

# Rental Application

**FOR OFFICE USE ONLY**

Application Received By \_\_\_\_\_ Date \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_  
Monthly Rental Rates \$ \_\_\_\_\_ Lease Term \_\_\_\_\_ Starts \_\_\_\_\_ Ends \_\_\_\_\_

**Selling Agent (name, #, firm & email):** \_\_\_\_\_

**Property you are applying to occupy:** \_\_\_\_\_

**Desired date of occupancy:** \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ (or) Govt photo ID card # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Tag Number/State \_\_\_\_\_

**Miscellaneous Information**

Do you have any pets? [ ] yes [ ] no \*See Pet Policy for rules and regulations\*

How many \_\_\_\_\_ Type/weight \_\_\_\_\_

Do you smoke? [ ] yes [ ] no

Do you have any water-filled furniture? [ ] yes [ ] no

Do you have any pet allergies? [ ] yes [ ] no

Have you ever been convicted of a crime? [ ] yes [ ] no

**Emergency Contact(s)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Additional Number \_\_\_\_\_

**The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to obtain a background evaluation in connection with this rental application. I understand that said investigation may contain information obtained from various states governmental and private entities relative to the undersigned's background to include multi-state criminal, sex offender and international terrorist searches.**

I authorize Beth Alford Realtor/Re/Max First to use all information related to the above, and hereby release, in any manner, all the information obtained by you. I further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the city of Gonzales, parish of Ascension, and the state of Louisiana.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ***Rental Application***

**Applicant:** \_\_\_\_\_

### **Co-Applicant**

Full Legal Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ (or) Govt photo ID card # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Tag Number/State \_\_\_\_\_

### **Additional Occupants**

*(List all persons who will live with you)*

Full Legal Name

Relationship

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

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### **Rental History**

*(First-time renters: attach a description of your housing situation for the past three years)*

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at This Address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Landlord/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at This Address \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Landlord/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

**Employment History**

*(Self-employed applicants: attach tax returns for the past two years)*

Current Employer \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Monthly Income \_\_\_\_\_ How often do you get paid? \_\_\_\_\_

Previous Employer \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

**Employment History Co-Applicant**

*(Self-employed applicants: attach tax returns for the past two years)*

Current Employer \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

**Other Income**

*(Please provide copies)*

Do you receive any other forms of verifiable income? \_\_\_\_\_

If so, what type \_\_\_\_\_

How long have you received this income? \_\_\_\_\_

Amount Monthly \_\_\_\_\_