



General Instructions And Documents You Will Need

Application instructions:

1. If there is more than one unit you are interested in, that's fine. You can fill in more than one address.
2. Fill out the entire application to the best of your ability. If you do not know an answer, leave it blank and we will help you with it later. If the Application asks for you to fill out an additional form, that's okay, we will provide this later and fill it out with you.
3. A list of available and soon-to-be available units can be found 24 hours a day in the window of our office at 8518 Oak St. The cross St. is Leonidas St..
4. Our website has links to a map where each unit is located as well as an availability list.
5. Rents for our apartments vary but rents are never more than the HUD Fair Market Rents. We do accept Section 8 and DHAP Vouchers.
6. **PLEASE** do your best to drive by and see which apartment or apartments you are interested in before you make an appointment to view the apartment. Our phone number is 504-252-0853.
7. You **WILL** need to present the following documents in order to have a complete application. A home can not be reserved until an application is complete.
 - a. **Copy of Valid Driver's License or State I.D. Card for each household member over 18.**
 - b. **Copy of Social Security Card**
 - c. **Copy of Birth Certificates (Children under 18)**
 - d. **Copy of Social Security Cards (Children under 18)**
 - e. **Copy of SSI, Retirement Benefits, Disability, Pension (if any) and must be within last 90 days.**
 - f. **Section 8 Voucher or Copy of Award Letter (if you have Section 8) Must be Within the Last 90 Days**
 - g. **Proof of Employment! Last 4 Pay Stubs if Employed)**
 - h. **Police Report (Orleans) must have Original Seal within last 90 Days. This item often holds up applications. Can be picked up from the NOPD at Tulane and Broad St.**

RENTAL APPLICATION

Desired Date of Occupancy: _____ Apt. Size _____ Apt. # _____

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide this information. However, if you do not, your tenant application may be delayed or rejected.

Applicant's Name					Present Phone #:
Present Street Address	Apt. #	City	State	Zip	Monthly Rent: \$
Present Community Name			Landlord Phone #:		Length of Residence:
Former Street Address	Apt. #	City	State	Zip	Monthly Rent: \$
Reason For Leaving:			Landlord Phone #:		Length of Residence:

Household Composition (List yourself as # 1.)

	Full Name	Relationship	Age	Social Security #	Date of Birth	Marital Status S/M/W/SEP/D	Full Time Student?
A		Self			____/____/____		[] Yes [] No
B					____/____/____		[] Yes [] No
C					____/____/____		[] Yes [] No
D					____/____/____		[] Yes [] No
E					____/____/____		[] Yes [] No
F					____/____/____		[] Yes [] No

1. Are any household members listed above foster children? [] Yes [] No If yes, who? _____

2. Are any household members listed above live-in attendants? [] Yes [] No If yes, who? _____

3. Are any household members planning to attend school full-time? [] Yes [] No If yes, who? _____

4. Does anyone live with you now who is not listed above? Yes No

5. Does anyone plan to live with you in the future who is not listed above? Yes No

6. Do you anticipate any changes to your household composition in the next twelve months? Yes No

Please explain if you answer "Yes" to any of questions 4-6 above: _____

7. Current Employment Information

Applicant's Name:	Occupation:	Employer's Phone:
Employer:	Salary \$ Per	Employer's Fax:
	# Hours Per Week:	Date Hired:
Name and address of previous employer (if employed at present position less than 2 yrs.)	# of years with previous employer	Employer's Phone:

Spouse's Name:	Occupation:	Employer's Phone:
Employer:	Salary \$ Per	Employer's Fax:
	# Hours Per Week:	Date Hired:
Name and address of previous employer (if employed at present position less than 2 yrs.)	# of years with previous employer	Employer's Phone:

8. If you have no salary, from what source will your rent be paid?

Other Sources of Income

Do you receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source - Employment	Check One	Source - Benefit/Pensions	Check One	Source - Other	Check One
9. Second Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Commissions/Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. AFCD/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each “yes” marked above, please complete the following:

Household Member Name	Amount Received	Source
	\$ Per	
	\$ Per	
	\$ Per	
	\$ Per	
	\$ Per	
	\$ Per	

Household Assets (If total is less than \$5,000, complete Form #8)

Do you have any of the following types of assets? Please mark “yes” or “no” for each type of asset.

Type of Asset	Check One	Type of Asset	Check One	Type of Asset	Check One
24. Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. IRA/Keogh Account*	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Retirement/Pension Fund*	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Life Insurance Policy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	30. Mutual Funds/Stocks*	<input type="checkbox"/> Yes <input type="checkbox"/> No	35. Personal Property Held As Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
		31. Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No		

For each “yes” marked above, please complete the following:

Household Member Name	Type of Asset	Cash value (see note)	Interest asset will earn in next 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Note: *When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash (e.g., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc?) That is the amount to be listed in the “cash value” column.

36. Have you sold any property for less than it is worth within the past two years? (If sale due to bankruptcy, foreclosure, divorce, answer no.) Yes No

If yes, explain. _____

Do you have pets? Yes No
Have you ever been evicted? Yes No
Have you ever been convicted of a crime? Yes No

EMERGENCY CONTACT: _____ **CELL PHONE #** _____

RELATIONSHIP _____

The information provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of income and financial information from my employer and financial references for purposes of income and asset verification related to my application for tenancy. By signing below, I authorize _____ to make inquiries through the Credit Bureau and/or from my employer and other references that I have supplied on this rental application.

Applicant has deposited herewith the sum of \$ _____, with _____ which is hereby acknowledged, to be used at Owner/Agent's discretion and to be refunded as hereinafter provided in the Lease Agreement. In the event this application is approved and applicant fails or refuses to enter into the contemplated Lease Agreement, Owner/Agent may retain the said deposit as liquidated damages to cover the cost of taking and processing this application, removing the property from the market, and holding same for the applicant. In the event the Owner/Agent does not approve this application, this deposit will be promptly returned to the applicant.

This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by an officer of said company and delivery of a lease covering said premises. Please allow a minimum of **5 days** to process your application for both credit and character references. You have no objection to inquiries for the purposes of verification of the above statements. This includes a police check. It is understood that the above information will be held in strict confidence.

Falsification of application information will result in termination of application and/or Lease Agreement. I have been advised and understand that residency at _____ entails certain income restrictions and that residency is subject to qualification. I agree that in addition to a Lease Agreement that I will execute a TENANT INCOME CERTIFICATION attesting to the information contained herein which certification will be made under the penalty of perjury.

_____	_____
Applicant	Date
_____	_____
Spouse	Date

INFORMATION VERIFIED BY: _____

DATE: _____

APPROVED BY: _____ DATE: _____

APPLICANT NOTIFIED BY: _____

DATE: _____

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