

**CYPRESS COURT MANAGEMENT APPLICATION**  
405 WESTSIDE BLVD SUITE 34-A  
HOUMA, LA 70364  
985-876-2911



**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

PHONE #: \_\_\_\_\_ D.L. #: \_\_\_\_\_ S.S. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**CO-APPLICANT:**

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

PHONE #: \_\_\_\_\_ D.L. #: \_\_\_\_\_ S.S. #: \_\_\_\_\_

**OTHERS WHO WILL BE LIVING AT THIS APARTMENT WITH YOU:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

**EMPLOYMENT/INCOME:**

NAME OF EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OTHER INCOME (SOURCE & AMOUNT): \_\_\_\_\_

**RENTAL REFERENCES:**

NAME OF COMPLEX: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

MANAGER: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES:**

BANK: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ACCT. # \_\_\_\_\_

BANK: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ACCT. # \_\_\_\_\_

OTHER: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ACCT. # \_\_\_\_\_

**REFERENCES (CLOSEST RELATIVE AND/OR FRIEND, NOT LIVING WITH YOU- NO P.O. BOXES):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**CARS, TRUCKS, MOTORCYCLES, ETC.:**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

**DESIRED DATE OF OCCUPANCY:** \_\_\_\_\_

**DESIRED LOCATION:**

HOUMA  GRAY  THIBODAUX  LOCKPORT  RACELAND

**BEDS/BATHS:**  1/1  1/1.5  2/1  2/1.5  2/2

**DO YOU REQUIRE A SERVICE ANIMAL AS DEFINED UNDER THE FAIR HOUSING ACT (FHAct), SECTION 504 OF THE REHABILITATION ACT OF 1973, AND THE AMERICAN WITH DISABILITIES ACT?**  YES  NO

**DO YOU HAVE PETS?**  YES  NO

**IF YES, GIVE THE TYPE & WEIGHT:** \_\_\_\_\_

- 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 INFORMATION. THIS INCLUDES BACKGROUND CHECKS, RENTAL REFERENCES, AND CREDIT CHECKS.

• APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

• APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WE WILL ONLY ACCEPT APPLICATIONS THAT ARE COMPLETELY FILLED OUT. YOU MUST ALSO TURN IN PROOF OF INCOME AND A BACKGROUND CHECK FOR ANYONE EIGHTEEN YEARS AND OLDER WHO WOULD BE LIVING IN THE APARTMENT.**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_