

RENTAL APPLICATION

The Muses Apartment Homes
 1740 Baronne Street
 New Orleans, Louisiana 70113
Phone: 504 / 522-2888
Fax: 504 / 522-2810

Date and time Application was submitted

\$50 APPLICATION FEE PER APPLICANT (Non-Refundable)

NOTE: Each co-resident and each occupant 18 or older must submit a separate Application.
 Spouses may submit a joint application.

About You:

Full name, exactly as it appears on driver's license or govt. ID
 Name: _____
 Other names used: _____
 E-Mail Address: _____
 D.L. # and State: _____ S.S.# _____
 Birthday: _____ Height: _____ Weight _____
 Sex: _____ Eye Color: _____ Hair Color: _____
 Marital Status: Single Married Divorced Separated

Current Residence:

Apartment name _____
 Monthly rent: _____ Date you moved in: _____
 Street address: _____ Apt. #: _____
 City / State / Zip: _____
 Home phone: _____ Cell: _____
 Reason for leaving apt: _____
 Apartment manager's name: _____
 Manager's office phone: _____

Previous Residence:

Apartment name: _____
 Monthly rent: _____ Date you moved in: _____
 Street address: _____
 City / State / Zip: _____
 Reason for leaving apt. _____
 Apartment manager's name: _____
 Manager's office phone: _____
 Date Moved Out: _____

Employment:

Current Employer: _____
 Position: _____ Date started: _____
 Employer's phone: _____ Fax #: _____
 Employer's address: _____
 Gross Pay (before deductions): _____
 Supervisor's name: _____
 Full time: Part time: Temp: Military:

Previous Employer: _____
 Position: _____ Date started: _____
 Employer's phone: _____ Fax #: _____
 Employer's address: _____
 Gross Pay (before deductions): _____
 Supervisor's name: _____
 Full time: Part time: Temp: Military:

Your Credit History

Your bank's name: _____
 Street address: _____
 City / State / Zip: _____
 Non-work income you want considered? Please explain. _____

Have you or your spouse ever owned a home? Yes No
 Credit problems you want to explain: _____

Rental and/or Legal History

Please check all that apply.
 Have you, your spouse, or any other occupant listed above ever:
 been evicted or asked to move out?
 declared bankruptcy?
 been sued for nonpayment or rent?
 been arrested for a felony which has not been adjudicated (by dismissal, acquittal or conviction)?
 received deferred adjudication for a felony?
 been convicted of a felony?
 Please indicate the year, location, and type of each felony. _____

 We may need to discuss more facts before making a decision.

About Your Spouse:

Full name, exactly as it appears on driver's license or govt. ID
 Name: _____
 Other names used: _____
 E-Mail Address: _____
 D.L. # and State: _____ S.S.# _____
 Birthday: _____ Height: _____ Weight: _____
 Sex: male / female Eye Color: _____ Hair Color: _____
 Current employer: _____
 Position: _____ Date started: _____
 Employer's phone: _____ Fax #: _____
 Employer's address: _____
 City / State/Zip: _____
 Date hired: _____ Supervisor's name: _____
 Full time: Part time: Temp: Military:
 Total (gross) monthly income: _____

Other Occupants

Names of all adults and children who will stay in the apt.
 1.) Name: _____ Relationship: _____
 Birthday: _____ Sex: male female
 S.S. #: _____ DL or govt. ID #: _____
 2.) Name: _____ Relationship: _____
 Birthday: _____ Sex: male female
 S.S. #: _____ DL or govt. ID #: _____
 3.) Name: _____ Relationship: _____
 Birthday: _____ Sex: male female
 S.S. #: _____ DL or govt. ID #: _____

Your Vehicles

List all vehicles to be parked by you, your spouse, or any occupants. Include cars, trucks, motorcycles, trailers, etc.
 Make and color of vehicle
 Year: _____ License plate #: _____ State registered: _____
 Year: _____ License plate #: _____ State registered: _____

Other Information

1.) Will you or any occupant have an animal? yes no
 Animal's name: _____ Breed: _____
 Weight: _____ Age: _____ Date last vaccinated: _____
 Name of Veterinarian: _____

Other Information Continued. . .

2.) How did you find The Muses Apartment Homes? Please check all that apply:

- www.TheMusesApartments.com Friend named: _____
- Rental agency or locator service Name of service: _____
- Apartment Directory Newspaper (title) _____
- Stopped By Other: _____

Contemplated Lease Contract Information

The Lease Contract to be used will contain the following information. You hereby agree to the following terms.

Names of all residents 18 and over: _____

All residents over 18 must sign lease contract.

Property Name: **The Muses Apartment Homes
1740 Barrone Street
New Orleans, LA 70113**

Type of dwelling (bedrooms and baths): _____

Names of all other occupants not signing Lease Contract (persons under age 18): _____

Total number of residents and occupants: _____

Our consent necessary for guests staying longer than _____ days.

Beginning date and ending date of Lease Contract:

Move in date: _____ Lease ending date: _____

- Rent must commence on above date
 - Number of day notice for termination: 30 Day Notice
 - # of keys access devices unit
 - mailbox remotes
 - Total security deposit: \$ _____
 - Remote/Access card deposit: \$ _____
 - Animal Deposit: \$ _____ Pet Fee: \$ _____
 - **Pet Fee is non-refundable.**
 - Total monthly rent for dwelling unit: \$ _____
 - Rent to be paid at on-sight manager's office or rent drop if office is closed.
 - Prorated rent of \$ _____ for first month rent is due:
-
- Monthly rental due date is on or before the 1st of each month.
 - Late-charge date is the morning of the 6th. Late charge \$100
 - Returned-check fee \$25. PLUS LATE FEES.
 - Animal violation charges: Initial is \$100; Daily Charge is \$10.
 - (Check one): furnished unfurnished
 - Utilities paid by resident: electricity, water, sewer, telephone, and cable TV/internet
 - You will (check one): purchase renter's ins. self-insure
 - Deposit is forfeited if applicant does not move in.
 - Special provisions: _____

Application Agreement

1. **Lease Contract Information.** The Lease Contract contemplated by the parties is described above. The Lease Contract along with Special Provisions and Lease Addendums must be signed by all parties prior to move in.
2. **Application, Administrative & Pet Fee (non-refundable).** You have delivered to our representative an application fee in the amount indicated, and this payment partially defrays the cost of administration paperwork. It is non-refundable
3. **Approval.** When we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval and deposit the required security deposit in the escrow account. If you or any co-applicant fails to take occupancy or decides to withdraw your application after approved, we will retain the security deposit as liquidated damages.
4. **Completed Application.** An Application will not be considered "completed" and will not be processed until all of the following have been provided to us: an Application, fully filled out and signed by you and each co-applicant; application fees, paid to us; an administrative fee, paid to us; paycheck stubs provided to us, or bank statements and tax returns per the published Rental Qualifications". If the application is not completed within forty-eight (48) hours of initial application, the application will not be approved and the deposit will be refunded. The application fee and administrative fee is not refundable.
5. **Non-approval in Seven Days.** We will notify you whether you have 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.
6. **Refund after Non-approval.** If you or any co-applicant is disapproved or deemed disapproved, we will refund the security deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
7. **Notice to or from co-applicants.** Any notice we give you or your co-applicant, and any notice from you or your co-applicant is considered notice from all co-applicants.
8. **Keys or Access Cards.** We will furnish keys and/or access cards only after all parties have signed rental documents, and all applicable rents and security deposits have been paid in full.
9. **Receipt:** Application fee (non-refundable): \$ _____ Administrative Fee (non-refundable): \$ _____ Security Deposit (refundable if applicant is not approved.) \$ _____ Total amount of money received to date: \$ _____
10. **Signature.** 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.

Acknowledgement. You declare that all your statements on 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 and administrative fees 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 attorneys' 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.

Emergency Information: Please list emergency contact person over 18, who will not be living with you.

Name _____ Relationship _____

Address _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

If you are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person, or if you die, you authorize (check one or more):

The above person Your Spouse, and/or Your parent or child to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms and common areas. IF NO BOX IS CHECKED, ANY OF THE ABOVE IS AUTHORIZED AT OUR OPTION. If you are seriously ill or injured, you authorize us to send for an Ambulance at your expense. We are not legally obligated to do so.

This 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. You are entitled to a copy of the Lease Contract after it is fully signed.

Applicant's Signature: _____ Date: _____

Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. **Person accepting application:** _____ Phone: (____) _____
2. **Person processing application:** _____ Phone: (____) _____
3. **Date and method by which applicant or co-applicant was notified by telephone, letter, or in person, of acceptance or non-acceptance:** _____
4. **Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):** _____
5. **Name of owner's representative who notified above person(s):** _____



*****WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW*****