LOUISIANA RENTAL APPLICATION

Equal Housing Opportunity. Please Complete All Information Below.

Applicants Full Name		Phone #		_DOB	
Social Security #	Drivers License #		State	Exp	
Current Address	City		State	Zip	
Current Landlords Name			Phone #		
How long at this address_	Reason for leaving _				
Previous Address		City	State	Zip	
Previous Landlords Name	e	Phone #			
How long at this address_	Reason for leaving _				
Auto YrMake	Model	State/Li	icense Plate #		
Employer	Р	osition	Income		
Employers Address		City		State	
Phone #	How long at job	Other income/sour	ce		
Do you allow smoking in	the home? [] Yes [] No	Have	you ever been evicte	ed?[]Yes[]No	
Have you ever been conv	icted? [] Yes [] No If Yes to a	ny of these, you ma	y explain on the reve	erse of application.	
Preferred move-in date	Number	Number and type of Pets			
Name of bank	Branch	Type of Account			
Name of bank	Branch	Type of Account			
Personal References					
Name	Yrs. Known	Relationship	Phone #		
Name	Yrs. Known	Relationship	Phone #		
Name	Yrs. Known	Relationship	Phone #		
Total number of adults	, total number of chil	dren living with yo	u under the age of 1	8	
Names and relations of all other applicants,,					
			_,		

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Applicant Signature____

Date

Landlord or Representative received from applicant a deposit of \$______ dollars, of which \$30 will be non-refundable and used for application and tenant screening services. The balance will be applied to the remaining deposit due, or refunded if the applicant is not approved. *Initial*______