



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 : _____

TENANT SELECTION CRITERIA

The following requirements must be met in order to become an applicant and to be placed on the waiting list.

1. A completed Application for Occupancy must be turned in along with a \$30.00 non-refundable processing fee per each adult applicant.
2. 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.
3. 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 report, and through discussion with the tenant.
4. Credit references will be obtained on every applicant.
5. Previous landlord will be contacted in order to obtain past payment history and past rental history. Previous Landlord Inquiry will be used.
6. Applicants must be income eligible for the complex as determined by the following: gross monthly debts cannot exceed 33% of applicants' Gross Income.
7. 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.
8. All income and expenses must be verifiable in writing.

Applicants will be rejected due to:

1. A history of unjustified and chronic nonpayment of rent and financial obligations.
2. A negative household budget after all income and financial obligations have been taken into consideration.
3. A history of violence and harassment of neighbors.
4. A history of disturbing the quiet enjoyment of neighbors.
5. 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.
6. Past convictions or arrests on the sale or possession or use of illegal drugs.
7. Income and/or employment that cannot be verified in writing by a qualified third party.
8. Lack of credit needed in order to establish payment history of financial obligations.
9. Giving false or misleading information on the Rental Application.
10. References not being returned from a qualified third party.

NOTE: The property owner DOES NOT carry insurance on your possessions. TENANT MUST OBTAIN RENTERS' INSURANCE.

DATE: _____ SECURITY DEPOSIT: _____ Applicant has deposited herewith the sum of \$ _____ CK/MO# _____ REC. #: _____, receipt of which is hereby acknowledged as a non-interest bearing deposit to be refunded only in the event the application is not approved. **BALANCE OWED: _____ I understand that my security deposit will be deposited immediately and that the property is officially taken off the market. It is assumed by Lessor that all information is correct and truthful; therefore, applicant is considered approved at the taking of said security deposit and the property is considered rented by applicant, excluding any problems that may arise causing applicant to be denied.** If Lessor approves this rental application and applicant fails or refuses to enter into the contemplated lease, owner shall retain 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. **A security deposit is returned only upon application being denied by Lessor.** This application is made with the understanding that it is subject to acceptance by the owner and execution by the parties of the standard lease currently used by the Lessor, which applicant has reviewed as to its terms and conditions. Please allow a maximum of 10 working days to process your application for both credit and character references. The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification of the above statement. This includes a police check. It is understood that the above information will be held in strict confidence. **If falsification of any item is found, the applicant will immediately be rejected.** Applicant understands that the apartment can be held for up to 15 days without charging rent beginning the day that the deposit is taken. Applicant hereby declares that it is their understanding that any lease or other agreement either written or oral, they may enter into is strictly between the Owner or Lessor and themselves; and that BROUSSARD PROPERTIES 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.

MANAGEMENT DISCLOSURE: The premises has been thoroughly cleaned and carpets cleaned upon move-in. The cost of cleaning and carpet cleaning will be automatically withheld from your deposit at the time of move-out, not including any other damages to said premises.

NOTICE: You are responsible to obtain the following information: A pamphlet on Lead Base Paint which may be a problem in buildings constructed before 1978 at <http://www.epa.gov/lead>; a pamphlet on Mold may be obtained at <http://www.epa.gov/iaq/molds/index.html>; the State Sex Offender and Child Predator Registry database can be reached by phone at 1-800-858-0551 or www.lasocpr.lsp.org/socpr/.

BROUSSARD PROPERTIES, LLC, ITS AGENTS/EMPLOYEES, REPRESENT THE INTEREST OF THE PROPERTY OWNER ONLY. THE UNDERSIGNED IS ADVISED TO SEEK INDEPENDENT ADVICE FROM THEIR ADVISORS OR ATTORNEYS BEFORE SIGNING ANY DOCUMENTS IN THIS TRANSACTION.

I have received and read a copy of the Tenant Selection Criteria and understand it fully.

APPLICANT _____

DATE _____

APPROXIMATE MOVE IN DATE _____

RENT _____

ADDRESS OF APARTMENT APPLIED FOR: _____ DATE: _____

RENTAL APPLICATION

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

PERSONAL INFORMATION:

APPLICANT NAME			
	FIRST	FULL MIDDLE/MAIDEN	LAST
AGE	DATE OF BIRTH	PLACE OF BIRTH	
		CITY	STATE
SOCIAL SECURITY#	DRIVER'S LICENSE#	& STATE	ZIP CODE
		HOME#	CELL#
MARRIED	SINGLE	DIVORCED	EDUCATION
			EMAIL
*ARE YOU DISABLED OR HANDICAPPED?		*RACE	*SEX
		(For police report use only)	(For police report use only)
*The Equal Housing Opportunity Act prohibits discrimination in housing because of: Race or color, National origin, Religion, Sex, Familial status, Handicap.			

P. O. BOX (if applicable) _____

RESIDENCE HISTORY:

PRESENT ADDRESS _____ CITY, STATE, ZIP _____
OWNER/MANAGER _____ PHONE NO. _____ HOW LONG AT THIS ADDRESS? _____
AMOUNT OF RENT \$ _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____ CITY, STATE, ZIP _____
OWNER/MANAGER _____ PHONE NO. _____ HOW LONG AT THIS ADDRESS? _____
AMOUNT OF RENT \$ _____ REASON FOR MOVING _____

PERSONS WHO WILL OCCUPY THE APARTMENT. (OVERNIGHT GUESTS WHO FREQUENTLY STAY 3 OR MORE NIGHTS MUST BE NAMED ON THE LEASE)

NAME	SEX	AGE	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH

EMPLOYMENT INFORMATION:

IF LESS THAN ONE YEAR, PREVIOUS EMPLOYMENT INFORMATION IS ALSO NEEDED. PLEASE SEE BELOW.

APPLICANT:
EMPLOYED BY _____ HOW LONG? _____ POSITION HELD _____ SUPERVISOR _____
EMPLOYER'S COMPLETE ADDRESS _____ PHONE NO. _____
SALARY _____

SECOND EMPLOYER _____ HOW LONG? _____ POSITION HELD _____ SUPERVISOR _____
EMPLOYER'S COMPLETE ADDRESS _____ PHONE NO. _____
SALARY _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ POSITION HELD _____ SUPERVISOR _____
EMPLOYER'S COMPLETE ADDRESS _____ PHONE NO. _____
SALARY _____

OTHER INCOME _____ CHILD SUPPORT _____ ALIMONY _____ RETIREMENT PAY _____ GROSS MONTHLY INCOME _____

PERSONAL REFERENCE _____ PHONE NO. _____

IN CASE OF EMERGENCY NOTIFY: NAME _____ PHONE NO. _____
FULL ADDRESS _____ RELATIONSHIP _____

OTHER INFORMATION:

NUMBER OF AUTOMOBILES _____
MAKE _____ YEAR _____ COLOR _____ TAG NUMBER _____
MAKE _____ YEAR _____ COLOR _____ TAG NUMBER _____
WILL THERE BE ANY CHILDREN UNDER 12 YEARS OF AGE LEFT UNATTENDED AT ANY TIME? _____
WILL YOU HAVE ANY MUSICAL INSTRUMENTS? _____ WHAT ARE THEY? _____
DO YOU PLAN TO KEEP A BOAT, TRAILER OR CAMPER ON THE PREMISES? _____
NO PETS ALLOWED. DO YOU HAVE ANY PETS? _____ SPECIFY _____
HAVE YOU EVER HAD ANY SUITS, JUDGMENTS OR COLLECTIONS FILED AGAINST YOU? _____
HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING ELSEWHERE? _____
HAVE YOU EVER HAD A HOUSE OR CAR REPOSSESSED? _____

NOTE: The property owner DOES NOT carry insurance on your possessions. TENANT MUST OBTAIN RENTERS' INSURANCE.
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The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification of the above statement. This includes a police check. It is understood that the above information will be held in strict confidence. **If falsification of any item is found, the applicant will immediately be rejected.** Applicant understands that the apartment can be **held for up to 15 days** without charging rent beginning the day that the deposit is taken. Applicant hereby declares that it is their understanding that any lease or other agreement either written or oral, they may enter into is strictly between the Owner or Lessor and themselves; and that BROUSSARD PROPERTIES 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.
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I have received and read a copy of the Tenant Selection Criteria and understand it fully.

APPLICANT _____	DATE _____	APPROXIMATE MOVE IN DATE _____	RENT _____
FOR OFFICE USE ONLY			
PAID AP FEE _____ DATE _____ BY _____			
PRESENT LANDLORD _____	PREVIOUS LANDLORD _____	CREDIT _____	POLICE _____
EMPLOYER 1 _____	EMPLOYER 2 _____	PREVIOUS EMPLOYER _____	PERSONAL REFERENCE _____
APPROVED BY _____		DATE _____	



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Employment Verification

Place of Employment

Employer's Phone Number

Release of Information

I _____ do hereby authorize the release of this information and give permission to Broussard Properties LLC to verify all information in this form.

Employee's Signature

Date

Is the above mentioned employee newly hired ☐ yes ☐ 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.)? ☐ Yes ☐ 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? ☐ Yes ☐ 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!





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Landlord Reference

Name of Landlord

Address

City State zip

Phone

Printed Name of Applicant _____,

has applied for an apartment with Broussard Properties LLC. We are asking that you provide information regarding this person's tenancy at you property. _____

Address of Leased Unit or Home _____

Release of Information

I, _____ Signature of Applicant _____ on this _____ Date _____ do hereby authorize the release of the information requested below. We need this information returned to us as soon as possible.

- 1) Date of Residency: From _____ to _____
 - 2) Does (did) the tenant permit persons not on the lease to live in the unit? _____
 - 3) What was their monthly rent? _____ Was it paid on time? _____ If late how often? _____
 - 4) Does the tenant owe any money? _____ If so, how much? _____
 - 5) Have you ever started evictions proceedings for non-payment of rent? _____ How often? _____
 - 6) Did you complete eviction proceedings for non-payment of rent? _____
 - 7) Does (did) the tenant keep the unit clean, safe and sanitary? _____
 - 8) Has (did) the tenant, household members or guest damage the unit? _____ If yes, describe the damage _____
 - 9) _____ How often did tenants damage the unit? _____ Did they pay for damages? _____
 - 10) Does (did) tenant, household members or guest damage or vandalize the common areas? _____
 - 11) Does (did) tenant, household member or guest interfere with the rights and quiet enjoyment of the other residents? _____
 - 12) Does (did) tenant, household members or guest create any physical hazards to the complex or other resident? _____
 - 13) Has (had) tenant, household member or guest been engaged in any criminal activity, including drug related criminal activity, in the unit, building or grounds? _____
 - 14) Has (had) the tenant, household member or guest acted in a physically violence and /or verbally abusive manner toward neighbors, landlord or landlord's staff? _____
 - 15) Has (had) this tenant given any false information? _____
- If you have any additional comments, please write them on the back of the page.

Signature of Landlord

Date

Thank you for completing this form and returning it to us!

