



RENTAL APPLICATION - Equal Housing Opportunity

How did you hear about us _____ AD _____ Yellow pages _____ Referral. If so, name _____ other _____

The undersigned hereby makes an application to rent unit # _____ located at: _____.

Anticipated move date of _____ at a monthly rent of \$ _____, security deposit of \$ _____, last month rent \$ _____ and an application fee JA\$1,000.00/US\$10.00(non-refundable).

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____
TRN # _____
Email Address: _____ (optional) Other Phone () _____
Co-Applicant Name _____ Names of Dependents _____
TRN # _____ No. of person will be living on the said premises _____
Dependents age _____
List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____
Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____ Phone () _____
Previous Address (last 3 years) _____ Rent \$ _____
Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed
Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school : _____.)
If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.
Amount \$ _____ Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Banking:
Name of Bank _____ Type of Account _____
Name of Bank _____ Type of Account _____

Reference:
Name _____ Address _____
Phone _____ Relationship _____

Driver's License:
Your Driver's License Number _____ Parish _____

Vehicle Information:
Make / Model _____ Year _____ License Plate State _____



ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to rent/lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable on the move-in day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application; I warrant that all statements above set forth are true; however, should any statement made above is a misrepresentation or not a true statement of facts, a portion of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ _____ as earnest money to be refunded to me, and an application fee **\$1000.00 non-refundable**; if this application is not accepted in 3 business days. Upon acceptance, the refunded deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a rental/lease for _____ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living.

By signing this form, I hereby acknowledge and agree that HoShing Realtors & Associates to be my sole agent.

The above information is true and correct to the best of my knowledge.

Please sign: X _____ Date _____
Name of Applicant

AUTHORIZATION - Release of Information

I agree to permit an investigation of my credit, tenant history, banking, and employment for the purposes of renting an apartment with this owner/manager.

Name (please print)

X _____ Date _____
Signature

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____ Date _____

OFFICE NOTES:

Landlord name: _____ Landlord Address: _____ Landlord contact # _____

Meter # of said premises: _____



**Customer Information Form
Individual**

Dear Customer,

We are required by law to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

Surname		First Name		Middle Name	
Other Names (including aliases)					
Mother's Maiden Name					
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>					
Date of Birth		Place of Birth		Nationality	
Home Address			Mailing Address (if different from home address)		
Telephone Numbers		Home	Mobile	Work	
Email Address					
Occupation ('businessman/ businesswoman or self-employed' is not acceptable)					
Nature of Business (if self- employed)					
Name of Employer/ Business			Address of Employer/Business		
			Telephone Numbers		Fax:
Identification Type: (DL, PP, Nat ID, Other)			ID Number:		
			Expiration Date:		
Source of Funds					

Tax Registration Number (if driver's licence is not being used)

Have you or any relative or close associate been entrusted with prominent public functions (e.g. Member of Parliament, Senate or Mayor, Senior Government Official, Judiciary, Security Forces) Yes No

If Yes, state the type of public office:

Address:

If Yes to the above give the name and address of spouse and children

Name of Spouse* _____ Address of Spouse _____

Name of Child _____ Address of Child _____

Name of Child _____ Address of Child _____

Name of Child _____ Address of Child _____

*Spouse includes common law husband or wife

Client's Signature _____ Date _____

****this section is only applicable if an agent is completing the form on behalf of the client**

Agent's Last Name

Agent's First Name

Agent's Middle Name:

Agent's Address:

Date of Birth:

Nationality:

Identification Type & Number: (DL, PP, Nat ID, Other) state

Tax Registration Number:

I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can void the application.

Agent's Signature _____ Date: _____

I declare that the information given above has been verified by original documents to ensure the veracity of the information given

Signature of CSR/Compliance

Date

NB: The following documents are require for processing of your transaction

- Power of Attorney or a letter duly notarised (where application submitted by an agent).
- Proof of Address
- Picture identification (customer and agent, where applicable)
- TRN (if a driver's licence is not being used)