Date & Time Stamp	

Rental Application

Please complete the following application and return it to **The Leasing Office 10816 Live Oak Grove Dr., Central, LA 70818.** All items must be completed in order to determine your eligibility. **Incomplete applications will be returned**. If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

A. General Information - Please circle one:	MR.	MRS.	MS.	MISS
App ID:				
Name:				
Address:				
City: State: Zip:				
Daytime Telephone Number:	E-Mail A	.ddress:		
Property Name:				
				1
Unit Size: 1BR 2BR 3BR 4BR List 1	Desired Ap	t. Number (1^{st} , 2^{nd} , 3^{rd}	¹ Choice):

3. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Drivers License	Birth Date	Social Security Number
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				

C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name:	\$
	Wages – Gross Monthly Amount Employer Name:	\$
	Social Security/Pension – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

D. Landiords					
Name of Landlord	Address	Rental Amount	Phone Number	Period Rented	
1. Current:		11110 4110		From:	
				To:	
2.				From:	
				То:	
3.				From:	
				То:	
E. Other Information					
	er or any other type of voucher? Yes	No D			
Have you ever been evicted or so	7 7 7	No O			
If yes, describe reason(s):					
ii yes, describe reason(s).					
Tiet annualista det annual	V., /M-1		I i anna Diata		
List any vehicles that you own:	Yr./Make:		License Plate		
	Yr./Make:		License Plate		
Do you own a pet? Yes No If yes, describe					
In case of emergency notify:					
Address:					
Relationship:	Phone #	# :			
H. Signatures					
I certify that I received th	ne community's Tenant Selection	1 Policy and ha	ive read it thoro	mohlv.	
	ic community is remained electron	i i oney und m	.vo rend iv enore	wg, ·	
Signed:		 Date			
Spouse/Co-Tenan	ıt	Date			
<u>Authorization</u>					
professional references for the p	Residences of Central and its staff to concurpose of verifying the information I/we tion of my/our eligibility and admission tal.	have provided on	the application. The	e information provided w	
Signatures					
Applicant Signature		Date			
<u> </u>		_ 			
Co-Applicant Signature	e	Date			