



Apartment Application

3925 Iberville St.
New Orleans, LA 70119
(504) 488-7368

IMPORTANT: In order to process your application, the \$20 application fee is required with application. Applicants will be given 24 hours from time of approval to sign lease and remit rent and security deposits on separate cashier checks or money orders. Non-Compliance with this policy may result in loss of apartment to another applicant. If you require additional time to comply with this policy, please make specific requests from our representative. ****YOU MUST VIEW THE PROPERTY BEFORE SIGNING A LEASE****

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

Name _____

Phone # _____ / _____ / _____
(home) (cell) (work)

House/Apartment Desired _____ Preferred Move-In Date _____

Rental Rate \$ _____ Security Deposit \$ _____

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

In order to assist our marketing department, please indicate how you **FIRST** heard about this property:

Craigslist.com Superprop.com Sign Other

How will you pay the rent? Job _____ Savings _____ Section 8 _____

When applying please provide the following for every person 18 or older who will occupy the household:

_____ 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.

- If employed by a company, copy of most recent pay stub
- If self-employed, 3 most recent bank statements or last two years' tax returns

_____ Two Years of Work History.

_____ Latest 3 Check Stubs from your Employer(s). I make _____/week _____/month

_____ Information regarding where you have lived for the last 3 years.

_____ A \$20 Application Fee for every member of the household 18 or older.

_____ Site visit to your present residence.

Revised Jul-17 Initial _____ Date _____



Apartment Application

Personal Information

Name _____ SS# _____ Birthdate _____

Drivers License # or State I.D. # _____ State _____

Email _____

Occupancy Information

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



Apartment Application

Address History

Please list all addresses at which you have lived in the past 3 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

Prior 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

Prior 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

Prior 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

Revised Jul-17 Initial _____ Date _____



Apartment Application

Employment History

Please list all employments in the past 3 years, with the most recent first:

Current 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

Prior 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

Prior 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

Prior 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:

Section 8 Voucher Y N Amount per Month \$ _____

Co-Signer (Name) _____ Amount per Month \$ _____

Other Source (List Source) _____ Amount per Month \$ _____

Revised Jul-17 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? Y/N Vaccinated? Y/N

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

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

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, Rottweilers, Mastiffs, German Shepherds, or any other aggressive breed of dog be allowed. Superior Property Management reserves the right to deny occupancy to persons with pets when pets are not allowed in apartments.

Certification of Accuracy

The information on this application is true, correct and complete to the best of my knowledge. I hereby authorize Superior Property Management, Inc. to verify the above information and obtain a consumer or investigative credit report before, during or after my tenancy. I understand that the application fee for verifying this rental application is not a deposit or rent and will not be applied to future rent or returned even if this application to rent is declined.

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

Signature _____ Date _____