

APPLICATION



Please select your property preferences:

- | | |
|--|---|
| <input type="checkbox"/> Summer Grove | <input type="checkbox"/> 1 Bedroom |
| <input type="checkbox"/> Arlington Trace | <input type="checkbox"/> 2 Bed / 2 Bath |
| | <input type="checkbox"/> 2 Bed / 2.5 Bath |
| | <input type="checkbox"/> 3 Bed / 3.5 Bath |

Accommodations are limited and will be leased on a first-come, first serve basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the lease agreement by all parties. Prices are subject to change. For information or assistance in completing this application, please call (225) 636-5525.

Applicant Data

Name: _____
(first) (middle) (last)

Local Phone: (_____) _____ Mobile Phone: (_____) _____

Current Local Address: _____
(street) (city) (state) (zip)

Permanent Address: _____
(street) (city) (state) (zip)

Please provide the following information for one of the items below and check the corresponding choice:

Driver's License Passport State ID Number: _____ State: _____

Social Security No.: _____ - _____ - _____ Email: _____

Date of Birth: ____ / ____ / ____ Male Female

Are you a student? Yes No If yes, what school?: _____

20 ____ Standing: Freshman Sophomore Junior Senior Graduate

Have you ever been convicted of a felony? Yes No Reason: _____

Have you ever been evicted from any residence? Yes No Reason: _____

Have you ever file bankruptcy? Yes No If yes, when?: _____

Employment Information

Current Employer: _____ Phone: (_____) _____

Position: _____ How Long? _____ Hourly Salary Annual Income: _____

Employer Address: _____
(street) (city) (state) (zip)

Emergency Contact

Emergency contact: _____ Telephone: (_____) _____

Secondary contact: _____ Telephone: (_____) _____

Parking/Vehicle Information

Vehicle Make: _____ Model: _____

License Plate Number: _____ Year: _____

Roommate/Co-applicant Names Please list the names of any roommates. Roommates must still complete a separate application.

Roommate Name: _____

Roommate name: _____

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right to lease the unit; and (4) if you have signed a lease, it will be a violation of the lease. By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application.

Deposit: Applicant has deposited herein the sum of \$ _____, the receipt of which is hereby acknowledged, which may be refunded in accordance with the lease.

Applicant Signature: _____ Date: _____