

RENTAL APPLICATION



Each Individual Occupant Who is Responsible for Rent Payment
MUST Complete a Separate Application Form (Louisiana Residents 18 years or older Apply)

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE	CELL PHONE NUMBER () () ()	HOME PHONE NUMBER () () ()	
E-MAIL ADDRESS				OTHER CONTACT INFO			
2 PRESENT HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. () () ()	
3 PREVIOUS HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. () () ()	

PROPOSED OCCUPANT(S)

DESCRIBE EACH & EVERY PERSON WHO WILL OCCUPY THE PREMISES	
WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE (NON-REFUNDABLE \$500 PET DEPOSIT APPLIES)	WILL YOU HAVE ANY LIQUID FILLED FURNITURE? IF YES, DESCRIBE

EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation		Employer Name	
How long with this Employer	Phone number () () ()	Employer address	
Name of your Supervisor			
Prior Occupation		Employer Name	
How long with this Employer	Phone number () () ()	Employer address	
Name of your Supervisor			
Current Gross Income \$ PER <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month	Name of your Bank	Branch or Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number

Please List ALL of your Financial Obligations (If More Creditors Use Additional Sheet of Paper)			
Name of Creditor	Address	Phone Number	Monthly Payment Amt.
		() () ()	
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		() () ()	
		() () ()	
		() () ()	

EMERGENCY / PERSONAL REFERENCE INFORMATION

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE INFORMATION- (Please state exact number of motor vehicles that will be at the premises)

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Have you ever filed for bankruptcy?	IF YES, DATE BANKRUPTCY FILED AND DESCRIBE:
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Have you ever been evicted or asked to move?	IF YES, PLEASE DESCRIBE:
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Have you ever been arrested?	IF YES, PLEASE DESCRIBE:
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APPLICANT AUTHORIZATION

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

Landlord/Agent received a payment of \$ _____ which will be used to verify Applicant's credit history and other background information.

The amount charged is itemized as follows:

1. Actual cost of credit report, including any eviction search, and/or other verifying reports: \$ _____
2. Landlord/Agent cost to process and screen applicant's supplied information: \$ _____
3. TOTAL FEE charged (not to exceed \$50.00 per applicant) : \$ _____

The undersigned makes application to rent housing accommodations designated as:

Address of: **2012 THORNTON COURT APT C, ALEXANDRIA, LA 71301**

The rental for this unit is **\$550.00** per Month, **\$550.00** Security Deposit, with monthly water/sewer paid.

Upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

Signature _____ Date _____