

BRIKEN AND ASSOCIATES

Lease Term _____ 4809 Ihles Rd., LAKE CHARLES, LA. 70605 Move In Date _____
Rent Amount _____ 337)439-6030 Fax(337)436-6432 Pro Rate Rent _____

It takes 2 Business Days for application approval-You must provide all information within 2 days or the property will go back on the market for rent.

APPLICATION FOR RENTAL PROPERTY: _____

LAST NAME OF APPLICANT _____ FIRST _____ MIDDLE _____

BIRTHDATE _____ HOME PHONE# _____ CELL# _____ SOCIAL SECURITY# _____

PRESENT ADDRESS _____ CITY _____ STATE _____

LANDLORD/LENDOR _____ RENT/MORTGAGE \$ _____ PHONE# _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____

PRESENT EMPLOYER _____ ADDRESS _____ SALARY _____

POSITION _____ PHONE _____ SUPERVISOR _____ YEARS _____

Please provide at least 1 months worth- Proof of income such as check stubs, direct deposit, bank statements, child support, ssl, etc.

PREVIOUS EMPLOYER _____ ADDRESS _____

PHONE _____ SALARY _____ POSITION _____ YEARS _____

SPOUSE / CO-APPLICANT LAST NAME _____ FIRST _____ MIDDLE _____

BIRTHDATE _____ HOME PHONE# _____ CELL# _____ SOCIAL SECURITY# _____

PRESENT ADDRESS _____ CITY _____ STATE _____

LANDLORD/LENDOR _____ RENT/MORTGAGE \$ _____ PHONE# _____

PRESENT EMPLOYER _____ ADDRESS _____

PHONE _____ SALARY _____ POSITION _____ YEARS _____

HAVE YOU EVER RECEIVED A REQUEST TO VACATE, EVICTED, OR BROKE A LEASE FROM ANY PROPERTY? IF YES, EXPLAIN _____

*IF YOU HAVE NO SALARY, FROM WHAT SOURCE WILL YOU PAY RENT? _____

PET(S) _____ BREED(S) _____ WEIGHT _____

OTHER PERSON WHO WILL OCCUPY THIS PROPERTY WITH YOU:

NAME _____ RELATIONSHIP _____ AGE _____ SEX _____

NAME _____ RELATIONSHIP _____ AGE _____ SEX _____

NAME _____ RELATIONSHIP _____ AGE _____ SEX _____

NAME _____ RELATIONSHIP _____ AGE _____ SEX _____

IN CASE OF EMERGENCY, NOTIFY: NAME _____ RELATIONSHIP _____ PHONE _____

HOW MANY AUTO, BOATS, OR TRAILERS WOULD YOU KEEP AT THIS ADDRESS?

MAKE OF AUTO _____ YEAR _____ COLOR _____ LICENSE _____

MAKE OF AUTO _____ YEAR _____ COLOR _____ LICENSE _____

MAKE OF AUTO _____ YEAR _____ COLOR _____ LICENSE _____

****PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE****

The applicant (and co-applicant, if any) hereby acknowledges and agrees that this is a lease application only and is subject to approval by management. The applicant (and co-applicant, if any) hereby certifies that the information contained in the lease application is true and correct. Applicant (and co-applicant, if any) has no objection to inquiries for the purpose of verification of the above.

IN THE EVENT THE APPLICATION IS PROCESSED AND APPLICANTS FAIL OR REFUSE TO PROVIDE THE NECESSARY INFORMATION OR FAIL TO ENTER INTO THE CONTEMPLATED LEASE, OWNER SHALL RETAIN THE SAID DEPOSIT AS HOLDING LIQUIDATED DAMAGES TO COVER THE COST OF TAKING AND PROCESSING THIS APPLICATION AND REMOVING THE PROPERTY FROM THE MARKET. Initial IN THE EVENT THIS APPLICATION IS NOT APPROVED, OR FOR ANY OTHER REASON FOR WHICH THE OWNER IS RESPONSIBLE AND THE LEASE AGREEMENT IS NOT CONSUMMATED, THIS DEPOSIT WILL BE RETURNED TO APPLICANT. Initial

Applicant has deposited herewith the sum of \$ _____, receipt of which is hereby acknowledged as a non-interest bearing deposit (and not as a rental payment) to be refunded as hereinafter provided in the lease agreement.

SIGNATURE OF APPLICANT _____ DATE _____

SPOUSE / CO-APPLICANT _____ DATE _____

Email: _____

BRIKEN AND ASSOCIATES

Do you require an assistive or service animal? Yes _____ No _____
If you answered YES, more information may be required.

Please sign below if you do not have a pet

If you do not own a pet please sign; this states you do not have a pet and will not bring a pet on the property without authorization.

Date: _____

Pet Application

Pet Deposit required \$ _____ Monthly Pet fee \$ _____

Pet's Name: **Pet 1:** _____ **Pet 2:** _____

Tag # **Pet 1:** _____ Tag # **Pet 2:** _____ Where Registered? _____

What Breed? **Pet 1:** _____ Size /Weight _____ **Pet 2:** _____ Size /Weight _____

Age **Pet 1:** _____ Male or Female Age **Pet 2:** _____ Male or Female

Pet 1:

- Neutered / Spayed? YES / NO
- Has the pet Ever Bitten Anyone? YES / NO
- Is Your Pet House Trained? YES / NO

Pet 2:

- Neutered / Spayed? YES / NO
- Has the pet Ever Bitten Anyone? YES / NO
- Is Your Pet House Trained? YES / NO

Are all shots Current? _____
(NOTE: We must have a copy of the rabies certification on file.)

Will you agree to always have your pet on leash if outside a fenced area? _____

Will you kennel your pet if you're not home? _____

Animals cannot be chained outside at any time. _____

Please bring a photo of your pet to our office or email photo to jamie@briken-associates.com

Print Name

Signature & Date

Briken & Associates Approval

Signature & Date