

FIRST WORTHING COMPANY APPLICATION FOR RENTAL

Each co-resident and each occupant over 18 must submit a separate application

Date when filled out: _____ / _____ / _____

NAME _____
LAST FIRST MIDDLE JR/SR MAIDEN NAME

D. L. # _____ STATE _____ BIRTHDATE _____ / _____ / _____ SS # _____

MARITAL STATUS ? Single ? Married ? Divorced ? Separated

SPOUSE'S NAME _____
LAST FIRST MIDDLE JR/SR MAIDEN NAME

D. L. # _____ STATE _____ BIRTHDATE _____ / _____ / _____ SS # _____

PRESENT ADDRESS ? Apartment ? Lease Home ? I Own Home Home Telephone _____

STREET ADDRESS APT. # CITY STATE ZIP Bus. Telephone _____

Name of Apartments _____ Apartments Office Telephone # _____
(If home, give owners name(s). If you own home give Mortgage Company name and acct. numbers.)

I have lived at the above address from _____ / _____ / _____ to _____ / _____ / _____ Monthly Rental Payment \$ _____

Name on the above lease _____

APPLICANT'S EMPLOYMENT

Current Employer _____
COMPANY NAME ADDRESS TELEPHONE #
YOUR TITLE DEPARTMENT \$ GROSS MONTHLY INCOME From _____ / _____ / _____ to _____ / _____ / _____

Previous Employer _____
COMPANY NAME ADDRESS TELEPHONE #
YOUR TITLE DEPARTMENT \$ GROSS MONTHLY INCOME From _____ / _____ / _____ to _____ / _____ / _____

PERSONAL DESCRIPTION

Ht _____ Wt _____ Hair _____ Eyes _____ Car/Truck License # _____ Year _____ Make / Model _____

CRIMINAL HISTORY

A criminal background check will be performed on all leaseholders and occupants aged 18 and over. Applications will be rejected for felonies, misdemeanor convictions (excluding DWI or DWLS), or crimes against persons.

EMERGENCY CONTACT

 Emergency contact person over 18, who will not be living with you:

Name _____ Relationship _____ Home Telephone _____
Telephone _____

STREET ADDRESS APT. # CITY STATE ZIP

If you become seriously ill or are missing according to an affidavit of the person listed above, or if you die, you authorize (check one or more): ? your spouse, and/or ? your parent to enter your dwelling to remove and store all contents, as well as your property in the mailbox, storerooms, and common areas. In case you become seriously ill or are injured, you authorize us to send for an ambulance at your expense. We are not legally obligated to do so.

If you become seriously ill or are injured, what doctor may we notify?

Name _____ Telephone _____

STREET ADDRESS SUITE # CITY STATE ZIP

Important medical information in emergency: _____

We are not responsible for providing the above to doctors or emergency personnel.

APPLICATION AGREEMENT

Applicant's Initials _____

You may, in writing, cancel the lease until seven (7) days after the date of the Application. Owner's Representatives Initials _____

If you give us written notice of your cancellation on or before the 7th day, we will refund you the security deposit and administrative processing fee, but not the application fee. If you cancel after the 7th day, you will be in violation of the lease and responsible for the entire lease term. We may retain your deposit and apply it to any amounts you owe under the lease.

After the 7th day, we have the right to terminate the lease if, for any reason, we later reject this Application or any guaranty (although in such case we will refund the security deposit and administrative processing fee but not the application fee).

PROCESSING FEES

In order to process your application and prepare your lease documents, you agree to pay the following fees when you submit this application for review:

Nonrefundable Application Fee: \$35.00 per applicant

Administrative Processing Fee: \$50.00 per applicant

AUTHORIZATION

I or we authorize The Venue at Northgate/First Worthing Company to verify the above information by all available means. Owner is not required to re-verify or investigate preliminary findings.

Applicant's signature _____

Spouse's signature _____

FOR OFFICE USE ONLY

Community The Venue at Northgate, 262 West State Street, Baton Rouge, LA 70802

Apartment # or type _____ Monthly Rent \$ _____ Prorated Rent \$ _____

Deposit Required ? \$200.00 per applicant Move In Date _____

Approved By _____ Date _____

Date that applicant/co-applicant was notified by ? phone, ? letter, ? person of ? acceptance or ? non-acceptance: _____ / _____ / _____

CONTEMPLATED LEASE CONTRACT INFORMATION

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The blanks in the lease contract will contain the following information:

Your name who will sign Lease Contract _____

Name of Landlord The Venue at Northgate / First Worthing Co mpany

Property name and type of dwelling (bedrooms and baths) The Venue at Northgate Type BR BA

Complete street address 262 West State Street

City / State / Zip Baton Rouge, LA 70802

Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc)

Total number of residents and occupants _____;

Our consent necessary for guests staying longer than FIVE days in a thirty day period;

Beginning date and Ending date of Lease Contract _____

Total security deposit \$? 200.00 per applicant

Total monthly rent for dwelling unit \$ _____ plus incidental charges and sales taxes;

Rent to be paid at on-site manager's office;

Monthly parking (if any) \$ _____;

Monthly rental due date 1st day of month _____;

Late-charge date 4th day of month _____;

Initial late charge \$30.00 _____; Daily late charge \$5.00 from 5th of month, maximum charge \$100.00 per month;

Pet Addendum ? Yes ? No Pet Deposit \$ \$400.00; Pet Fee \$ 400.00; Pet Rent \$ 20.00

(Check one): ? Furnished or ? Unfurnished;

Utilities paid by owner (check all that apply): ? electricity, ? gas, ? water, ? waste water, ? trash, ? cable TV, ? master TV antenna;

You will (check one): ? buy insurance or ? self-insure;

Agreed reletting charge \$ _____ (not to exceed 85% of one (1) month's rent);

ACKNOWLEDGEMENT. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify this information through all available means, including credit reports, consumer reports and rental history reports, by we're not required to verify or investigate any preliminary findings. If you've failed to answer any question or if you have given any false information, (1) we're entitled to reject this Application, (2) retain all processing fees and deposits as liquidated damages for our times and expense, and (3) terminate any right you have to lease the apartment, or (4) if you have signed the Lease, it will be a violation of the Lease. In any lawsuit relating to this Application, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the losing party. We reserve the right to furnish information to consumer reporting agencies and other rental housing owners about the performance of our residents on their Lease obligations. This information may be reported at any time and include both favorable and unfavorable information regarding your compliance with the Lease, the rules, and your financial obligations.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Signature of Owner's Representative _____ Date _____

FOR OFFICE USE ONLY	
1. Apartment name or dwelling address (street, city) <u>The Venue at Northgate, 262 West State Street, Baton Rouge, LA 70802</u>	Unit # or Type _____
2. Person accepting application _____	Phone <u>(225) 381-2990</u>
3. Person processing application _____	Phone _____
4. Date that applicant or co-applicant was notified by ? telephone, ? letter, or in person of ? acceptance or ? non-acceptance; _____ / _____ / _____	
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants) _____	
6. Name of owner's representative that notified above person(s) _____	