



402 West St. Patrick St.  
Lafayette, LA 70506-2430  
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[www.ajwestrentalhomes.com](http://www.ajwestrentalhomes.com)  
[\(337\)-254-8238](tel:(337)-254-8238)

APPLICATION FEE: \$30.00 - APPLICATION VALID 30 DAYS - PER PROPERTY APPLIED FOR  
DATE FEE PAID: \_\_\_\_\_ RECEIVED BY : \_\_\_\_\_

### TENANT SELECTION CRITERIA

The following requirements must be met in order to become an applicant and to be placed on the waiting list.

1. A completed Application for Occupancy must be turned in along with a \$30.00 non-refundable processing fee per each adult applicant.
2. A credit check will be run on every applicant to help determine payment history and current financial obligations. (A written report from the Credit Bureau must be obtained and reviewed.)
3. A household budget will be worked up on every applicant to determine whether the applicant can meet all of their monthly financial obligations. This information can be obtained from the application, the credit report, and through discussion with the tenant.
4. Credit references will be obtained on every applicant.
5. Previous landlord will be contacted in order to obtain past payment history and past rental history. Previous Landlord Inquiry will be used.
6. Applicants must be income eligible for the complex as determined by the following: gross monthly debts cannot exceed 33% of applicants' Gross Income.
7. Applicants must qualify under occupancy standards as determined by unit size:  
1 bedroom: 1-2      2 bedroom: 2-4      3 bedroom: 4-6
8. Written verification by a doctor or other qualified third party of an unborn child can be used when determining eligibility for occupancy standards.
9. All income and expenses must be verifiable in writing.

#### Applicants will be rejected due to:

1. A history of unjustified and chronic nonpayment of rent and financial obligations.
2. A negative household budget after all income and financial obligations have been taken into consideration.
3. A history of violence and harassment of neighbors.
4. A history of disturbing the quiet enjoyment of neighbors.
5. A history of violations of the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary condition.
6. Past convictions or arrests on the sale or possession or use of illegal drugs.
7. Income and/or employment that cannot be verified in writing by a qualified third party.
8. Lack of credit needed in order to establish payment history of financial obligations.
9. Giving false or misleading information on the Application for Occupancy.
10. References not being returned from a qualified third party.

#### NOTE: The property owner DOES NOT carry insurance on your possessions.

Applicant has deposited herewith the sum of \$ \_\_\_\_\_ CK/MO# \_\_\_\_\_, receipt of which is hereby acknowledged as a non-interest bearing deposit to be refunded only in the event the application is not approved. If Lessor approves this lease application and applicant fails or refuses to enter into the contemplated lease, owner shall retain the said deposit as

liquidated damages to cover the cost of taking and processing this application and removing the premises from the market and holding same for applicant. A security deposit is returned only upon application being denied by lessor. This application is made with the understanding that it is subject to acceptance by the owner and execution by the parties of the standard lease currently used by the Lessor, which applicant has reviewed as to its terms and conditions. Please allow a **maximum of 10** working days to process your application for both credit and character references.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification of the above statement. This includes a police check. It is understood that the above information will be held in strict confidence. **If falsification of any item is found, the applicant will immediately be rejected.** Applicant understands that the apartment can be held for up to 15 days without charging rent beginning the day that the deposit is taken. Applicant hereby declares that it is their understanding that any lease or other agreement either written or oral, they may enter into is strictly between the Owner or Lessor and themselves; and that AJ West Enterprises, LLC. is not liable for any dispute that may arise as to such lease or agreement nor for any default by the Owner or Lessor of such lease or agreement.

**MANAGEMENT DISCLOSURE: The premises has been thoroughly cleaned and carpets cleaned upon move-in. The cost of cleaning and carpet cleaning will be automatically withheld from your deposit at the time of move-out, not including any other damages to said premises.** NOTICE: The State Sex Offender and Child Predator Registry database can be reached by phone at 1-800-858-0551 or [www.lasocpr.lsp.org/socpr/](http://www.lasocpr.lsp.org/socpr/)

**I have received and read a copy of the Tenant Selection Criteria and understand it fully.**

APPLICANT NAME (first, middle/maiden, last) \_\_\_\_\_ DATE \_\_\_\_\_

APPROXIMATE MOVE IN DATE \_\_\_\_\_ MONTHLY RENT \$ \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_

ADDRESS OF RENTAL PROPERTY APPLIED FOR \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

### **RENTAL APPLICATION**

ADDRESS OF PROPERTY APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **PLEASE READ AND FILL OUT CAREFULLY:**

Leaving a question blank could cause your application to be void or denied. All persons over 18 years of age in the household must complete their own application. **ONLY** persons listed on this application will be eligible to reside in the requested rental property. If questions are not applicable or the information needed does not exist or is unavailable, please write N/A.

#### **PERSONAL INFORMATION:**

APPLICANT NAME (first, middle/maiden, last) \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (CITY, STATE, ZIP CODE) \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ STATE & DRIVER'S LICENSE# \_\_\_\_\_

PRIMARY # \_\_\_\_\_ SECONDARY # \_\_\_\_\_ EMAILADDRESS \_\_\_\_\_

P. O. BOX (if applicable) \_\_\_\_\_

MARRIED \_\_\_\_ SINGLE \_\_\_\_ ARE YOU CURRENTLY A STUDENT? \_\_\_\_ SCHOOL \_\_\_\_\_

\*ARE YOU DISABLED OR HANDICAPPED? \_\_\_\_ \*RACE \_\_\_\_\_ (For police report use only) \*SEX \_\_\_\_\_ (For police report use only) The Equal Housing Opportunity Act prohibits discrimination in housing because of: Race or color, National origin, Religion, Sex, Familial status, Handicap.

**RESIDENCE HISTORY:**

PRESENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_

LENGTH OF STAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ RENT AMOUNT \$ \_\_\_\_\_

LENGTH OF STAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**OTHER ADULT PERSONS WHO WILL OCCUPY THE RENTAL PROPERTY WITH YOU:**

CO-OCCUPANT NAME	SEX	DATE OF BIRTH	RELATIONSHIP	SSN	AGE

**EMPLOYMENT INFORMATION**

If current employment is less than one year, previous employment history is also needed. Please see below.

\*CURRENT EMPLOYER \_\_\_\_\_ POSITION HELD \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

SALARY \_\_\_\_\_ EMPLOYER/COMPANY ADDRESS \_\_\_\_\_

SECOND EMPLOYER \_\_\_\_\_ POSITION HELD \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

SALARY \_\_\_\_\_ EMPLOYER/COMPANY ADDRESS \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
 START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 SALARY \_\_\_\_\_ EMPLOYER/COMPANY ADDRESS \_\_\_\_\_

**OTHER INCOME:**

CHILD SUPPORT \_\_\_\_\_ ALIMONY \_\_\_\_\_ RETIREMENT PAY \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_

**PERSONAL REFERENCES:**

PERSONAL REFERENCE NAME	PHONE NUMBER	RELATIONSHIP

**IN CASE OF EMERGENCY:**

EMERGENCY CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS	RELATIONSHIP

**MOTOR VEHICLE INFORMATION**

NUMBER OF AUTOMOBILES \_\_\_\_\_ HANDICAP ACCESSIBILITY NEEDED? \_\_\_\_\_  
 MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG # \_\_\_\_\_  
 MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG # \_\_\_\_\_  
 MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG # \_\_\_\_\_

**ADDITIONAL INFORMATION**

WILL THERE BE ANY CHILDREN UNDER THE AGE OF 17 LIVING ON THE PREMISES? \_\_\_\_\_ HOW MANY? \_\_\_\_\_  
 MINOR'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 MINOR'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 MINOR'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WILL YOU PLAY ANY MUSICAL INSTRUMENTS? \_\_\_\_\_ WHAT ARE THEY? \_\_\_\_\_

DO YOU PLAN TO KEEP A BOAT, TRAILER, CAMPER (or other large non-motor vehicle) ON THE PREMISES? \_\_\_\_\_

IF YES, PLEASE SPECIFY \_\_\_\_\_

DO YOU HAVE ANY PETS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_ SPECIFY \_\_\_\_\_

WILL THERE BE ANY SMOKING ON THE PREMISES? \_\_\_\_\_

HAVE YOU EVER HAD ANY SUITS, JUDGEMENTS OR COLLECTIONS FILED AGAINST YOU? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING ELSEWHERE? \_\_\_\_\_

HAVE YOU EVER HAD A CAR OR HOUSE REPOSSESSED? \_\_\_\_\_

**NOTE: The property owner DOES NOT carry insurance on your possessions.**

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**I have received and read a copy of the Rental Application and understand it fully.**

APPLICANT NAME (PRINTED) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OF RENTAL PROPERTY APPLIED FOR \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

**\*FOR OFFICE USE ONLY:**

**DATE** \_\_\_\_\_

Present Landlord	Previous Landlord	Credit Check	Police Check	Present Employer	Previous Employer	Personal References	Other Income	Additional Occupant Check	Tenant Selection Criteria

RENTAL PROPERTY MANAGER NAME \_\_\_\_\_ APPROVED BY \_\_\_\_\_