

Louisiana Rental Application

Applicant Information			
Name:		Phone:	
Date of birth:		Dr License:	
Current address:			
Contact:	Phone:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)	Monthly payment or rent:	How long?	
Previous address:			
Contact:	Phone:		
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Please check)	Monthly payment or rent:	How long?	
Previous address:			
Contact:	Phone:		
Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Please check)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information			
Name:		Phone:	
Date of birth:		Dr. License:	
Current address:			
Child:	Child:	Child:	
(If different) Previous address:			
Contact:	Phone:		
<input type="checkbox"/> Owned <input type="checkbox"/> Rented (Please check)	Monthly payment or rent:	How long?	
Co-applicant Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
Position:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Please check)	Annual income:	
References			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:		Date:	
Signature of co-applicant:		Date:	