

Grand OAKS APARTMENTS

1601 North Forty Loop
Shreveport, Louisiana 71107
(318) 929-4133 Fax. 929-4999

**RENTAL
APPLICATION**

If for roommate, each co-resident
Must submit an application

Date of Birth _____

Name _____

Social Security # _____

Present Address _____ City _____ State _____

Zip Code _____

Buy _____ Rent _____ Phone # _____

(Apt. Name) _____

(Apt. #) _____ Phone # _____

Marital Status _____ Age _____ Drivers Lic# _____ State _____

Employer _____ Address _____

Phone # _____ Position _____ Monthly Salary _____

Spouse _____ Social Security# _____

Date of Birth _____ Drivers Lic # _____

Spouses Employer _____ Address _____

Phone _____ Position _____ Monthly Salary _____

PETS DESCRIPTION _____

NAMES OF OTHER OCCUPANTS (all persons, excluding applicant to be occupying premises) _____

| Name | Relationship | Age |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

of vehicles to be parked on premises (cars, motorcycles, boats, campers)

Make _____ Year _____ Color _____

Make _____ Year _____ Color _____

Have you ever broken a lease or been evicted from any type housing (Explain) _____

In Case of Emergency _____ Address _____

Phone# _____

Applicant represents that all of the above statements are true and correct & hereby authorizes verification of above information references, credit records & criminal records. Applicant acknowledges that false information herein may constitute grounds for rejection of this application. Termination of right of occupancy, and/or forfeiture of deposits if occupancy has taken place. This application shall become part of the Lease Agreement upon acceptance by Lessor. The amount accepted below has been deposited with Lessor to cover the cost of taking & processing this application & removing the premises from the market & holding same for Applicant(s). In the event this application is disapproved for any reason or should Applicant(s) fail to enter into the contemplated Lease Agreement through no fault of Lessor, Lessor shall retain said deposit as liquidated damages. Should this application be excepted the Security Deposit of \$200.00 must be remitted to Lessor within 2 calendar days after notification by Lessor. Failure to remit said balance will result in a rejection of the application & a forfeiture of the amount receipted below. If applicant does not take move into the apartment on the move in date on the Facts & Figures Sheet the apartment will be held for 72 hours and then put back to be leased.

Applicant _____

Spouse _____

Date of Application _____

Referred by: _____