

Caribbean Country View Subdivision

A Patio Home - Tiny House, Senior Living, and Studio Home Community

RENTAL APPLICATION

APPLICANT:

Applicants full name _____ Phone # _____ DOB _____

Email: _____ Email (2): _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Auto Yr _____ Make _____ Model _____ State/License Plate # _____

Rental History:

Current Landlords Name _____ Landlords Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Employment History:

Present Employer _____ Position _____ Mo. Income _____

Phone # _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Miscellaneous:

Have you ever been party to an eviction? [] Yes [] No Ever convicted of a crime? [] Yes [] No

Credit and Financial Information:

Name of bank _____ Branch _____ Type of Account **CHECKING**

Name of bank _____ Branch _____ Type of Account **SAVINGS**

Your gross monthly employment income (before deductions): _____

Average monthly amounts of other income (specify sources): _____ **TOTAL = \$** _____

References and Emergency Contact:

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Additional Occupants:

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

Names and relations of all other applicants _____

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provide in this application from my credit sources, credit bureaus, current and previous landlords and employers and personal references. This permission will survive the expiration of my tenancy.

Signature _____ Date _____

THIS APPLICATION MUST BE BROUGHT TO OUR MAIN OFFICE TO APPLY

ENTERPRISE BUSINESS CENTER

3419 NW Evangeline Thwy

Carencro, LA 70520

Questions: (337) 678-1500 | Office Tel: (337) 565-9105 | TEXT US AT: (337) 280-3363

Office Hours: Monday – Thursday 10AM – 4PM (Closed for Lunch 12:30 – 1:30)