

Stone Creek Apartments
400 Joseph Street, Slidell, LA 70458
985-781-0149

Lease Application

Who Referred you to us? _____

NAME: Mr./Mrs./Miss _____ Date: _____

Present Address: _____

Telephone No. _____ Date of Birth _____ SS# _____

LIST PERSONS WHO WILL OCCUPY APARTMENT

Name: _____ Relationship _____ DOB / / _____ M / F SS# - - - D/L # _____

Name: _____ Relationship _____ DOB / / _____ M / F SS# - - - D/L # _____

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Name: _____ Relationship _____ DOB / / _____ M / F SS# - - - D/L # _____

PRESENT LANDLORD/MORTGAGE COMPANY

Name and Address: _____

How Long? _____ Monthly Payment _____ Phone Number _____

Why are you Leaving? _____

Previous Landlord & Address: _____

PRESENT EMPLOYER: _____

Address: _____

Position: _____ Nature of Business _____

Phone: _____ How Long? _____ Income: _____ Hr / Mo / Yr _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER: _____

Other Income: Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Spouse's Employer: _____

Address: _____

Position: _____ Nature of Business _____

Phone: _____ How Long? _____ Income: _____ Hr / Mo / Yr _____

BANK ACCOUNTS

Name _____ Checking/Savings Amount \$ _____

Name _____ Checking/Savings Amount \$ _____

CREDIT REFERENCES:

	Amount Owed	Monthly Payment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How many vehicles would you keep at this address (including company cars, boats, campers, etc.)

Make and Model 1. _____ Year _____ Lic # _____ State _____

Of Vehicle 2. _____ Year _____ Lic # _____ State _____

3. _____ Year _____ Lic # _____ State _____

4. _____ Year _____ Lic # _____ State _____

HAVE YOU OR YOUR SPOUSE EVER BROKEN A LEASE OR BEEN EVICTED FROM AN APARTMENT? Yes / No

If yes, explain _____

HAVE YOU OR YOUR SPOUSE EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO

PROPERTY? Yes / No

If yes, explain _____

Desired date of occupancy _____ Lease term preferred 6 months / 1 year _____

In case of emergency, notify _____ Relationship _____
Address _____ Phone _____

The above information is correct to the best of my knowledge. It is understood that the above information will be held strictly confidential. I authorize management to verify the information provided in this application by making the following inquiries: (1) Verification of wages and salary information, (2) Verification of all current and previous places of residence, including payment history and other pertinent information, (3) a current credit inquiry through the credit bureau and/or other references listed on the application. I understand that if the information received from the above listed inquiries do not fall within the guidelines of the admissions standards, as established by the management, that my application may be denied.

Applicant has deposited herewith the sum of \$ _____, the receipt of which is hereby acknowledged. This application is made with the understanding that it is subject to acceptance by the Lessor. The applicant agrees that he shall not have any right to occupy any of the premises of the Lessor until execution by the applicant and by the Lessor of a written lease of a particular apartment to be leased.

The applicant agrees that the aforementioned deposit is not a rental deposit and will not be applied towards any rental payment. THE APPLICANT FURTHER AGREES THAT IN THE EVENT THE APPLICATION IS APPROVED (THE APPROVAL AND THE TIME THEREOF BEING IN THE SOLE DISCRETION OF THE LESSOR) AND THE APPLICANT FAILS OR REFUSES TO ENTER INTO THE CONTEMPLATED LEASE WITHIN 24 HOURS OF THE APPROVAL OF THIS APPLICATION, THE LESSOR SHALL RETAIN SAID DAMAGES AS LIQUIDATED DAMAGES COVERING THE COSTS OF TAKING AND PROCESSING THIS APPLICATION. Applicant will take possession of the apartment by the desired date of occupancy or will forfeit all deposits paid to hold the apartment.

In the event this application is not approved or the lease is not executed for any reason for which the Lessor is responsible, said deposit will be refunded to the applicant.

This application has been reviewed and is / is not approved.

Signature of Applicant(s) _____ Signature of Manager _____
_____ Date Received _____ Time Received _____
