

# BRIKEN AND ASSOCIATES

Lease Term \_\_\_\_\_ 4809 Ihles Rd.. LAKE CHARLES, LA. 70605 Move In Date \_\_\_\_\_  
Rent Amount \_\_\_\_\_ 337)439-6030 Fax(337)436-6432 Pro Rate Rent \_\_\_\_\_

## APPLICATION FOR RENTAL PROPERTY: \_\_\_\_\_

LAST NAME OF APPLICANT \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HOME PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

LANDLORD/LENDOR \_\_\_\_\_ RENT/MORTGAGE \$ \_\_\_\_\_ PHONE# \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ SALARY \_\_\_\_\_

POSITION \_\_\_\_\_ PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ YEARS \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SALARY \_\_\_\_\_ POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

SPOUSE / CO-APPLICANT  
LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ HOME PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

LANDLORD/LENDOR \_\_\_\_\_ RENT/MORTGAGE \$ \_\_\_\_\_ PHONE# \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SALARY \_\_\_\_\_ POSITION \_\_\_\_\_ YEARS \_\_\_\_\_

HAVE YOU EVER RECEIVED A REQUEST TO VACATE, EVICTED, OR BROKE A LEASE FROM ANY PROPERTY? IF YES, EXPLAIN \_\_\_\_\_

\*IF YOU HAVE NO SALARY, FROM WHAT SOURCE WILL YOU PAY RENT? \_\_\_\_\_

PET(S) \_\_\_\_\_ BREED(S) \_\_\_\_\_ WEIGHT \_\_\_\_\_

OTHER PERSON WHO WILL OCCUPY THIS PROPERTY WITH YOU:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY : NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOW MANY AUTO, BOATS, OR TRAILERS WOULD YOU KEEP AT THIS ADDRESS?

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE \_\_\_\_\_

### **\*\*PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE\*\***

The applicant (and co-applicant, if any) hereby acknowledges and agrees that this is a lease application only and is subject to approval by management. The applicant (and co-applicant, if any) hereby certifies that the information contained in the lease application is true and correct. Applicant (and co-applicant, if any) has no objection to inquiries for the purpose of verification of the above.

IN THE EVENT THE APPLICATION IS PROCESSED AND APPLICANTS FAIL OR REFUSE TO PROVIDE THE NECESSARY INFORMATION OR FAIL TO ENTER INTO THE CONTEMPLATED LEASE, OWNER SHALL RETAIN THE SAID DEPOSIT AS HOLDING LIQUIDATED DAMAGES TO COVER THE COST OF TAKING AND PROCESSING THIS APPLICATION AND REMOVING THE PROPERTY FROM THE MARKET. Initial \_\_\_\_\_ IN THE EVENT THIS APPLICATION IS NOT APPROVED, OR FOR ANY OTHER REASON FOR WHICH THE OWNER IS RESPONSIBLE AND THE LEASE AGREEMENT IS NOT CONSUMMATED, THIS DEPOSIT WILL BE RETURNED TO APPLICANT. Initial \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE / CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Email: \_\_\_\_\_

**Application Continues to back**

# BRIKEN AND ASSOCIATES

Do you require an assistive or service animal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered YES, more information may be required.

**Please sign below if you do not have a pet**

If you do not own a pet please sign; this states you do not have a pet and will not bring a pet on the property without authorization.

\_\_\_\_\_ Date: \_\_\_\_\_

## Pet Application

Pet Deposit required \$ \_\_\_\_\_ Monthly Pet fee \$ \_\_\_\_\_

Pet's Name: **Pet 1:** \_\_\_\_\_ **Pet 2:** \_\_\_\_\_

Tag # **Pet 1:** \_\_\_\_\_ Tag # **Pet 2:** \_\_\_\_\_ Where Registered? \_\_\_\_\_

What Breed? **Pet 1:** \_\_\_\_\_ Size /Weight \_\_\_\_\_ **Pet 2:** \_\_\_\_\_ Size /Weight \_\_\_\_\_

Age **Pet 1:** \_\_\_\_\_ Male or Female **Pet 2:** \_\_\_\_\_ Male or Female

### **Pet 1:**

- Neutered / Spayed? YES / NO
- Has the pet Ever Bitten Anyone? YES / NO
- Is Your Pet House Trained? YES / NO

### **Pet 2:**

- Neutered / Spayed? YES / NO
- Has the pet Ever Bitten Anyone? YES / NO
- Is Your Pet House Trained? YES / NO

Are all shots Current? \_\_\_\_\_

(NOTE: We must have a copy of the rabies certification on file.)

Will you agree to always have your pet on leash if outside a fenced area? \_\_\_\_\_

Will you kennel your pet if you're not home? \_\_\_\_\_

Animals cannot be chained outside at any time. \_\_\_\_\_

Please bring a photo of your pet to our office or email photo to  
**heather.briken@suddenlinkmail.com**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Briken & Associates Approval

\_\_\_\_\_  
Signature & Date