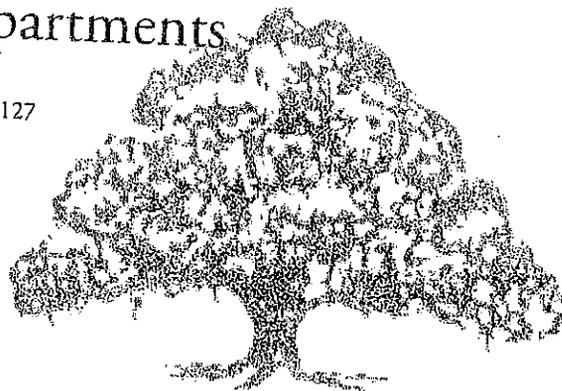
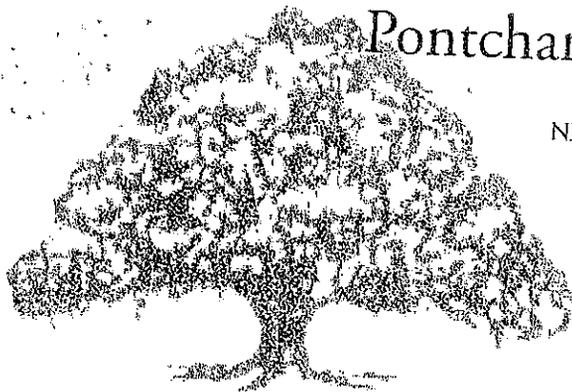


Pontchartrain Oaks Apartments

9696 HAYNE BLVD. E12
NEW ORLEANS, LOUISIANA 70127
(504) 246-4957



Thank you for your interest in Pontchartrain Oaks Apartments. Attached, please find an application as requested. In order to qualify, you must have good credit, good rental history, and your gross monthly income should be at least 3 times the rent on the apartment without being overextended on your bills. **Income is only combined for married couples and we require a copy of the marriage certificate.**

In order to process your application, you must complete the application in full and sign the last page where a signature is required. If the applicant resides in Orleans Parish, please take the attached criminal history form to the record division along with identification. NOPD charges \$5.00 to have a criminal background check ran. If they stamp it "check another parish" the applicant must have a background check ran in that parish, and it too, must be submitted with the application. Please call the New Orleans Police Department Division at 504-658-5455 for hours of operation. **The criminal history record information must be from the city or parish of where the applicant is moving from.**

Along with your completed application and background check, applicant must submit proof of income by providing 3 of your most recent pay check stubs, driver's license or state ID, and a \$40.00 nonrefundable application in the form of Money Order. If you prefer to use a Credit/Debit card to pay the application fee, it will be \$50.00. We DO NOT accept cash. Again, the application fee is nonrefundable and we DO NOT ALLOW COSIGNERS.

Please feel free to stop in the Leasing Office or contact us at the above number if we can be of further assistance.

Sincerely,

PONTCHARTRAIN OAKS APARTMENTS

[Visit us online at www.pontchartrainoaks.com](http://www.pontchartrainoaks.com)

APPLICATION FOR APARTMENT

****ALL APPLICANTS MUST HAVE GOOD CREDIT AND GOOD RENTAL HISTORY****

DESIRED DATE OF OCCUPANCY _____ SIZE OF APARTMENT APPLYING FOR (1) _____ (2) _____
PROPERTY NAME: PONTCHARTRAIN OAKS APARTMENTS IBDR W/FIREPLACE ___ OR W/O FIREPLACE _____
SECURITY DEPOSIT SAME AS RENT PET FEE _____ PET DEPOSIT _____

Full Name of Applicant _____ Date of Birth and State of Birth _____

Home Phone # _____ Cellular # _____ Driver's License or State I.D. Number _____ Social Security # _____
Marital Status Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

CURRENT AND PREVIOUS ADDRESS

Current Address _____ City/State/Zip Code _____ Length of Residency _____ Monthly Rent / Mortgage _____

Community Name (if applicable) _____ Apt No. _____ Phone Number _____ Owner/Manager's Name _____

Why Are You Leaving Your Present Address? _____

Previous Address _____ City/State/Zip Code _____ Length of Residency _____ Monthly Rent / Mortgage _____

Community Name (if applicable) _____ Apt. No. _____ Phone Number _____ Owner/Manager's Name _____

Have you or any occupant who will be living in the apartment ever: (A) been evicted or asked to move out? (B) broken a rental agreement or lease contract? (C) Declared bankruptcy? A _____ B _____ C _____ Have you or any occupant who will be living in this apartment ever: (A) been sued for nonpayment of rent? (B) been sued for damages to rental property? A _____ B _____

EMPLOYMENT HISTORY

Name of Employer _____ Address _____ City/State/Zip Code _____

Position/Profession _____ Length of Employment _____ Work Phone # _____

Gross Monthly Income _____ Name of Supervisor _____ Supervisor's Phone # _____

Here List Any Other Source of Provable Income & Amount Received _____

Previous Employer _____ Address _____ City/State/Zip Code _____

Position/Profession _____ Length of Employment _____ Work Phone # _____

Gross Monthly Income _____ Name of Supervisor _____ Supervisor's Phone # _____

EMPLOYMENT HISTORY CONT.

Full Name of Spouse _____ Date and State of Birth _____ Spouse's Social Security # _____ Driver's License or State I.D. Number _____

Spouse's Present Employer _____ Address _____ City/State/Zip Code _____

Position/Profession _____ Length of Employment _____ Work Phone # _____

Monthly Income _____ Name of Supervisor _____ Supervisor's Phone # _____ Gross _____

CREDIT REFERENCES

Name of Bank _____ Address _____ City/State/Zip Code _____ Phone No. _____

LIST CHILDREN AND ALL OTHER ADULTS WHO WILL BE OCCUPYING THE APARTMENT WITH YOU

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security No.</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

List All Vehicles to Be Parked on the Premises (Cars, Trucks and Motorcycles Only)
ONLY ONE CAR PER ADULT LISTED ON LEASE, MAXIMUM TWO CARS PER APARTMENT

Make/Model of Vehicle _____ Year _____ License Plate # _____ State _____

Make/Model of Vehicle _____ Year _____ License Plate # _____ State _____

Do You Have Any Pets? _____ Kind/Weight/Breed/Age/Name/Color _____

In Case of Emergency Notify: _____ Home Phone # _____ Work Phone # _____

Street Address _____ City/State/Zip Code _____ Relationship _____

In the event of serious illness or death of resident, the above person may _____ or may not _____ enter, remove, and/or store all contents found in the dwelling, storerooms, common area and mail box.

In the event of serious illness or injury contact the following physician: City/State _____ Phone No. _____

How Were You Referred to Us? _____ Friend _____ Driving By _____ Newspaper _____ Other _____

Were You Referred by a Resident at This Property? If Yes, _____ Name _____ Apartment No. _____

Name of Rental Agency or Locator Service (if applicable) _____ Rental Agents Name _____

ACKNOWLEDGMENT BY PERSON(S) SIGNING. The undersigned person(s) represent all the above statements as true and complete and hereby authorize verification of such information via consumer reports, rental history reports and other means. Such authorization does not require owner to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application (2) retain the application fee(s) and deposit(s) as liquidated damages for owner's time and expense of processing this application, and (3) terminate resident's right of occupancy. False information may also constitute a serious criminal offense under the laws of this state. In any lawsuit relating to this application, application agreement or rights under statute of government regulations, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the non-prevailing party. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time any may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations.

Signature of Applicant _____

Signature of Spouse _____

APPLICATION AGREEMENT

This is to be signed below only if owner has not yet accepted applicant and co-applicants and if owner has not yet signed the lease contract. Co-Applicants are other persons who are "residents" in the attached or in the "Contemplated Lease Information" at the top of this page.

1. LEASE INFORMATION. The lease contemplated by the parties is attached or if no lease is attached the lease shall be the current lease contract. Special information and conditions are indicated in the attached lease or in the "Contemplated Lease Information" above.
2. APPLICATION FEE IF APPLICABLE (NON REFUNDABLE). Applicant has delivered to owner's representative an "application fee" in the amount indicated below which partially defrays the cost of administrative paperwork. It is not refundable.
3. APPLICATION DEPOSIT (MAY OR MAY NOT BE REFUNDABLE). In addition to the above application fee, applicant has delivered to owner's representative an "application deposit" in the amount indicated below. The application deposit is not a security deposit at this time. The application deposit will be either (a) credited to the required security deposit under paragraphs 4 or 5 below, (b) refunded under paragraph 6 below, or (c) retained by owner as liquidated damages under paragraphs 7 or 8 below.
4. APPROVAL WHERE LEASE IS SIGNED IN ADVANCE BY APPLICANT(S). If applicant and all co-applicants have already signed the lease at the time of owner's approval, owner's representative will notify applicant and all co-applicants of such approval, sign the lease, and then credit the application deposit of all applicants toward the required security deposit.
5. APPROVAL WHERE LEASE IS NOT YET SIGNED BY APPLICANT(S). If applicant and all co-applicants have not signed the lease at the time of owner's approval, owner's representative will notify applicant and all co-applicant of such approval, sign the lease when applicant and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
6. REFUND UPON NON-APPROVAL. If applicant or any co-applicant is disapproved, the application deposit of all applicants will be promptly refunded.
7. WITHDRAWAL BY APPLICANT. Owner has agreed to take the dwelling unit off the market while owner considers approval of applicant and co-applicant. Neither the application nor the application deposit may be withdrawn by the applicant or any co-applicant. If applicant or any co-applicant withdraws his application or notifies owner that he has changed his mind about taking the dwelling unit, the application deposit of all applicants will be retained by owner as liquidated damages, and the parties shall have no further obligations to each other.
8. KEYS. Keys will be furnished only after (1) the contemplated lease and other rental documents have been signed by owner, applicant and all co-applicants, and (2) all applicable rentals and security deposits have been paid in full.
9. NOTICES. If owner notifies either applicant or applicant's spouse, it shall be considered notice to both. If either applicant or applicant's spouse notifies owner, it shall be considered notice from both.
10. NO NOTICE FROM OWNER. If applicant or co-applicants have not received notice of approval or non-approval within 5 days of the latest date shown below, applicant shall be responsible for contacting owner's representatives to verify approval or non-approval.
11. RECEIPT.

Application Fee (Non -Refundable)	\$ _____
Application Deposit (May or may not be refundable)	\$ <u>N/A</u>
Total monies received by owner on date below	\$ _____

**** ALL APPLICANTS MUST HAVE GOOD CREDIT AND GOOD RENTAL HISTORY ****

Signature of Applicant _____ Date _____

Signature of Applicant's Spouse _____ Date _____

Signature of Owner's Representative _____ Date _____

Signature of Owner's representative is consent to above application only. It does not bind owner to accept applicant or to sign the proposed lease agreement.

FONTCHARTRAIN OAKS APARTMENTS
9696 HAYNE BLVD., E-12
NEW ORLEANS, LA 70127

RENTAL HISTORY VERIFICATION

Applicant name: _____
Address & Apt No.: _____
Complex name: _____
Complex Phone / Fax: _____ / _____
Leaseholder signature: _____

To be completed by Property Manager

Lease term: From _____ To: _____

Current rent: _____

Late payment(s): 1 ___ 2 ___ 3 or more ___

NSF check(s): 1 ___ 2 ___ 3 or more ___

Number of occupants: _____

Pet: Dog ___ Cat ___

Notice to vacate: Satisfactory ___ Unsatisfactory ___

Complaints: _____

Would you lease to them again if they qualify? _____

Complex name: _____

Verification signature: _____

Title: _____ Date: _____

Please fax to: 504-246-4975

Thank you for your time in completing this verification.

EMPLOYMENT VERIFICATION

Company name: _____

Company Telephone number: _____ FAX: _____

Applicant signature: _____ Date: _____

INFORMATION BELOW TO BE FILLED BY EMPLOYER

Manager/Supervisor name: _____

Telephone number: _____ FAX: _____

Date employed: _____

Hourly wage: _____

Conduct issues:

PONTCHARTRAIN OAKS APARTMENTS: ALL INFORMATION IS CONFIDENTIAL.

9696 HAYNE BLVD, E-12

NEW ORLEANS, LA 70127

(504) 246-4957 FAX (504) 246-4975

NEW ORLEANS POLICE DEPARTMENT
RECORDS AND IDENTIFICATION DIVISION
715 S. BROAD AVENUE
NEW ORLEANS, LA 70119

REQUEST FOR
CRIMINAL HISTORY /BACKGROUND CHECK
INFORMATION

The applicant listed below has applied to this company for consideration of a service provided by the company. As part of our policy, we are requesting a check of your arrest records to determine if the applicant has ever been convicted of any state or municipal violation in your jurisdiction.

The applicant has been made aware of our policy and by his signature, is personally agreeable to release the requested information. All information will be held in strict confidence between the company and the applicant. A self address stamped envelope is enclosed for return mailing.

COMPANY NAME Pontchartrain Oaks Apts

ADDRESS _____

CITY/STATE/ZIP _____

PRINT NAME OF COMPANY OFFICIAL

SIGNATURE OF COMPANY OFFICIAL

APPLICANT INFORMATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

NAME _____ RACE _____ SEX _____

ADDRESS _____ STATE OF BIRTH _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

(APPLICANT'S SIGNATURE)

MUST INCLUDE A COPY OF DRIVER'S LICENSE OR STATE IDENTIFICATION CARD.

Make Check or Money Order IN THE AMOUNT OF \$5.00 and out to the NEW ORLEANS POLICE DEPARTMENT
Mail to: NEW ORLEANS POLICE DEPARTMENT
RECORDS DIVISION
715 S. BROAD AVENUE
NEW ORLEANS, LA 70119

BY THIS SIGNATURE, I AUTHORIZE THE RELEASE OF MY ARREST CONVICTION RECORD AND WAIVE SUCH LEGAL RIGHTS THAT MAY ARISE OUT OF THE RELEASE AND I DO RELEASE ALL PERSONS FROM LIABILITY IN CONNECTION WITH THE RELEASE OF THIS INFORMATION.

POLICY PERMITS THE RELEASE OF ONLY THOSE CHARGES THAT HAVE RESULTED IN A CONVICTION. THE RESULTS OF THIS CHECK WERE COMPILED FROM INFORMATION OBTAINED ONLY IN OUR JURISDICTION.

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***IMPORTANT - THE DEPARTMENT OF POLICE CANNOT MAKE AN ACCURATE IDENTIFICATION BASED UPON NAME AND DATE OF BIRTH ONLY. ANY INFORMATION CONTAINED ON ANY NAME CHECK IS SUBJECT TO VERIFICATION BETWEEN THE REQUESTING PARTY AND THE APPLICANT. THE NEW ORLEANS POLICE DEPARTMENT ASSUMES NO RESPONSIBILITY FOR ANY ACTION RESULTING FROM THE INFORMATION FURNISHED.

IF THE IMPRINT OF THE SEAL IS NOT AFFIXED TO THIS FORM THROUGH THE NAME OF THE RECORD DIVISION CLERK, THIS FORM IS NOT VALID.

PAGE TWO ATTACHED _____

DATE RECEIVED: _____

RECORD DIVISION CLERK