



3925 Iberville St.
New Orleans, LA 70119

Apartment Application

Janis Gordon (504) 913-8228

Thank You!

Thank you for your interest in our available housing. Please take a brief moment to describe your housing needs.

House/Apartment Desired _____ Preferred Move-In Date _____

I was shown the above house/apartment by _____ On _____
Agent Name *Date*

How did you hear about our company? _____

Checklist

Please complete and sign a separate application for every person 18 or older who will occupy the household.

We will need the following to quickly and accurately process your application:

_____ Current Picture ID issued by State or Federal Government

_____ Proof of Gross Income that is equal to or greater than 3x the rent. That is, if the rent is \$500 the gross income of all members of the household combined must be at least \$1,500.

_____ Two Years of Work History.

_____ Latest 3 Check Stubs from your Employer(s).

_____ Information regarding where you have lived for the last 5 years.

_____ An \$11 Application Fee for every member of the household 18 or older.

Initial _____

Date _____



Apartment Application

Personal Information

Name: _____ Date of Birth: _____
Last First M.

Social Security #: _____ Drivers License: _____
Number State

Phone Numbers: _____
Home Cell Work

Occupancy Information

Rental Rate \$ _____ Security Deposit \$ _____

Please list all persons who will occupy the premises with you:

Name	Relationship	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contacts

Closest Relative: _____
Name Relationship

Address: _____
Street City State Zip

Phone Numbers: _____
Home Cell Work

Person Other than Above: _____
Name Relationship

Address: _____
Street Unit City State

Phone Numbers: () () ()
Home Cell Work

Initial _____

Date _____



Apartment Application

Address History

Please list all addresses at which you have lived in the past 5 years, with the most recent first:

Current Address: _____
Street Unit City State

Name of Building / Complex: _____ Rent Amount: _____ Deposit Amount: _____

Move-in Date: _____ Move-out Date: _____ Why are you leaving this address? _____

Landlord's Name: _____ Landlord's Telephone Number: (____) _____ Are you related to landlord? _____

Landlord's Address: _____
Street Unit City State

Current Address: _____
Street Unit City State

Name of Building / Complex: _____ Rent Amount: _____ Deposit Amount: _____

Move-in Date: _____ Move-out Date: _____ Why are you leaving this address? _____

Landlord's Name: _____ Landlord's Telephone Number: (____) _____ Are you related to landlord? _____

Landlord's Address: _____
Street Unit City State

Current Address: _____
Street Unit City State

Name of Building / Complex: _____ Rent Amount: _____ Deposit Amount: _____

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Street Unit City State

Name of Building / Complex: _____ Rent Amount: _____ Deposit Amount: _____

Move-in Date: _____ Move-out Date: _____ Why are you leaving this address? _____

Landlord's Name: _____ Landlord's Telephone Number: (____) _____ Are you related to landlord? _____

Landlord's Address: _____
Street Unit City State

Initial _____

Date _____



Apartment Application

Employment History

Please list all employments in the past 5 years, with the most recent first:

Occupation: _____ Name of Company: _____ Position: _____

Business Address: _____ ()
Street City State Telephone

Start Date: _____ End Date: _____ What is your monthly income? _____

Supervisor's Name, Title, and Direct Telephone Number: _____ ()
Name Title Telephone

Occupation: _____ Name of Company: _____ Position: _____

Business Address: _____ ()
Street City State Telephone

Start Date: _____ End Date: _____ What was your monthly income? _____

Supervisor's Name, Title, and Direct Telephone Number: _____ ()
Name Title Telephone

Occupation: _____ Name of Company: _____ Position: _____

Business Address: _____ ()
Street City State Telephone

Start Date: _____ End Date: _____ What was your monthly income? _____

Supervisor's Name, Title, and Direct Telephone Number: _____ ()
Name Title Telephone

Occupation: _____ Name of Company: _____ Position: _____

Business Address: _____ ()
Street City State Telephone

Start Date: _____ End Date: _____ What was your monthly income? _____

Supervisor's Name, Title, and Direct Telephone Number: _____ ()
Name Title Telephone

Supplemental Income

Please list any other sources of income:

Source _____ Amount per Month _____

Source _____ Amount per Month _____

Source _____ Amount per Month _____

Initial _____

Date _____



Apartment Application

Miscellaneous Information

What vehicles (automobiles, motorcycles, boats, RVs, etc.) do you desire to keep at this address?

Make _____ Year _____ Type _____ License # _____

Make _____ Year _____ Type _____ License # _____

Make _____ Year _____ Type _____ License # _____

Make _____ Year _____ Type _____ License # _____

Do you own any pets? If so, please describe in detail:

Species _____ Breed _____ Color _____ Spayed/Neutered? _____ Vaccinated? _____

Species _____ Breed _____ Color _____ Spayed/Neutered? _____ Vaccinated? _____

Species _____ Breed _____ Color _____ Spayed/Neutered? _____ Vaccinated? _____

Please note that failure to accurately report any and all pets will be cause for immediate eviction and any pets listed will require specific approval prior to moving in. Under NO circumstances will Pit Bulls, Rotweilers, Mastiffs, German Shepherds, or any other aggressive breed of dog be allowed.

Certification of Accuracy

Applicant has deposited herewith the sum of \$ _____, receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as a rental payment) to be refunded as hereinafter provided in the Lease Agreement. In the event the application is approved and applicant fails or refuses to enter into the contemplated lease, owner shall retain \$ _____ of the said deposit as liquidated damages to cover the cost of taking and processing this application and removing the premises from the market and holding same for applicant. In the event this application is disapproved, or for any other reason for which owner is responsible that the Lease Agreement is not consummated, the full deposit will be returned to the applicant. This application is made with the understanding that it is subject to acceptance by the property manager and / or property owner and subject to execution by the owner or manager of said property and delivery and signing of a lease covering said premises. All adult members of the household will be required to sign the lease. Please allow a minimum of 3 to 5 working days to process your application for both character and credit references.

The above information is correct to the best of my knowledge. I authorize Lessor and Property Manager to undertake all inquiries necessary to verify the information on this application. Furthermore, I authorize Lessor and Property Manager to perform a police check, a credit check, past and current rental verifications, past and current employment verifications, and any other reference inquiries. It is understood that the above information will be held in strict confidence.

Applicant hereby declares that it is their understanding that any lease or other agreement, either written or oral, that they may enter into, is strictly between the owner or lessor and themselves; that Superior Property Management, Inc. is not liable for any dispute that may arise as to such lease or agreement nor for any default by the owner or lessor of such lease or agreement.

I declare that the foregoing is true and correct and authorize its verification and the obtaining of a credit report.

Signature _____ Date _____

Initial _____

Date _____