

1115 B W. University Avenue P.O. Box 51111 Lafayette, LA 70505-1111 (337) 236-6207 Fax (337) 236-9055 www.broussardproperties.com

## MONEY ORDER ONLY FOR **DEPOSIT & FIRST MONTH RENT**

APPLICATION FEE \$30.00
APPLICATION VALID 30 DAYS
PER PROPERTY APPLIED FOR
DATE FEE PAID:
RECEIVED BY :

**RENT**\_\_\_\_\_\_ Rev. 10/11

## TENANT SELECTION CRITERIA

The	followi	ng requi	rements	must	be met	in ord	ler to	become	an ap	plicant	t and	to	be p	laced	on t	he v	waitin	g list	ŧ.

- A completed Application for Occupancy must be turned in along with a \$30.00 non-refundable processing fee per each adult applicant.
- A credit check will be run on every applicant to help determine payment history and current financial obligations. A written report from the Credit Bureau must be obtained and reviewed.
- A household budget will be worked up on every applicant to determine whether the applicant can meet all of their monthly financial obligations. This information can be obtained from the application, the credit 3. report, and through discussion with the tenant.
- Credit references will be obtained on every applicant.
- Previous landlord will be contacted in order to obtain past payment history and past rental history. Previous Landlord Inquiry will be used.
- Applicants must be income eligible for the complex as determined by the following: gross monthly debts cannot exceed 33% of applicants' Gross Income.
- Applicants must qualify under occupancy standards as determined by unit size: 1 bedroom: 1-2 2 bedroom: 2-4 3 bedroom: 4-6 Written verification by a doctor or other qualified third party of an unborn child can be used when determining eligibility for occupancy standards.
- All income and expenses must be verifiable in writing.

## Applicants will be rejected due to:

- A history of unjustified and chronic nonpayment of rent and financial obligations.
- A negative household budget after all income and financial obligations have been taken into consideration.
- A history of violence and harassment of neighbors.
- A history of disturbing the quiet enjoyment of neighbors.
- A history of violations of the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary condition.

DATE\_

- Past convictions on the sale or possession or use of illegal drugs, violent & sexual crimes, theft and arson. Should arrest information be discovered, it is the applicant's responsibility to show proof of the court's determination of the arrest.
- Income and/or employment that cannot be verified in writing by a qualified third party.
- Lack of credit needed in order to establish payment history of financial obligations.

APPLICANT \_\_\_\_\_

9.	Giving false or misleading information on the	Rental Application.				
10.	References not being returned from a qualified					
NOTE:	The property owner DOES NOT carry insur	ance on your possessions. TENAN	NT MUST OBTAIN RE	NTERS' INSURANCE.		
DATE:	SECURITY DEPOSIT:	Applicant has deposited herewith	h the sum of \$	_CK/MO#	REC.#:	, receipt of which is
hereby a	cknowledged as a non-interest bearing deposit	to be refunded only in the event the a	pplication is not approved	. BALANCE OWED:	I understand that my secu	rity deposit will be deposited
immedi	ately and that the property is officially taken o	ff the market. It is assumed by Less	or that all information is	correct and truthful; therefor	e, applicant is considered approve	d at the taking of said security
deposit	and the property is considered rented by appli	cant, excluding any problems that n	nay arise causing applica	nt to be denied. If Lessor appro	oves this rental application and application	cant fails or refuses to enter into
the cont	emplated lease, owner shall retain the said depos	it as liquidated damages to cover the c	cost of taking and processi	ng this application and removing	ng the premises from the market and	holding same for applicant. A
security	deposit is returned only upon application being	ng denied by Lessor. This application	n is made with the understa	unding that it is subject to accep	tance by the owner and execution by	the parties of the standard lease
	used by the Lessor, which applicant has review					
	ion is correct to the best of my knowledge. I hav					
	trict confidence. If falsification of any item is for					
that the	leposit is taken. Applicant hereby declares that i	t is their understanding that any lease	or other agreement either	vritten or oral, they may enter i	nto is strictly between the Owner or l	Lessor and themselves; and that
BROUS	SARD PROPERTIES is not liable for any dispu	ite that may arise as to such lease or a	agreement nor for any defa	ult by the Owner or Lessor of	such lease or agreement.	
MANA	GEMENT DISCLOSURE: The premises has	been thoroughly cleaned and carpet	s cleaned upon move-in.	The cost of cleaning and carpe	t cleaning will be automatically with	hheld from your deposit at the
	move-out, not including any other damages t					
NOTIC	E: You are responsible to obtain the following	information: A pamphlet on Lead B	ase Paint which may be a	problem in buildings constructe	d before 1978 at http://www.epa.gov/	lead; a pamphlet on Mold may
	ned at http://www.epa.gov/iaq/rno.ds/index.htm					
BROUS	SARD PROPERTIES, LLC, ITS AGENTS/E	MPLOYEES, REPRESENT THI	INTEREST OF THE PR	OPERTY OWNER ONLY. T	HE UNDERSIGNED IS ADVISED	STO SEEK INDEPENDENT
	E FROM THEIR ADVISORS OR ATTORN					
	eceived and read a copy of the Tenant Selecti					

APPROXIMATE MOVE IN DATE

ADDRESS OF APARTMENT	APPLIED FOR:	
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## RENTAL APPLICATION

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APPLICATION VALID 30 DAYS PER PROPERTY APPLIED FOR

PLEASE FILL OUT AND READ CAREFULLY

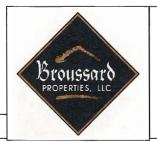
LEAVING A QUESTION BLANK COULD CAUSE YOUR APPLICATION TO BE VOID OR DENIED.

ALL PERSONS OVER 18 YEARS OF AGE IN HOUSEHOLD MUST COMPLETE THEIR OWN APPLICIATION.

ONLY PERSONS LISTED ON THIS APPLICATION WILL BE ELIGIBLE TO RESIDE IN THE APARTMENT.

PERSONAL INFORMAT	ION:							
APPLICANT NAME								
AGE D	FIRST ATE OF BIRTH			FULL MIDDLE/MAID PLACE OF BIRTH	I	LAST		
SOCIAL SECURITY#		_ DRIVER'S I	LICENSE#		CITY & STAT	STATE EHOME#	CELL#	ZIP CODE
MARRIED SIN	NGLE DI	IVORCED	EDU	CATION		EMAIL		
*RACE*The Equal Housing Opportun	(For police report use or ity Act prohibits discriminate)	nly) *Si ination in housi	EX ng because of: Rac	_ (For police report us ce or color, National or	e only) rigin, Religion, Sex	x, Familial status, Handicap.		
P. O. BOX (if applicable)								
RESIDENCE HISTORY:				ITY CTATE 7ID				
PRESENT ADDRESSOWNER/MANAGER			C	HONE NO	нол	V LONG AT THIS ADDI	PECC?	
AMOUNT OF RENT \$	DEASC	N FOR MOV	ING P.	HONE NO.	nov	W LONG AT THIS ADDI	KLBB:	
AMOUNT OF REITT \$	, REMSC	or role mo v	110				747-7-7-A	
PREVIOUS ADDRESS				CITY, STATE, ZIP				
OWNER/MANAGER			P	HONE NO.	HOV	W LONG AT THIS ADDI	RESS?	
OWNER/MANAGER AMOUNT OF RENT \$	REASC	N FOR MOV	'ING		My			
PERSONS WHO WILL O	CCUPY THE APAR	TMENT. (O	VERNIGHT G	UESTS WHO FRE	QUENTLY STA	AY 3 OR MORE NIGHT	TS MUST BE NAMED (	ON THE LEAS
NAM	IE	SEX	AGE	SOCIAL SECUI	RITY NO.	RELATIONSHIP	DATE OF BIRTH	
								_
								-
EMPLOYMENT INFOR	MATION.							
IF LESS THAN ONE YE		ADI OVMEN	T INFORMAT	TION IS ALSO NE	FDFD PLFAS	E SEE RELOW		
APPLICANT:	AK, FREVIOUS EN	TI LOTNIEN	I INFORMAT	TON IS ALSO NE	EDED. I LEAS	E SEE DELOW.		
EMPLOYED BY			HOW LONG?	POSITI	ON HELD	SUPER	VISOR	
EMPLOYER'S COMPLET			_ HOW LONG.	105111		PHONE N	10.	
SALARY	L ADDRESS							
DI ILI IICI								
SECOND EMPLOYER	ň		HOW LONG?	POSITIO	ON HELD	SUPER	VISOR	
EMPLOYER'S COMPLET	E ADDRESS				-	PHONE N	VO.	
SALARY	and the second s							

PREVIOUS EMPLOYER		HOW LONG?	POSITION HELD	SUPERVISORPHONE NO	
	DRESS			PHONE NO.	
SALARY					
OTHER INCOME	CHILD SUPPORT	ALIMONY	RETIREMENT PAY	GROSS MONTHLY INC	OOME
PERSONAL REFERENCE				PHONE NO	
IN CASE OF EMERGENCY N	IOTIFY: NAME			PHONE NORELATIONSHIP	
FULL ADDRESS	T. NAME			RELATIONSHIP	
		H-MARKE III	And the second s		110.400.000.000
OTHER INFORMATION:					
NUMBER OF AUTOMOBILES					
MAKE	YEAR	COLOR		TAG NUMBER	
MAKE	YEAR	COLOR		TAG NUMBER	
WILL THERE BE ANY CHILD	REN UNDER 12 YEARS OF AG	E LEFT UNATTENDE	ED AT ANY TIME?	TAG NUMBERTAG NUMBER	78 - 18 18 18 18 18 18
WILL YOU HAVE ANY MUSIC	CAL INSTRUMENTS?	WHAT ARE TH	EY?		
DO YOU PLAN TO KEEP A BO	OAT, TRAILER OR CAMPER O	N THE PREMISES?	- AMARAGEM -		
NO PETS ALLOWED. DO Y	YOU HAVE ANY PETS?	SPECIFY			
				W. William	
HAVE YOU EVER BEEN EVI					
HAVE YOU EVER HAD A HO			A NOT NATION OF THE PL	ENTERDO INCHE ANCE	
NOTE: The property owner D	OES NOT carry insurance on y	our possessions. TENA	ANT MUST OBTAIN RI	ENTERS' INSURANCE.	DEC "
DATE: SECURITY	DEPOSIT: Applic	ant has deposited herewi	th the sum of \$	_CK/MO#	_REC.#:,
				on is not approved. BALANCE OWED:	
				ssumed by Lessor that all information	
				applicant, excluding any problems that	
				ner shall retain the said deposit as liquidate	
				ty deposit is returned only upon applica	
	se allow a maximum of 10 working			he standard lease currently used by the Les	sor, which applicant has reviewed as
				ation of the above statement. This include	s a police check. It is understood that
				liately be rejected. Applicant understands	
				inderstanding that any lease or other agree	
				or any dispute that may arise as to such lea	
the Owner or Lessor of such lease		d mat DROOSSARD I I	COI LICITLS IS NOT HADIC I	of any dispute that may arise as to such lea	se of agreement nor for any default by
		ughly cleaned and care	nets cleaned unon move-i	n. The cost of cleaning and carpet clear	aing will be automatically withheld
from your deposit at the time of	•		_	in The cost of cleaning and car per clear	mg win be automatically withheld
				in buildings constructed before 1978 at http://s	www.ena.gov/lead: a namphlet on Mold
				be reached by phone at 1-800-858-0551 or w	
BROUSSARD PROPERTIES, LLG	C, ITS AGENTS/EMPLOYEES, RI	EPRESENT THE INTER	EST OF THE PROPERTY	OWNER ONLY. THE UNDERSIGNED IS	
ADVICE FROM THEIR ADVISO				TION.	
I have received and read a copy	of the Tenant Selection Criteri	a and understand it ful	lly.		
APPLICANT_		DATE		XIMATE MOVE IN DATE	RENT
***FOR OFFICE USE ONLY**	*		PAI	ID AP FEE DATE	BY
PREGENTEL ANDLORD	DDENIOLIGY AND OPP	CDEDIT	DOLIGE.		
PRESENT LANDLORD					
EMPLOYER 1 EMPLO	OYER 2 PREVIOUS	EMPLOYER	PERSONAL REFEREN	CE APPROVED BY	_ DATE
					Rev. 10/11



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Employment Verification

Place of Employment	Employer's Phone Number
	Release of Information
	hereby authorize the release of this information and give
Employee Name	a II C to somify all information in this forms
permission to Broussard Propertie	s LLC to verify all information in this form.
Employee's Signature	Date
Is the above mentioned employee  1) Employee start date  2) Job title	
Employment Income	Comp. Book North Day
	of hoursGross Pay \$, Next Pay Date Bi-weekly \(\Bi \) 2x month \(\Bi \) Monthly
Extended Leave	
Is the employee on extended leave	e (maternity, disability, etc.)? □ Yes □ No
The employee returned from and e	extended leave (maternity, disability, etc.)? on
On what date did the exten	ided leave begin:
Temporary/Seasonal Employment	•
Is the employee considered to be a	
	e of guaranteed employment?
If the employee is seasonal	
Last day of work b	-
Expected date of re	eturn following break:
	I am providing will be used to determine the above-named ment or house with Broussard Properties LLC.
Employer's Signature(s)	Date
Print name and Title	
	completing this form and returning it to us!



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www.broussardproperties.com Employment Verification Place of Employment Employer's Phone Number Release of Information do hereby authorize the release of this information and give Employee Name permission to Broussard Properties LLC to verify all information in this form. Employee's Signature Date Is the above mentioned employee newly hired  $\square$  yes  $\square$  No 1) Employee start date \_\_\_\_\_ 2) Job title Employment Income 1) Hourly Rate \$ \_\_\_\_\_, Number of hours \_\_\_\_\_ Gross Pay \$ \_\_\_\_\_, Next Pay Date 2) Frequency of pay □ Weekly □ Bi-weekly □ 2x month □ Monthly Extended Leave Is the employee on extended leave (maternity, disability, etc.)?  $\square$  Yes  $\square$  No The employee returned from and extended leave (maternity, disability, etc.)? on On what date did the extended leave begin: **Temporary Seasonal Employment** Is the employee considered to be a temporary hire?  $\square$  Yes  $\square$  No If yes, what is the last date of guaranteed employment? If the employee is seasonal, please give: Last day of work before break: Expected date of return following break: I understand that the information I am providing will be used to determine the above-named employee's eligibility for an apartment or house with Broussard Properties LLC. Employer's Signature(s) Date Print name and Title Thank you for completing this form and returning it to us!



