

# HISTORIC INVESTMENTS, LLC

## RENTAL APPLICATION

Instructions: Fax completed application to 504-324-4766 or email to [historicinvestments@cox.net](mailto:historicinvestments@cox.net)  
A separate application must be filled out by each applicant (even if married).  
PRINT NEATLY, completely fill out each blank and sign where indicated.  
Include a \$25 check to "Historic Investments, LLC" for processing.  
Call Chris Allen at 504-451-9147 or Daniel Larkin at 504-655-0500 with any questions.

### PERSONAL

APPARTMENT DESIRED \_\_\_\_\_ DATE: \_\_\_\_\_ DATE TO OCCUPY \_\_\_\_\_  
APPLICANT \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  Cell  Home  
MARITAL STATUS:  Single  Married since (date) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVERS LICENSE: State Issued by \_\_\_\_\_ # \_\_\_\_\_

### ADDRESSES

Present Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Rent \$/ Month \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  Cell  Work  Home Since \_\_\_\_\_

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 \_\_\_\_\_ Rent \$/ Month \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  Cell  Work  Home Dates Occupied \_\_\_\_\_

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) \_\_\_\_\_

### AUTOMOBILES

Year/Make/ \_\_\_\_\_ State \_\_\_\_\_ Lien \_\_\_\_\_

Model/Color #1 \_\_\_\_\_ License Plate #1 \_\_\_\_\_ Holder #1 \_\_\_\_\_

Year/Make/ \_\_\_\_\_ State \_\_\_\_\_ Lien \_\_\_\_\_

Model/Color #2 \_\_\_\_\_ License Plate #2 \_\_\_\_\_ Holder #2 \_\_\_\_\_

### CREDIT ACCOUNTS

CREDITORS NAME	TYPE OF 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

