HAYSTACK APARTMENTS RENTAL APPLICATION

7000 FERN AVENUE

SHREVEPORT, LOUISIANA 71105 (318)797-3629 FAX (318)798-1951

(Each co-resident must submit a separate application)

Date_____ (when form is filled out)

This information is sought to assure the most responsible residents possible and to assist the management in case of emergencies. Your cooperation is appreciated.

1.	Applicant's full name			Present home/cell phone			
2.	Present street address		City, State, Zip				
	Current apartment name			Move-i	n date		
3.	Previous street address		City, St	tate, Zip			
	Apartment name	Apt. #	N	Move-out date _			
4.	Date of birth Sex		Marit	al status			
5.	Social Security No.	Driver's lic	ense state/	number			
6.	Present Employer	Kind of work			How long		
٠.	Address	City.	State, Zip.				
	Monthly income is over Supervisor's name _ Previous employer (immediately before above) Height Weight			Supervisor's	phone		
7.	Previous employer (immediately before above)		Kind of v	vork	How long		
8.	Height Weight	Eve color		- Inc.	Hair color		
9.	Spouse's full name	Date of birth			Sev		
	Spouse's Social Security No.	Date of offin	's license s	tate/number	Sex		
11.	Spouse's present employer Ho Spouse's kind of work Supervisor's name Spouse's height Weight		Address				
	Spouse's kind of work Ho	w long	iddicss	Worl	z nhone		
	Spouse's monthly income Supervisor's name	w long		Supervisor's r	shone		
12	Spouse's height Weight	Eve cole	\r	_ Supervisor s p	Hair color		
12.	List name aga and relationship of all parsons to be occupying to	the premises (inc	n ludina chil	dran ralativas	ate)		
15.	List name, age, and relationship of all persons to be occupying the premises (including children, relatives, etc.). Name Age Relationship						
	Name		Age		Relationship		
	Name		Age		Relationship		
1./	Name		Age	1 b D32	Relationship		
14.	List all vehicles to be parked on the premises by applicant, spou						
	Type vehicle	Yea	r	License no	St	ate	
	Type vehicle	Yea	r	License no	St	ate	
	Type vehicle Kin Will you or other occupants have a pet? Kin	Yea	r	License no	St	ate	
15.	Will you or other occupants have a pet? Kin	nd, weight, breed	, & age				
16.	Why are you leaving your present residence?Have you or your spouse ever been evicted?						
18.	Have you or your spouse ever been sued for nonpayment of rent	t or damages to r	ental prope	erty?			
19.	Have you or your spouse ever been convicted of a felony?		Have you	ever declared b	ankruptcy?		
20.	How were you referred to us? If rental agency, agent's name						
21.	In the event of serious illness or death of resident, this person is	authorized to en	ter apartm	ent and remove	all contents. Notify		
	Home phone			Work ph	one		
	Address City, Sta	ate, Zip		R	elationship		
22.	In the event of serious illness or injury of applicant or applicant	's quests or occu	pants, appl	licant authorizes	owner to summon l	Emergency	
	Medical Service (or its equivalent) at applicant's expense. However, owner shall not be legally obligated to contact physicians or summon						
	EMS (or its equivalent) in the event of serious illness or injury. Owner may contact the following physician						
	City, State						
23.	Permanent mailing address						
	Other information						
	CORRECT INFORMATION						
	The undersigned persons represent that all the above statements are true and complete and hereby authorize verification of such						
	information through all sources including the credit bureau. False information given above shall entitle owner to (1) reject this application,						
	(2) retain the application fee and deposit as liquidated damages for owner's time and expenses of processing this application, and (3)						
	(2) retain the application fee and deposit as inquidated damages for owner's time and expenses of processing this application, and (5) terminate resident's right of occupancy.						
	terminate resident's right of occupancy.						
		<u> </u>	£	-1:4			
	Signature of applicant						
	Signature of co-applicant						
		Signa	iture of co-	-appiicant			
	(For office use only)						
	1. Date applicant and co-applicant were notified of acceptance () or non-acceptance ()						
	2. Notification was by telephone (), letter, copy attached (), or in person ().						
	 Date applicant and co-applicant were notified of acceptance () or non-acceptance (). Notification was by telephone (), letter, copy attached (), or in person (). Names of persons to whom above notice was actually given (applicant and all co-applicants are to be notified) 						
	4. Names of owner's representative who notified above perso						
	5. Deadline for applicant and all co-applicants to sign lease (i		ned)				