☐ Social media (please be specific) ☐ Other	Name		
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence	y contact person over 18 who will	not be living with you:	
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name	y contact person over 18 who will	not be living with you: Relationship	
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address	y contact person over 18 who will	not be living with you: Relationship	
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City	y contact person over 18 who will	not be living with you: Relationship State	Zip
☐ Online search (website address) ☐ Referral from a person or locators ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City Home Phone	Y Name y contact person over 18 who will Ce	not be living with you: Relationship State Il Phone	Zip
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City Home Phone Work Phone	Y Name	not be living with you: Relationship State Il Phone nail Address	Zip
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City Home Phone Work Phone If you die or are seriously ill, missing,	y contact person over 18 who will Ce or incarcerated according to an affi	not be living with you: Relationship State Il Phone nail Address davit of (check one or more)	Zip
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☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or ☐ your parent or child, we may al	y contact person over 18 who will Ce or incarcerated according to an afflow such person(s) to enter your dw s. If no box is checked, any of the ab	not be living with you: Relationship State Il Phone nail Address davit of (check one or more) the elling to remove all contents, as you are authorized at our option.	Zip
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☐ Online search (website address) ☐ Referral from a person or locators ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT Emergence Name Address City Home Phone Work Phone If you die or are seriously ill, missing, or ☐ your parent or child, we may al box, storerooms, and common areas you authorize us to call EMS or send	y contact person over 18 who will Ce Tor incarcerated according to an afflow such person(s) to enter your dw. If no box is checked, any of the ab for an ambulance at your expense.	not be living with you: Relationship State Il Phone nail Address davit of (check one or more) the elling to remove all contents, as you are authorized at our option.	Zip
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☐ Online search (website address) ☐ Referral from a person or locators ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT	y contact person over 18 who will Ce Er or incarcerated according to an aff low such person(s) to enter your dw s. If no box is checked, any of the ab for an ambulance at your expense. by you or any occupants (including Model License # Model	not be living with you: Relationship State Il Phone nail Address davit of (check one or more) the relling to remove all contents, as you are authorized at our option. We're not legally obligated to do	zip
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☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other ☐ Other ☐ Mame ☐ Address ☐ City ☐ Home Phone ☐ Work Phone ☐ If you die or are seriously ill, missing, or ☐ your parent or child, we may al box, storerooms, and common areas you authorize us to call EMS or send YOUR VEHICLES (If applicable List all vehicles owned or operated Make ☐ Year ☐ Make ☐ Year ☐ Make ☐ Year	y contact person over 18 who will Ce Er or incarcerated according to an afflow such person(s) to enter your dw If no box is checked, any of the ab for an ambulance at your expense. by you or any occupants (includin Model License # Model License # Model Model	not be living with you: Relationship State Il Phone Mail Address davit of (check one or more) The relling to remove all contents, as your one are authorized at our option. We're not legally obligated to do g cars, trucks, motorcycles, traile State State	zabove person, ☐ your spouse, well as your property in the mailly you are seriously ill or injured, so.
☐ Online search (website address) ☐ Referral from a person or locator? ☐ Social media (please be specific) ☐ Other EMERGENCY CONTACT	y contact person over 18 who will Ce Tor incarcerated according to an affilow such person(s) to enter your dw so. If no box is checked, any of the abfor an ambulance at your expense. by you or any occupants (including Model	not be living with you: State Bl Phone davit of (check one or more) □ the elling to remove all contents, as yove are authorized at our option. We're not legally obligated to do g cars, trucks, motorcycles, traile State State State	zip
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PAGE 2 OF 4

YOUR ANIMALS	(if applicable)	
You may not have any ar must sign a separate ani	animal in your unit without management's prior authorization nimal addendum, which may require additional deposits, rer	on in writing. If we allow your requested animal, you ats, fees or other charges.
Kind		Weight
Breed		Age
Kind		Weight
Breed		Age
	Special Provisions	

Application Agreement

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. In order to continue with this Application, you'll need to review the Application Agreement carefully and acknowledge that you accept the terms.

- 1. **Apartment Lease information.** The Lease contemplated by the parties will be the current TAA Lease. Special information and conditions must be explicitly noted on the Lease.
- 2. **Approval when Lease is signed in advance.** If you and all co-applicants have already signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease, and then credit the application deposit of all applicants toward the required security deposit.
- 3. **Approval when Lease isn't yet signed.** If you and all co-applicants have not signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
- 4. **If you fail to sign Lease after approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required **your Application will be deemed withdrawn**, and we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
- 5. **If you withdraw before approval.** If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
- 6. **Approval/non-approval.** If we do not approve your Application within 7 days after the date we received a completed Application, your Application will be considered "disapproved." Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 7-day time period may be changed only by separate written agreement.
- 7. **Refund after non-approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. **Extension of deadlines.** If the deadline for approving or refunding under paragraphs 6 or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. **Keys or access devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents referred to in the Lease; and (2) all applicable rents and security deposits have been paid in full.
- 10. **Application submission.** Submission of an Application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease. Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding unit availability, unit characteristics, pricing or other questions, please call or visit our office.
- 11. **Notice to or from co-applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicants is considered notice from all co-applicants.

Disclosures

- 1. **Application fee (non-refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. Payment of the application fee does not guarantee that your Application will be accepted. The application fee offsets the cost of screening an applicant for acceptance.
- 2. Application deposit (may or may not be refundable). In addition to any application fees, you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit when the Lease has been

PAGE 3 OF 4

signed by all parties; OR, it will be refunded under paragraph 7 if the applicant is not approved; OR it will be retained by us as liquidated damages if you fail to sign or withdraw under paragraphs 4 and 5 of the Application Agreement. Fees due. Your Application will not be processed until we receive your completed Application (and the completed Application of all co-applicants, if applicable) and the following fees: A. Application fee (non-refundable): \$ 13.65 B. Application deposit (may or may not be refundable) \$_ 0.00 Completed Application. Your Application will not be considered "complete" and will not be processed until we receive the following A. Your completed Application; B. Completed Applications for each co-applicant (if applicable); C. Application fees for all applicants; D. Application deposit.

	Authorization and Acknowledgment
authorize The Grove Apartments ,	LP

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after residency on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this Application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Application. Authority to obtain work history information expires 365 days from the date of this Application. You agree the information provided may be used for business purposes.

Payment Authorization

lauthorize The Grove Apartments, LP

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-sufficient funds and dishonored payments. If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- 25.00 1. Applicant shall pay a charge of \$ for each returned payment; and
- 2. We reserve the right to refer the matter for criminal prosecution.

Acknowledgment

You declare that all your statements in this Application are true and complete. Applicant's submission of this Application, including payment of any fees and deposits, is being done only after applicant has fully investigated, to its satisfaction, those facts which applicant deems material and necessary to the decision to apply for a rental unit. You authorize us to verify your information through any means, including consumer-reporting agencies and other rental-housing owners. You acknowledge that you had an opportunity to review our rental-selection criteria, which include reasons your Application may be denied, such as criminal history, credit history, current income and rental history. You understand that if you do not meet our rental-selection criteria or if you fail to answer any question or give false information, we may reject the Application, retain all application fees as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the Application or Lease, the prevailing party may recover from the non-prevailing party all attorney's fees and litigation costs. We may at any time furnish information to $consumer-reporting\ agencies\ and\ other\ rental-housing\ owners\ regarding\ your\ performance\ of\ your\ legal\ obligations,\ including\ both\ favorable$ and unfavorable information about your compliance with the Lease, the rules, and financial obligations. Fax or electronic signatures are legally binding. You acknowledge that our privacy policy is available to you.

Right to review the Lease. Before you submit an Application or pay any fees or deposits, you have the right to review the Application and Lease, as well as any community rules or policies we have. You may also consult an attorney. These documents are binding legal documents when signed. We will not take a particular dwelling off the market until we receive a completed Application and any other required information or monies to rent that dwelling. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties. You are entitled to a copy of the Lease after it is fully signed.

Images on our website may represent a sample of a unit and may not reflect specific details of any unit. For information not found on our website regarding availability, unit characteristics or other questions, please call or visit our office.

This Application and the Lease are binding documents when signed. Before submitting an Application or signing a Lease, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease if agreed to in writing by all parties.

Apı	licant's signature	Date	
FC	R OFFICE USE ONLY		
1.	Apt. name or dwelling address (street, city):	Uni	it # or type:
2.	Person accepting application:	Pho	one:
3.	Person processing application:	Pho	one:
4.	Date that the applicant or co-applicant was notified \Box by telephone, \Box by letter, \Box by email, or \Box in particle (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in particle.)	person of \square acceptance or \square none erson or by telephone, five days if by	acceptance: y mail.)
5.			
6.	Name of owner's representative who notified the applicant:		
A	lditional comments:		
-			
-			
-			



Co-Applicant

Supplemental Rental Application for Units Under Government Regulated Affordable Housing Programs

ployment Update. Present emp dress: ork Phone:			Position:			_ City,	State, ZIP:			
usehold Composition. List all pe										
	130113, 11101	uding you			iiviiig iii youi iious		lationship	Δ	c	tudent Status
Number of Persons			Fuii Nam	Name Relationship Age						
1 (Head of Household)									☐ Full-time ☐ Part-time	
2										e Part-time N/A
3										e Part-time N/A
4										e Part-time N/A
5										e □ Part-time □ N/A e □ Part-time □ N/A
6	:+ 1:-+-	-l - l 2	7 V 7 N	I- D-			 			
es anyone live with you now who ered "Yes" to any question, please	explain:				es anyone pian to			ure who is	not listed a	bove! Li fes Li No.
e you a veteran?	Air Force, I ortal at http isted above students in wered "Yes"	Marines, Cos://vetera e: Foste the year to to either	oast Guard, ans.portal.te er children? his applicat question, pl	Reserexas.go TYes ion waseesee	rves or National Guov/. No Las completed?	ard, ma .ive-in a	ay be eligible for attendants? No. Do any of the	r additiona 'es 🗖 No em plan to	l benefits a be student	nd services. For more
come. List all income of all adults a who are dependents of another h			nousehold, i	nclud	ing those under 18	(excep	t for income ea	rned from (employme	nt by persons under t
Gross Monthly Income Sou		,	r anvone in	l				Otha	u Hawaah	
your household receives in					Applicant	C	o-Applicant		r Househo Nembers	Total
Salary		☐ Yes	□No	\$		\$		\$		\$
Overtime Pay		☐ Yes	□No	Ś		\$		\$		\$
Commissions and Fees		☐ Yes		Ś		\$		Ś		Ś
Tips and Bonuses		☐ Yes		\$		\$		\$		\$
Interest and/or Dividends		☐ Yes		\$		\$		\$		\$
Net Income from Business		☐ Yes						-		
				\$		\$		\$		\$
Net Rental Income		☐ Yes	□No	\$		\$		\$		\$
Social Security, Supplemer Security Income	ntal	☐ Yes	□ No	\$		\$		\$		\$
Pensions, Retirement Fund	ls, etc.	☐ Yes	□ No	\$		\$		\$		\$
Support from Parents or Re	elatives	☐ Yes	□ No	\$		\$		\$		\$
Unemployment Benefits		☐ Yes	□ No	\$		\$		\$		\$
Workers' Compensation, et	tc.	☐ Yes	□No	\$		\$		\$		\$
Alimony		☐ Yes	□ No	\$		\$		\$		\$
Sources of Child Support:										
 Court-ordered (regardless i Voluntary payments 	f paid)	☐ Yes ☐ Yes	□ No	\$ \$		\$ \$		\$ \$		\$ \$
Anticipated payments		☐ Yes		\$		\$		\$		\$
AFDC/TANF		☐ Yes	□ No	\$		\$		\$		\$
Student Financial Assistan	ce	☐ Yes	□No	\$		\$		\$		\$
Other: ☐ Yes ☐ No (explain	in)			\$		\$		\$		\$
	<u> </u>								TO	TAL \$
sets. List all assets of all adults and	d persons i	n your ho	usehold, inc	luding	g those under the a	ige of 1	8.		10	IAL \$
					Annual Inter	- 1	Name of Fi	nancial In	stitution	
Listing of All As	ssets		Cash Va	lue	Dividends or from Asset			iption of		Account Numbe
Checking Account(s)	☐ Yes		\$					-		
Checking Account(s)	□ 162	□ NO	\$		\$					
Savings Account(s)	☐ Yes	□No	\$		\$					
			\$		\$					
Credit Union Account(s)	☐ Yes	□ No	\$		\$					
Stocks, Bonds or Mutual Funds	□ Vos		\$		\$					
	☐ Yes		\$		<u> </u>					
Real Estate or Home	☐ Yes	□ No	-		\$					
IRA/Keough Account	☐ Yes	□ No	\$		\$					
Retirement Fund (401(k), 457, 403(b), etc.)	☐ Yes	□ No	\$		\$					
Pension Fund	☐ Yes	□ No	\$		\$					
Trust Fund	☐ Yes	□No	\$		\$					
Mortgage Note Held	☐ Yes		\$		\$					
Whole Life Insurance	☐ Yes		\$		\$					
Cash Value	_ 1C3	10			,					
Other: Yes No (explain	າ)		\$		\$					
ntal Assistance. Do you receive a		federal st	ate, or local	gove	rnment rental assis	tance?	☐ Yes ☐ No. If	yes, please	e explain:	
·										
	nd of any a	cote for le	cc than fair	marke	et value in the last t	wo vea	ars preceding th	e date of tl	his applicat	ion? 🗖 Yes 🗖 No.
set Verification. Have you dispose rtification. By signing this Supple							aat all tha aba	informat!	on ic trice =	nd correct Variant

Date of Signing Application