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	ity	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/Lic	ense Plate #	
Employer	Po	PositionIncome		
Employers Address		City		State
Phone #How	long at job	Other income/source	e	
Do you allow smoking in the home	? [] Yes [] No	Have y	ou ever been evic	eted? [] Yes [] No
Have you ever been convicted? []	Yes [] No If Yes to ar	ny of these, you may	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 child	dren living with you	under the age of	18
Names and relations of all other ap	plicants			,
	,	,		
I CERTIFY that answers given herein contained in this application for tenant may terminate any rental agreement en	screening as may be nec	essary in arriving at a	tenant decision, I	
Applicant Signature	Date			
Landlord or Representative received from application and tenant screening sensor approved. <i>Initial</i>	vices. The balance will l	dollars be applied to the remain	s, of which \$ wining deposit due, o	rill be non-refundable and u or refunded if the applicant