



1115 B W. University Avenue  
 P.O. Box 51111  
 Lafayette, LA 70505-1111  
 (337) 236-6207 Fax (337) 236-9055  
[www.broussardproperties.com](http://www.broussardproperties.com)

MONEY ORDER ONLY FOR  
 DEPOSIT & FIRST MONTH RENT

APPLICATION FEE \$30.00  
 APPLICATION VALID 30 DAYS  
 PER PROPERTY APPLIED FOR  
 DATE FEE PAID: \_\_\_\_\_  
 RECEIVED BY : \_\_\_\_\_

**TENANT SELECTION CRITERIA**

The following requirements must be met in order to become an applicant and to be placed on the waiting list.

1. A completed Application for Occupancy must be turned in along with a \$30.00 non-refundable processing fee per each adult applicant.
2. A credit check will be run on every applicant to help determine payment history and current financial obligations. A written report from the Credit Bureau must be obtained and reviewed.
3. A household budget will be worked up on every applicant to determine whether the applicant can meet all of their monthly financial obligations. This information can be obtained from the application, the credit report, and through discussion with the tenant.
4. Credit references will be obtained on every applicant.
5. Previous landlord will be contacted in order to obtain past payment history and past rental history. Previous Landlord Inquiry will be used.
6. Applicants must be income eligible for the complex as determined by the following: gross monthly debts cannot exceed 33% of applicants' Gross Income.
7. Applicants must qualify under occupancy standards as determined by unit size: 1 bedroom: 1-2 2 bedroom: 2-4 3 bedroom: 4-6  
 Written verification by a doctor or other qualified third party of an unborn child can be used when determining eligibility for occupancy standards.
8. All income and expenses must be verifiable in writing.

Applicants will be rejected due to:

1. A history of unjustified and chronic nonpayment of rent and financial obligations.
2. A negative household budget after all income and financial obligations have been taken into consideration.
3. A history of violence and harassment of neighbors.
4. A history of disturbing the quiet enjoyment of neighbors.
5. A history of violations of the terms of previous rental agreements such as the destruction of a unit or failure to maintain a unit in a sanitary condition.
6. Past convictions or arrests on the sale or possession or use of illegal drugs.
7. Income and/or employment that cannot be verified in writing by a qualified third party.
8. Lack of credit needed in order to establish payment history of financial obligations.
9. Giving false or misleading information on the Rental Application.
10. References not being returned from a qualified third party.

**NOTE: The property owner DOES NOT carry insurance on your possessions. TENANT MUST OBTAIN RENTERS' INSURANCE.**

DATE: \_\_\_\_\_ REC. #: \_\_\_\_\_ BAL. \_\_\_\_\_ Applicant has deposited herewith the sum of \$ \_\_\_\_\_ CK/MO# \_\_\_\_\_, receipt of which is hereby acknowledged as a non-interest bearing deposit to be refunded only in the event the application is not approved. **I understand that my security deposit will be deposited immediately and that the property is officially taken off the market. It is assumed by Lessor that all information is correct and truthful; therefore, applicant is considered approved at the taking of said security deposit and the property is considered rented by applicant, excluding any problems that may arise causing applicant to be denied.** If Lessor approves this rental application and applicant fails or refuses to enter into the contemplated lease, owner shall retain the said deposit as liquidated damages to cover the cost of taking and processing this application and removing the premises from the market and holding same for applicant. **A security deposit is returned only upon application being denied by Lessor.** This application is made with the understanding that it is subject to acceptance by the owner and execution by the parties of the standard lease currently used by the Lessor, which applicant has reviewed as to its terms and conditions. Please allow a maximum of 10 working days to process your application for both credit and character references. The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification of the above statement. This includes a police check. It is understood that the above information will be held in strict confidence. **If falsification of any item is found, the applicant will immediately be rejected.** Applicant understands that the apartment can be held for up to 15 days without charging rent beginning the day that the deposit is taken. Applicant hereby declares that it is their understanding that any lease or other agreement either written or oral, they may enter into is strictly between the Owner or Lessor and themselves; and that BROUSSARD PROPERTIES is not liable for any dispute that may arise as to such lease or agreement nor for any default by the Owner or Lessor of such lease or agreement.

**MANAGEMENT DISCLOSURE: The premises has been thoroughly cleaned and carpets cleaned upon move-in. The cost of cleaning and carpet cleaning will be automatically withheld from your deposit at the time of move-out, not including any other damages to said premises.**

**NOTICE: You are responsible to obtain the following information:** A pamphlet on **Lead Base Paint** which may be a problem in buildings constructed before 1978 at <http://www.epa.gov/lead>; a pamphlet on **Mold** may be obtained at <http://www.epa.gov/iaq/molds/index.html>; the State **Sex Offender** and **Child Predator** Registry database can be reached by phone at 1-800-858-0551 or [www.lasocpr.lsp.org/socpr/](http://www.lasocpr.lsp.org/socpr/).

**BROUSSARD PROPERTIES, LLC, ITS AGENTS/EMPLOYEES, REPRESENT THE INTEREST OF THE PROPERTY OWNER ONLY. THE UNDERSIGNED IS ADVISED TO SEEK INDEPENDENT ADVICE FROM THEIR ADVISORS OR ATTORNEYS BEFORE SIGNING ANY DOCUMENTS IN THIS TRANSACTION.**

I have received and read a copy of the Tenant Selection Criteria and understand it fully.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ APPROXIMATE MOVE IN DATE \_\_\_\_\_ RENT \_\_\_\_\_

ADDRESS OF APARTMENT APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**RENTAL APPLICATION**

**APPLICATION VALID 30 DAYS  
PER PROPERTY APPLIED FOR**

**PLEASE FILL OUT AND READ CAREFULLY**

**LEAVING A QUESTION BLANK COULD CAUSE YOUR APPLICATION TO BE VOID OR DENIED.**

**ALL PERSONS OVER 18 YEARS OF AGE IN HOUSEHOLD MUST COMPLETE THEIR OWN APPLICATION.**

**ONLY PERSONS LISTED ON THIS APPLICATION WILL BE ELIGIBLE TO RESIDE IN THE APARTMENT.**

**PERSONAL INFORMATION:**

**APPLICANT NAME** \_\_\_\_\_

AGE \_\_\_\_\_ **FIRST** \_\_\_\_\_ **FULL MIDDLE/MAIDEN** \_\_\_\_\_ **LAST** \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
& STATE \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ EDUCATION \_\_\_\_\_ EMAIL \_\_\_\_\_

\*ARE YOU DISABLED OR HANDICAPPED? \_\_\_\_\_ \*RACE \_\_\_\_\_ (For police report use only) \*SEX \_\_\_\_\_ (For police report use only)

\*The Equal Housing Opportunity Act prohibits discrimination in housing because of: Race or color, National origin, Religion, Sex, Familial status, Handicap.

**P. O. BOX (if applicable)** \_\_\_\_\_

**RESIDENCE HISTORY:**

**PRESENT ADDRESS** \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

AMOUNT OF RENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ PHONE NO. \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

AMOUNT OF RENT \$ \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

**PERSONS WHO WILL OCCUPY THE APARTMENT. (OVERNIGHT GUESTS WHO FREQUENTLY STAY 3 OR MORE NIGHTS MUST BE NAMED ON THE LEASE)**

NAME	SEX	AGE	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH

**EMPLOYMENT INFORMATION:**

**IF LESS THAN ONE YEAR, PREVIOUS EMPLOYMENT INFORMATION IS ALSO NEEDED. PLEASE SEE BELOW.**

**APPLICANT:**

EMPLOYED BY \_\_\_\_\_ HOW LONG? \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYER'S COMPLETE ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SALARY \_\_\_\_\_

SECOND EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYER'S COMPLETE ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SALARY \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_ POSITION HELD \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
EMPLOYER'S COMPLETE ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
SALARY \_\_\_\_\_

OTHER INCOME \_\_\_\_\_ CHILD SUPPORT \_\_\_\_\_ ALIMONY \_\_\_\_\_ RETIREMENT PAY \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**OTHER INFORMATION:**

NUMBER OF AUTOMOBILES \_\_\_\_\_  
MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NUMBER \_\_\_\_\_  
MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

WILL THERE BE ANY CHILDREN UNDER 12 YEARS OF AGE LEFT UNATTENDED AT ANY TIME? \_\_\_\_\_

WILL YOU HAVE ANY MUSICAL INSTRUMENTS? \_\_\_\_\_ WHAT ARE THEY? \_\_\_\_\_

DO YOU PLAN TO KEEP A BOAT, TRAILER OR CAMPER ON THE PREMISES? \_\_\_\_\_

**NO PETS ALLOWED. DO YOU HAVE ANY PETS? \_\_\_\_\_ SPECIFY \_\_\_\_\_**

**HAVE YOU EVER HAD ANY SUITS, JUDGMENTS OR COLLECTIONS FILED AGAINST YOU? \_\_\_\_\_**

**HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING ELSEWHERE? \_\_\_\_\_**

**HAVE YOU EVER HAD A HOUSE OR CAR REPOSSESSED? \_\_\_\_\_**

**NOTE: The property owner DOES NOT carry insurance on your possessions. TENANT MUST OBTAIN RENTERS' INSURANCE.**

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The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification of the above statement. This includes a police check. It is understood that the above information will be held in strict confidence. **If falsification of any item is found, the applicant will immediately be rejected.** Applicant understands that the apartment can be **held for up to 15 days** without charging rent beginning the day that the deposit is taken. Applicant hereby declares that it is their understanding that any lease or other agreement either written or oral, they may enter into is strictly between the Owner or Lessor and themselves; and that BROUSSARD PROPERTIES is not liable for any dispute that may arise as to such lease or agreement nor for any default by the Owner or Lessor of such lease or agreement.

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**APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ APPROXIMATE MOVE IN DATE \_\_\_\_\_ RENT \_\_\_\_\_**

\*\*\*FOR OFFICE USE ONLY\*\*\*  
PAID AP FEE \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_  
PRESENT LANDLORD \_\_\_\_\_ PREVIOUS LANDLORD \_\_\_\_\_ CREDIT \_\_\_\_\_ POLICE \_\_\_\_\_  
EMPLOYER 1 \_\_\_\_\_ EMPLOYER 2 \_\_\_\_\_ PREVIOUS EMPLOYER \_\_\_\_\_ PERSONAL REFERENCE \_\_\_\_\_ APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_



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Employment Verification

Place of Employment \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

**Release of Information**

I \_\_\_\_\_ do hereby authorize the release of this information and give  
 Employee Name  
 permission to Broussard Properties LLC to verify all information in this form.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Is the above mentioned employee newly hired  yes  No

- 1) Employee start date \_\_\_\_\_
- 2) Job title \_\_\_\_\_

**Employment Income**

- 1) Hourly Rate \$ \_\_\_\_\_, Number of hours \_\_\_\_\_ Gross Pay \$ \_\_\_\_\_, Next Pay Date \_\_\_\_\_
- 2) Frequency of pay  Weekly  Bi-weekly  2x month  Monthly

**Extended Leave**

Is the employee on extended leave (maternity, disability, etc.)?  Yes  No  
 The employee returned from and extended leave (maternity, disability, etc.)? on \_\_\_\_\_  
 On what date did the extended leave begin: \_\_\_\_\_

**Temporary/Seasonal Employment**

Is the employee considered to be a temporary hire?  Yes  No  
 If yes, what is the last date of guaranteed employment?  
 If the employee is seasonal, please give:  
 Last day of work before break: \_\_\_\_\_  
 Expected date of return following break: \_\_\_\_\_

I understand that the information I am providing will be used to determine the above-named employee's eligibility for an apartment or house with Broussard Properties LLC.

Employer's Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Print name and Title \_\_\_\_\_

Thank you for completing this form and returning it to us!





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Landlord Reference

\_\_\_\_\_  
 Name of Landlord

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Printed Name of Applicant

has applied for an apartment with Broussard Properties LLC. We are asking that you provide information regarding this person's tenancy at your property. \_\_\_\_\_

\_\_\_\_\_  
 Address of Leased Unit or Home

**Release of Information**

**I, \_\_\_\_\_ on this \_\_\_\_\_ do hereby authorize the release of the information requested below. We need this information returned to us as soon as possible.**

*Signature of Applicant Date*

- 1) Date of Residency: From \_\_\_\_\_ to \_\_\_\_\_
- 2) Does (did) the tenant permit persons not on the lease to live in the unit? \_\_\_\_\_
- 3) What was their monthly rent? \_\_\_\_\_ Was it paid on time? \_\_\_\_\_ If late how often? \_\_\_\_\_
- 4) Does the tenant owe any money? \_\_\_\_\_ If so, how much? \_\_\_\_\_
- 5) Have you ever started evictions proceedings for non-payment of rent? \_\_\_\_\_ How often? \_\_\_\_\_
- 6) Did you complete eviction proceedings for non-payment of rent? \_\_\_\_\_
- 7) Does (did) the tenant keep the unit clean, safe and sanitary? \_\_\_\_\_
- 8) Has (did) the tenant, household members or guest damage the unit? \_\_\_\_\_ If yes, describe the damage \_\_\_\_\_  
 \_\_\_\_\_ . How often did tenants damage the unit? \_\_\_\_\_ Did they pay for damages? \_\_\_\_\_
- 9) Does (did) tenant, household members or guest damage or vandalize the common areas? \_\_\_\_\_
- 10) Does (did) tenant, household member or guest interfere with the rights and quiet enjoyment of the other residents? \_\_\_\_\_
- 11) Does (did) tenant, household members or guest create any physical hazards to the complex or other resident? \_\_\_\_\_
- 12) Has (had) tenant, household member or guest been engaged in any criminal activity, including drug related criminal activity, in the unit, building or grounds? \_\_\_\_\_
- 13) Has (had) the tenant, household member or guest acted in a physically violence and /or verbally abusive manner toward neighbors, landlord or landlord's staff? \_\_\_\_\_
- 14) Has (had) this tenant given any false information? \_\_\_\_\_

If you have any additional comments, please write them on the back of the page.

\_\_\_\_\_  
 Signature of Landlord Date

Thank you for completing this form and returning it to us!

