

HISTORIC INVESTMENTS, LLC

RENTAL APPLICATION

FAX APPLICATION TO 504-324-4766

Instructions: A separate application must be filled out by each applicant (even if married).
Completely fill out each blank and sign where indicated.
Include a \$25 check to "Historic Investments" for processing.
Call Chris Allen at 504-451-9147 with any questions.

PERSONAL

APARTMENT DESIRED _____ DATE: _____ DATE TO OCCUPY _____
APPLICANT _____ PHONE: (____) _____ Cell
 Home
 Work
MARITAL STATUS: Single Married since (date) _____ EMAIL ADDRESS: _____
BIRTH DATE: _____ SS# _____ DRIVERS LICENSE: State Issued by _____ # _____

ADDRESSES

Present Address _____ City/State _____ Zip _____ Since _____ Rent \$/Month _____
Present Landlord _____ Phone (____) _____ Cell Work
 Home
Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address _____ City/State _____ Zip _____ Since _____ Rent \$/Month _____
Previous Landlord _____ Phone (____) _____ Cell Work
 Home
Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS: Yes No If yes, give details (number, type & size) _____

CARS

Year/Make/Model/Color #1 _____ State _____ Lien _____
License Plate #1 _____ Holder #1 _____
Year/Make/Model/Color #2 _____ State _____ Lien _____
License Plate #2 _____ Holder #2 _____

EMPLOYMENT

EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Dates _____
Address _____ Address _____
City, State _____ Zip _____ City, State _____ Zip _____
Position _____ Work Hours _____ Position _____ Work Hours _____
Work Phone (____) _____ Work Fax (____) _____ Supervisor _____ Phone (____) _____
Supervisor _____ Phone (____) _____ Reason Left _____

INCOME SOURCES

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____

REFERENCES AND CONTACTS

Relative _____ Relation _____ Emergency Contact _____ Relation _____
Address _____ Home (____) _____ Address _____ Home (____) _____
City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
Work (____) _____ Cell Phone (____) _____ Work (____) _____ Cell Phone (____) _____
Non-Relative Reference _____ Phone (____) _____ Non-Relative Reference _____ Phone (____) _____
Address _____ Relation _____ Address _____ Relation _____
City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

CREDIT ACCOUNTS

CREDITORS NAME	ADDRESS	ACCOUNT #	PAYMENT	CURRENT
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? Yes No
Has any signer ever been bankrupt? Yes No
Has any signer ever broken a lease? Yes No
Has any signer ever been sued for eviction? Yes No
Has any signer ever been guilty of a felony? Yes No
Is the total move-in amount available now (rent and deposit)? Yes No

Name in which utilities are now billed and account number _____ # _____

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

A \$25 non-refundable application fee is required for investigation.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT DATE

If you have a question about the interpretation or legality of this form please consult an attorney or other qualified person.