LOUISIANA RENTAL APPLICATION

Equal Housing Opportunity. Please Complete All Information Below.

Applicants Full Name		Phone #		DOB
Social Security #	Drivers License #		State	Exp
Current Address	C	City	State	Zip
Current Landlords Name	Phone #			
How long at this address	Reason for leaving _			
Previous Address		City	State	Zip
Previous Landlords Name	Phone #			
How long at this address	Reason for leaving _			
Auto YrMake	_Model	State/Li	cense Plate #	
Employer	P	osition	Incom	e
Employers Address		City		State
Phone #Hov	v long at job	Other income/sour	ce	
Do you allow smoking in the home	e?[]Yes []No	Have	you ever been evic	eted?[]Yes[]No
Have you ever been convicted? []	Yes [] No If Yes to an	ny of these, you ma	y explain on the re	verse of application.
Preferred move-in date	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	18
Names and relations of all other ap	plicants		,	,
CERTIFY that answers given herein contained in this application for tenantal agreement en	are true and complete to screening as may be nec	the best of my knowlessary in arriving at a	edge. I authorize inv	estigation of all statement
Applicant Signature			Date	
Landlord or Representative received fused for application and tenant scree applicant is not approved. <i>Initial</i>	ning services. The balan	of \$ doll nce will be applied t	ars, of which \$ to the remaining dep	_ will be non-refundable posit due, or refunded if