

Fleur de Liz Realty
3436 Magazine Street #145
New Orleans, LA 70115



Direct: (504) 606-2829
Office: (504) 222-2345
www.FleurdeLizRealty.com

RENTAL APPLICATION

Apartment Address: _____

Desired Date of Occupancy: ____/____/____ Monthly Rent: \$_____

____ Received from applicant the non-refundable sum of twenty-five dollars (\$25) to pay for tenant screening service

PLEASE PRINT

Applicant's full name _____ Phone _____ DOB _____

Social Security _____ Driver's License: _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Current Landlord's Name _____ Landlord's Phone _____

How long at this address _____

Reason for leaving _____

Previous Address _____ City: _____ State: _____ Zip _____

Previous Landlord's Name _____ Phone _____

How long at this address _____

Reason for leaving _____

Present Employer _____ Position _____

Employer's Address _____ City _____ State _____

Name of Supervisor _____ Phone # _____ How long at job _____

Other Income: Amount _____ Source _____

Name of bank _____ Branch _____ Type of Account _____

Name of bank _____ Branch _____ Type of Account _____

Have you ever been party to an eviction? [] Yes [] No

OTHER PERSONS WHO WILL OCCUPY THIS APARTMENT WITH YOU:

Name: _____

Relationship: _____ Social Security # _____ Age: _____ Sex: _____

Name: _____

Relationship: _____ Social Security # _____ Age: _____ Sex: _____

Name: _____

Relationship: _____ Social Security # _____ Age: _____ Sex: _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Number and type of pets _____

RELEASE OF THE SECURITY DEPOSIT AFTER EXECUTION OF THE LEASE IS SUBJECT TO THE FOLLOWING PROVISIONS:

1. FULL TERM OF LEASE HAS EXPIRED / ALL TERMS OF THE LEASE COMPLIED WITH.
2. NO DAMAGE TO PROPERTY BEYOND NORMAL WEAR AND TEAR.
3. THIRTY DAYS WRITTEN NOTICE WAS GIVEN PRIOR TO LEAVING APARTMENT/PROPERTY.
4. ENTIRE APARTMENT, INCLUDING RANGE, EXHAUST FAN, REFRIGERATOR, BATHROOM, CLOSETS AND CABINETS ARE CLEAN (REFRIGERATOR DEFROSTED).
5. NO STICKERS OR SCRATCHES OR HOLES ON WALLS. ALL BURNED OUT LIGHT BULBS ARE TO BE REPLACED.
6. NO DAMAGE TO CARPET BEYOND NORMAL WEAR AND TEAR.
7. NO UNPAID LATE CHARGES OR DELINQUENT RENTS.
8. ALL KEYS ARE RETURNED.
9. ALL DEBRIS AND RUBBISH AND DISCARDS PLACED IN PROPER RUBBISH CONTAINERS.
10. FORWARDING ADDRESS LEFT WITH OWNER.

IN THE EVENT THE LEASE AGREEMENT IS BROKEN, NO PORTION OF THE DEPOSIT WILL BE REFUNDED.

The cost of labor and materials for cleaning and repairs, and delinquent payments will be deducted from security deposit if the above provisions are not complied with.

Lessor and Lessee acknowledge that the deposit will be held by owner of the property and the return of the deposit is solely between Lessor and Lessee.

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____



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TENANT CREDIT REPORT AUTHORIZATION AND DISCLOSURE FORM

Applicants Name _____

Current Address _____

City/State/Zip _____

Prior Address _____

City/State/Zip _____

Social Security Number _____ Date of Birth _____

Driver's License #/State _____

I authorize Fleur de Liz Realty, LLC to obtain my consumer credit report and public records from CT Credit Bureau and to investigate any personal information on me necessary to arrive at an applicant decision.

Signature _____ Date ____ / ____ / ____

A facsimile or photo copy of this authorization will be deemed authentic and as valid as the original.

CT Credit Bureau: Phone: 949-851-7719 Fax: 877-369-1727 Website: www.CTCredit.net