

Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years and over must submit a separate application.

Spouses may submit a single application.

Date when fill out: _____

<p>ABOUT YOU- Full name (as shown on driver's license or govt. ID card) _____</p> <p>Your street address (as shown on driver's license or govt. ID card) _____</p> <p>Driver's license and state: _____ OR govt. photo ID card #: _____</p> <p>Former last names (maiden and married): _____</p> <p>Your Social Security Number: _____</p> <p>Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you or any occupant have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kind, weight, breed, age: _____</p>	<p>YOUR RENTAL/CRIMINAL HISTORY—Check only if applicable: Have you, your spouse, or any occupant named in the Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> moved out of a dwelling before the end of the lease term without the owner's consent? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been charged, convicted or arrested for a felony, misdemeanor involving a controlled substance, violence to another person, or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? <input type="checkbox"/> been charged detained, arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss your facts before making a decision. <i>You represent the answer is "no" to any item not checked above.</i></p>
<p>Current home address: (where you live now): _____ City, State, Zip _____ Home/cell phone: () _____ Current rent \$ _____ Email address: _____ Name of apartment where you live: _____ Current owner's or managers name: _____ Phone: _____ Date moved in: _____ Why are you leaving your current residence? _____ _____ _____</p>	<p>YOUR SPOUSE- Full name _____ Former last names(maiden and married): _____</p> <p>Spouse's Social Security Number: _____ Your street address (as shown on driver's license or govt. ID card) _____</p> <p>Driver's license and state: _____ OR govt. photo ID card : _____ Former last names (maiden and married): _____ Your Social Security Number: _____ Birthdate: _____ Height: _____ Weight: _____ Sex: _____ Eye Color _____ Hair Color: _____ Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Present employer: _____ Address: _____ City, State, Zip: _____ Work Phone: _____ Position: _____ Gross annual income is over \$ _____ Date you began this job: _____ Supervisor's name and phone: _____</p>
<p>Your previous address: _____ City, State, Zip: _____ Name of owner or manager: _____ Phone: _____ Previous monthly rent? _____ Date you moved in: _____ Date you moved out: _____</p>	<p>OTHER OCCUPANTS— Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on a separate page if more than three:</p> <p>Name: _____ Relationship: _____ Sex: _____ DL or govt ID and state: _____ Birthdate: _____ Social Security # : _____ Name: _____ Relationship: _____ Sex: _____ DL or govt ID and state: _____ Birthdate: _____ Social Security # : _____ Name: _____ Relationship: _____ Sex: _____ DL or govt ID and state: _____ Birthdate: _____ Social Security # : _____</p>
<p>YOUR WORK- Present employer: _____ Address: _____ City, State, Zip: _____ Work Phone: _____ Position: _____ Gross annual income is over \$ _____ Date you began this job: _____ Supervisor's name and phone: _____</p>	<p>YOUR VEHICLES— List all vehicles owned or operated by you, your spouse or any occupants(including cars, trucks, trailers, motorcycles, etc.). Continue on a separate sheet if more than three:</p> <p>Make and color of vehicle: _____ Year: _____ License #: _____ State: _____ Make and color of vehicle: _____ Year: _____ License #: _____ State: _____ Make and color of vehicle: _____ Year: _____ License #: _____ State: _____</p>
<p>Previous employer: _____ Address: _____ City, State, Zip: _____ Work Phone: _____ Position: _____ Gross annual income was over \$ _____ Date you began and ended this job: _____ Previous supervisor's name and phone: _____</p>	<p>EMERGENCY— Emergency contact person over 18, who will not be living with you:</p> <p>Name: _____ Address: _____ City/State/Zip: _____ Work phone: () _____ Home phone () _____ Relationship: _____</p>
<p>YOUR CREDIT HISTORY— Your bank's name, city, state: _____</p> <p>List of major credit cards: _____ Other non-work income you want considered. Please explain: _____ _____ Past credit problems you want to explain. (use separate page)</p> <p>Why you applied here—Were you referred <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom: _____ Name of locator or rental company: _____ _____ Name of individual locator or agent: _____ _____ Name of friend or other person: _____ _____ Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes fill in information below</i> <input type="checkbox"/> On the internet <input type="checkbox"/> Stopped by <input type="checkbox"/> Newspaper (name): _____ <input type="checkbox"/> Rental publication: _____ <input type="checkbox"/> Other: _____</p>	<p>AUTHORIZATION— I or we authorize _____ To obtain separate items from any consumer or criminal record reporting agencies before, during and after tenancy on matters relating to a lease by the above owner, to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employers to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application. Applicant's Signature : _____ Spouse's Signature: _____ Applicant must also sign on the next page of this Application.</p>

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The NAA Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident (s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

Names of all residents who will sign the Lease Contract _____ Name of Owner/Lessor PRG-Trinity Properties, LLC. Property name and type of dwelling (bedrooms and baths) Goodwood Place Apartments Complete Street Address 1331 N. Sherwood Forest City, State, Zip Baton Rouge, LA 70815 Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____ Total number of residents and occupants _____ Beginning date and ending date of Lease Contract _____ Number of days notice for termination 30 Total security deposit \$250.00; Animal deposit \$ _____ Other fees \$ _____ Total monthly rent for dwelling unit \$ _____	Rent to be paid at (check one) <input type="checkbox"/> on-site manager's office or <input type="checkbox"/> at NIGHT DROP BOX Prorated rent for <input type="checkbox"/> first month or <input type="checkbox"/> second month \$ _____ Monthly rental due date 1 Late charges due if rent is no paid on or before the 5 Initial late charge of \$ 100.00; Daily late charge of \$ 0.00 Returned check charge \$ 50.00 <input type="checkbox"/> Check if the dwelling is to be furnished Utilities paid by owner (check all that apply <input type="checkbox"/> electricity, <input type="checkbox"/> gas, <input type="checkbox"/> water, <input type="checkbox"/> wastewater, <input type="checkbox"/> trash, <input type="checkbox"/> cable TV, <input type="checkbox"/> transfer antenna <input type="checkbox"/> You are (check one) <input type="checkbox"/> Required to purchase liability insurance or <input type="checkbox"/> not required to purchase liability insurance. Agreed reletting charge \$ _____ Special provisions regarding parking, storage, etc. (see attached page, if necessary): _____
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Application Agreement

1. Lease Contract Information: The Lease Contract contemplated by the parties is attached-or, if no Lease Contract is attached, the Lease Contract will be the current NAA Lease Contract noted above. Special information and conditions must be explicitly noted on and attached Lease Contract or in the Contemplated Lease Information above.	8. Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us (unless checked): <input type="checkbox"/> a separate Application has been fully filled out and signed by you and each co-applicant, <input type="checkbox"/> an Application fee has been paid to us, <input type="checkbox"/> an Application deposit has been paid to us. <i>If no item is checked, all are necessary for the Application to be considered completed.</i>
2. Application Fee (non-refundable). You have delivered to our representative an application fee in the amount indicated below, and this payment partially defrays the cost of administrative paperwork. <i>It is non-refundable.</i>	9. Non-approval is Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
3. Application Deposits (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. <i>The application deposit is not a security deposit.</i> However, it will be credited toward the required security deposit when the Lease Contract has been signed by all parties, OR it will be refunded by us as liquidated damages if you fail to sign or attempt to withdraw under paragraph 6 or 7.	10. Refund after Non-approval. If you or any co-applicant is disapproved or demand disapproval under paragraph 9, we'll refund all application deposits within 30 days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
4. Approval When Lease is Signed In Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.	11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraph 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
5. Approval when Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.	12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice all co-applicants, and any notice from you or your co-applicant is considered notice from all co-applicants.
6. If you Fail to Sign Lease Agreement After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we mail you our approval. <i>If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.</i>	13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the completed Lease Contract and other rental documents; and (2) all applicants rents and security deposits have been paid in full.
7. If you Withdraw Before Approval. You and any co-applicants may not withdraw your Application or the application deposit if, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.	14. Receipt. Application fee (non-refundable): \$ _____ Application deposit (may or may not be refundable) \$ _____ Other move-in fees (may or may not be refundable) \$ _____ Total of above application fee and application deposit \$ _____ Total amount of money we've received to this date: \$ _____
15. Signature. <i>Our representative's signature is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.</i>	

Acknowledgement. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits, as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel).

Name: _____ Phone () _____

Important medical information in emergency: _____

The Rental Application and the Lease Contract are binding legal documents when signed. Please read them carefully. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties.

Applicant's Signature: _____ Date: _____
 Signature of Spouse: _____ Date: _____
 Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. Apt name or dwelling address (street, city): _____ Unit or type: _____
 2. Person accepting application : _____ Phone: () _____
 3. Person processing application : _____ Phone: () _____
 4. Date that applicant or co-applicant was notified by telephone, letter, or in person of acceptance or non-acceptance:

5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____

6. Name of owner's representative who notified above person (s): _____

Goodwood Place

**Supplemental Rental Application for Units
Under Government Regulated Affordable Housing Programs**

Date: _____

(When this application is filled out)

1. SUPPLEMENTAL INFORMATION. The purpose of this Supplemental Rental Application is to determine whether you *qualify* for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. EMPLOYMENT UPDATE: Present employer: _____

Address: _____ City, State, Zip: _____

Work phone: _____ Position: _____

3. HOUSEHOLD COMPOSITION. List all persons, including yourself, who will be living in your household.

Number of persons	Full name	Relationship	Age	Student Status
1. Head of Household				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A
2.				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A
3.				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A
4.				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A
5.				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A
6.				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain:

Are any of the household members listed above:

Foster children? Yes No

Live in attendants? Yes No

4. ANNUAL INCOME. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Annual Income Source: Indicate whether anyone in your household receives income from any of the following	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc. Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Worker's Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Total				\$

5. ASSETS List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. CERTIFICATION. By signing this Supplemental Rental Application you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employment(s) and any financial institutions where your assets are kept. Do you certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No

7. RECERTIFICATION. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application