

217 NORTH COLLEGE ROAD
LAFAYETTE, LA 70506
PHONE (337) 232-2516
FAX (337) 234-9059

OLD SOUTH REALTY^{INC.}
PROPERTY MANAGEMENT, INC.

RENTAL APPLICATION

Date of Application _____ Leasing Agent: _____
This application is for the property located at _____
Desired date of occupancy _____
Required/Requested Repairs _____
Monthly Rental Rate \$ _____ Security Deposit \$ _____ Term of Lease _____ Six mo. _____ 1 yr.

****APPLICANT MUST VIEW PROPERTY PERSONALLY.**

YOUR APPLICATION WILL ONLY BE PROCESSED IF YOU SUBMIT THE FOLLOWING:

1. A completed and signed application.
2. A non-refundable processing fee of forty-five (\$45.00) must be submitted with this Rental Application. This check should be made payable to Old South Realty Property Management.
3. A separate money order, cashier's check or personal check for your security deposit. This can not be combined with the application fee. Your security deposit will be made payable to: _____ OSR Property Management _____ OR _____ Landlord.
4. **NO CASH!!**
5. Received by _____
6. Date _____ Time _____
7. ALL APPLICATIONS TAKE A MINIMUM OF 24 HOURS TO PROCESS.

This application is preliminary only and does not obligate Landlord and Landlord's agent to execute a lease or deliver possession of the proposed premises. Upon approval by the Landlord of this application, the applicant agrees to sign a lease agreement within three (3) days. In the event this application is disapproved, deposit will be refunded. Application may not be withdrawn pending approval by Landlord or Landlord's representative or all deposits will be forfeited. Security deposit amount \$ _____

INCOME: The applicants gross monthly income must be at least three (3) times the monthly rental amount of the property applied for. Each occupant must qualify independently unless the occupants are married or have a verifiable rental history together. Additional income such as child support, alimony, commissions or tips will require written verification. Paycheck stubs for employees and tax returns for self employed individuals may be required.

Company standard policy allows maximum occupancy of two (2) persons per bedroom. Initials _____

Applicant _____ Date of Birth _____
SS # _____ Driver's License # _____
Co-Applicant _____ Date of Birth _____
SS # _____ Driver's License # _____
Number of Occupants: Adults _____ Children _____ Children's Ages _____
PETS: List any dogs, cats, other animals; All animals must be approved: _____ How many _____
Breed _____ Size/weight _____
NO CHOWS, ROTWEILERS, DOBERMANS OR PIT BULLS WILL EVER BE ALLOWED.
* A non-refundable pet fee in the amount of \$ _____ on all pets allowed.

Rental History: One year of verifiable, satisfactory rental history. Present and previous residence must have prompt payment record and sufficient notice to vacate given to landlord. If renting from a private owner, proof of previous one year of rental payments will be accepted (i.e. copies of canceled checks, money orders or receipts). Negative rental history will be grounds for declining an application.

Present Address _____ City _____
State/Zip _____ Home Phone # _____ Cell Phone # _____
Current Landlord _____ Landlord's Phone # _____
How long at present address: _____ Rent/Mtg. Amount \$ _____
Previous Address _____ City _____ State/Zip _____ How Long? _____
Previous Landlord _____ Phone # _____ Rent/Mtg. Amount \$ _____

EMPLOYMENT: If with current employer less than 3 years, provide prior employment information.

PRIMARY APPLICANT

Current Firm _____ Position _____ Phone # _____
Address _____ City/State _____ Zip _____
Since _____ Base Salary/Wk Mo Yr \$ _____ Supervisor's Name _____ Phone # _____
Past Firm _____ Position _____ Phone # _____
Address _____ City/State _____ Zip _____
Since _____ Base Salary/Wk Mo Yr \$ _____ Supervisor's Name _____ Phone # _____

SECONDARY APPLICANT

Current Firm _____ Position _____ Phone # _____
 Address _____ City/State _____ Zip _____
 Since _____ Base Salary/Wk Mo Yr \$ _____ Supervisor's Name _____ Phone #: _____
 Past Firm _____ Position _____ Phone # _____
 Address _____ City/State _____ Zip _____
 Since _____ Base Salary/Wk Mo Yr \$ _____ Supervisor's Name _____ Phone #: _____

AUTO - LIST ALL VEHICLES TO BE PARKED ON PROPERTY (CARS, TRUCKS, RV'S, BOATS, ETC.)

Type _____ Year _____ Make _____ License _____
 Type _____ Year _____ Make _____ License _____
 Type _____ Year _____ Make _____ License _____

HAVE YOU EVER . . .

Filed for bankruptcy? () Yes () No
 Been evicted from Tenancy? () Yes () No
 Been convicted of or pleaded "no contest" to a felony (whether or not resulting in conviction)? () Yes () No
 Been convicted of or pleaded "no contest" to a misdemeanor involving sexual misconduct? () Yes () No
 Received deferred adjudication for a felony? () Yes () No
 Willfully or intentionally refused to pay rent when due? () Yes () No
 Broken a rental agreement or lease contract? () Yes () No
 Been sued for non-payment of rent or damages to rental property? () Yes () No
 Please state reason for leaving present address _____
 Smoker _____ Non Smoker _____

Comments: _____

NOTICE: The Louisiana Bureau of Criminal Identification and Information maintains a State Sex Offender and Child Predator Registry, which is a public access data base of the locations of individuals required to register pursuant to LSA-R.S. 15:540 et seq. Sheriffs Departments and Police Departments serving jurisdictions of 450,000 also maintain such information. The State Sex Offender and Child Predator Registry database can be accessed at <http://www.lsp.org/socpr/default.html> and contains address, pictures and conviction records for registered offenders. The database can be searched by zip code, city, parish, or by offender name. Information is also available by phone at 1-800-858-0551 or 225-925-6100 or mail at P.O. Box 66614, Mail Slip #18, Baton Rouge, Louisiana, 70896. You can also e-mail State Services at SOCPR@dps.state.la.us for more information.

CLOSEST RELATIVE TO NOTIFY IN EMERGENCY

If you are seriously ill, missing or in jail or penitentiary according to an affidavit of the person listed below, or if you die, you authorize such persons to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

Name/Relationship _____ Address/Phone _____
 Name/Relationship _____ Address/Phone _____

Rent payments are due on the **first of each month**. If necessary, a pro-rated early occupancy can be arranged.

The above information is true and correct. Any falsification or deletion of information will invalidate application. You are hereby authorized to verify by means of a credit report and by contact with the references. Applicant agrees that Landlord or Landlord's agent shall have the right to determine the suitability of any prospective tenant, and to reject an applicant for any reason not prohibited by law. Fair Housing Law states: It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

I have received a copy of this document. _____ (initial here)

Applicant _____ Date _____ Applicant _____ Date _____

FOR OFFICE USE ONLY:

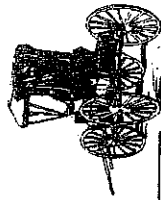
Approved _____ Rejected _____ By _____ Date _____

Comments: _____

Rhino Referral Systems
P.O. Box 60723
Lafayette, LA 70596

Submitting Agency No. L0127P		Submitting Agency Old South Realty		Submitting Agent	
Name (no Initials) Last, First, Middle/Maiden		Address w/Apartment No., City, State, Zip Code			
Age	Date of Birth	Driver's License & Issued State			
Social Security No.		Race/ Sex		Date of Submittal	

Submitting Agency No. L0127P		Submitting Agency Old South Realty		Submitting Agent	
Name (no Initials) Last, First, Middle/Maiden		Address w/Apartment No., City, State, Zip Code			
Age	Date of Birth	Driver's License & Issued State			
Social Security No.		Race/ Sex		Date of Submittal	



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PROPERTY MANAGEMENT, INC.

217 North College Road
Lafayette, LA 70506
232-2516 Phone/234-9059 Fax

Subject Property: _____

Lessee is hereby advised that mold and/or other microscopic organisms may exist at the Subject Property and such microscopic organisms and/or mold may cause physical injuries, including but not limited to allergic and/or respiratory reactions or other problems, particularly in persons with immune system problems, young children and/or elderly persons.

Lessee acknowledges and agrees to accept full responsibility and risk for any matters that may result from microscopic organisms and/or mold and to hold property owner, its officers, employees, agents, heirs, executors, administrators, successors, and any property manager representing the property owner harmless from any liability or damages (financial or otherwise) relating to such matters.

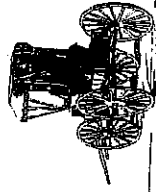
Lessee hereby acknowledges reading this disclosure and release and is aware of the conditions set forth therein. Lessee further acknowledges that he or she has been given the opportunity to inspect the Subject Property for the purpose of determining the presence of mold and / or other microscopic organisms.

This disclosure and release is executed voluntarily and with full knowledge of its significance.

REAL ESTATE BROKERS, AGENTS AND PROPERTY MANAGERS ARE NOT QUALIFIED TO INSPECT PROPERTY FOR MOLD OR MAKE RECOMMENDATIONS OR DETERMINATIONS CONCERNING POSSIBLE HEALTH OR SAFETY ISSUES. THE PURPOSE OF THIS DISCLAIMER IS TO PUT LESSEES ON NOTICE TO CONDUCT THEIR OWN DUE DILIGENCE REGARDING THIS MATTER USING APPROPRIATE QUALIFIED EXPERTS.

Lessee _____ Date _____

Lessee _____ Date _____



SINCE 1978

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The applicant may share, in good faith, a statement of two hundred words or less explaining that the applicant has experienced financial hardship resulting from a state or federally declared disaster or emergency, such as the COVID- 19 pandemic and hurricanes, and how that hardship impacted the applicant's credit, employment, or rental history.

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