



## APPLICATION CHECK-LIST

- \_\_\_\_\_ **Application** (All forms completed and signed.)
  
- \_\_\_\_\_ **Background Check Form** (Completed and signed by each adult.)
  
- \_\_\_\_\_ **Picture ID** (e.g. – Driver's License, State ID, Military ID)
  
- \_\_\_\_\_ **Rental Verification Form** (Signed form is used to verify current/prior rental history. If a home owner, please provide proof of ownership)
  
- \_\_\_\_\_ **Employment Verification Form** (Signed form is used to verify employment history)
  
- \_\_\_\_\_ **Bank Statement** (Most recent bank statement as proof of account)
  
- \_\_\_\_\_ **Paycheck Stub** (Most recent paycheck stub or offer letter (if new hire) as proof of employment and income)
  
- \_\_\_\_\_ **Application Fee** (Cash, credit, or debit card – no personal checks)  
\$50.00 – Individual  
\$80.00 – Married  
\$40.00 – For each additional occupant 18 and older

Please fill out the entire application and return the above items with your application fee.

# APPLICATION FOR RENTAL AND DIRECTIVES AGREEMENT



**PERSONAL** (Please Print)

DATE \_\_\_\_\_ DATE UNIT WANTED \_\_\_\_\_ APPLICANT E-MAIL ADDRESS \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ STATE DRIVERS LIC. # \_\_\_\_\_ S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ STATE DRIVERS LIC. # \_\_\_\_\_ S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PRESENT LANDLORD: NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**EMPLOYMENT**

APPLICANT EMPLOYMENT: FIRM \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG? \_\_\_\_\_ POSITION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SPOUSE EMPLOYMENT: FIRM \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG? \_\_\_\_\_ POSITION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

APPLICANT TAKE HOME PAY \_\_\_\_\_ SPOUSE TAKE HOME PAY \_\_\_\_\_ OTHER INCOME \_\_\_\_\_ SOURCE \_\_\_\_\_

APPLICANT PREVIOUS EMPLOYER \_\_\_\_\_ FIRM \_\_\_\_\_ ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_ POSITION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HAVE YOU EVER WORKED AT JIMMY SWAGGART MINISTRIES? \_\_\_\_\_ DATE \_\_\_\_\_ POSITION \_\_\_\_\_

**CREDIT REFERENCES**

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ CHECKING # \_\_\_\_\_

SAVINGS \_\_\_\_\_ BRANCH \_\_\_\_\_ SAVINGS # \_\_\_\_\_

CREDIT REFERENCES: (Charge Accounts, Loans, Contract Purchases, etc.)

1. \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NAMES AND AGES OF OTHER PERSONS TO OCCUPY UNIT**

NAME _____	AGE _____	YR. _____	MAKE _____	LIC. # _____	STATE _____
NAME _____	AGE _____	YR. _____	MAKE _____	LIC. # _____	STATE _____
			OTHER VEHICLES _____		

**AUTOMOBILES**

**EMERGENCY NOTIFICATION**

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ AREA CODE & TELEPHONE \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ ADDRESS: CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE & TELEPHONE \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY AND CREDIT STANDING.

APPLICANT'S SIGNATURE \_\_\_\_\_ SPOUSE'S SIGNATURE \_\_\_\_\_

BY: \_\_\_\_\_ JIMMY SWAGGART MINISTRIES TELEPHONE \_\_\_\_\_ APPLICATION APPROVAL DATE \_\_\_\_\_



# DIRECTIVES

1. No pets are allowed in the rooms or the building.
2. No aquariums or water beds without the written consent of Management.
3. Management reserves the right to limit the number of people in each suite, and Tenant agrees not to permit same to be occupied by any persons other than those listed on the application. Written permission is required if any guest remains more than fourteen (14) days.
4. Tenant hereby agrees not to permit any acts to be done on said premises which violate any law, rule, or regulation.
5. Doors of tenants' dwellings should be kept locked. Tenant shall notify Management in writing if locks fail to operate. Management will not be liable or responsible in any way for loss or damage to articles/property belonging to Tenant. Tenant should maintain fire and theft insurance for his/her property.
6. Tenant agrees to report immediately, in writing, all malfunctions of any equipment, failure of essential services, or need for repair. Tenant shall not tamper with the furnace, refrigerator, locks, entrance of hall doors, lights or appliances, or make any alterations on premises.
7. Management shall not be liable for damages of any kind caused by the lack of heat, refrigeration, or other services to the premises arising out of accidents/acts of God/occurrences beyond control of Management.
8. Tenant may feel free to redecorate the interior of his/her suite, providing same is approved in advance by Management. Likewise, Tenant will not be allowed to alter any suite without the advance approval of Management.
9. Tenant will be expected to operate any/all devices such as a television, stereo, radio, etc. at a respectable and acceptable level of sound at all times.
10. Tenant will be responsible for removal of his/her own garbage by using the trash chutes provided by Management.
11. Management will provide a lockable mailbox for the exclusive use of the Tenant.
12. No smoking and no drinking of alcoholic beverages will be allowed in the building or on the grounds.
13. Management will provide 24-hour monitoring by on-site security.
14. Management reserves the right to cancel any rental, for any reason, with a 30-day written notice.
15. Rentals will be on a month-to-month basis unless otherwise specified. Tenant is required to pay one (1) month's rent in advance. There will also be a security deposit of \$500 required, to be held in reserve for use in the event of damage to a suite, etc. The amount of deposit is subject to change.
16. All suites, unless otherwise specified, are furnished.
17. Electricity, water, and sewage utilities are paid

by Management.

18. All suites have mini-blinds; however, Tenant may hang draperies, if desired, at his/her own expense.
19. Thirty (30) days written notice is required for vacating (any rental unit); said unit must be left in as good, or better, condition than when rented or the security deposit will be totally forfeited.
20. Coin-operated laundry facilities are provided on the 1st floors.
21. The first floor Community Room is available to all tenants and may be reserved for private functions by scheduling with the building manager and agreeing to specific guidelines set for such functions.
22. Any visitor with children is expected to maintain order in the halls, etc.
23. Any ministry of Family Worship Center (youth groups, senior citizens' groups, or any other church organization) is open to all tenants. Likewise, all tenants are welcome to attend any Family Worship Center and WEBC&S services.
24. There will be a fee of \$50 for calls considered to be routine maintenance and/or trouble calls made after 5:00 p.m., Monday through Friday, or on weekends.
25. Any goods, chattels, motor vehicles, or property left on the premises more than thirty (30) days after termination of tenancy by any means, shall be considered abandoned and may be disposed of as provided by law.
26. All rent is due on the first of each month; however, there is a five (5) day grace period. After the fifth, a \$25 per day late charge will be added.
27. No co-ed living in our building.
28. Management reserves the right to allow maintenance to enter rooms, suites, and apartments for routine checks, maintenance repairs, and for regular pest control.
29. We do not accept cash for payment of rent. All rent and deposits must be paid by credit card, check, or money order.
30. Security deposits received are non-interest bearing.
31. Management shall not be liable or responsible in any way for loss or damages of any kind to motor vehicles/goods/chattels/property on the parking lot or premises arising out of accidents/acts of God/occurrences beyond the control of management.

---

APPLICANT/TENANT

---

APPLICANT/TENANT

---

DATE



To: From: Adam Brown - Manager
Fax: Pages:
Phone: Date:
Re: CC:

Urgent For Review Please Comment Please Reply Please Recycle

LANDLORD SECTION
(THIS FORM WILL BE FAXED TO PREVIOUS LANDLORD FOR COMPLETION)

Name: Are they on a lease? Y N
Name: Is lease in their name? Y N
Rented from: to Monthly Rent: \$
Were there any late payments? Y N How Many?
Were there any NSF checks? Y N How Many?
Has there been any noise, trash, or other nuisance complaints? Y N
If yes, explain?
Is there a pet(s) in the apartment? Y N If Yes, What Type?
Have you received proper notice? Y N Is a lease being broken? Y N
Any damage to apartment? Y N If yes, list the nature and amount of damages:
Is this resident under eviction? Y N Will deposit be refunded? Y N
Have you ever filed eviction proceedings against this resident? Y N
If Yes, For What Reason/When?
If qualified, would you rent to this resident again? Y N
Additional Comments:
Apartment Community:

Verified by Title

APPLICANT RELEASE
(TO BE SIGNED BY APPLICANT)

I grant my current/previous landlord permission to release any information needed to verify my rental application to Bluebonnet Towers Apartments.

Applicant Name (Print) Co-Applicant Name (Print) Community Name
Applicant Signature Co-Applicant Signature Apartment #



**To:** \_\_\_\_\_ **From:** **Adam Brown - Manager**

---

**Fax:** \_\_\_\_\_ **Pages:** \_\_\_\_\_

---

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**Re:** \_\_\_\_\_ **CC:** \_\_\_\_\_

---

Urgent    For Review    Please Comment    Please Reply    Please Recycle

**EMPLOYER SECTION**  
**(THIS FORM WILL BE FAXED TO EMPLOYER FOR COMPLETION)**

Please verify the length of employment and salary for the above person. Signed authorization is below. Any comments are welcome. Please return this form by fax or email at your earliest convenience. Thank you for your time.

Hire/Start Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
Verified by

\_\_\_\_\_  
Title

**APPLICANT RELEASE**  
**(TO BE SIGNED BY APPLICANT)**

I grant my employer permission to release any information needed to verify my rental application to Bluebonnet Towers Apartments.

Sincerely,

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature



**TENANT BACKGROUND SCREENING – CONSUMER REPORT – INVESTIGATIVE CONSUMER REPORT REQUEST,  
AUTHORIZATION, CONSENT AND RELEASE**  
(PLEASE TYPE OR PRINT)

\_\_\_\_\_  
**LAST NAME                      FIRST NAME                      MIDDLE NAME                      SUFFIX (Jr., Sr. II, etc.)**

I understand that in conjunction with my application to lease a residential apartment from **Bluebonnet Towers Apartments, Bluebonnet Towers Apartments**, will use the services of an outside agency to research and verify the information that I have provided on my application to lease a residential apartment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **Bluebonnet Towers Apartments, Bluebonnet Towers Apartments**, uses **VeriFirst, Background Screening, LLC.** a consumer-reporting agency, as an agent to perform Tenant background verifications, and provide Consumer Reports and Investigative Consumer Reports.

**VeriFirst, Background Screening, LLC.** will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to **Bluebonnet Towers Apartments, and VeriFirst, Background Screening, LLC.** I further request, authorize and consent to the procurement of a Consumer Report by **Bluebonnet Towers Apartments, and VeriFirst Background Screening, LLC.** as part of the **Bluebonnet Towers Apartments** tenant screening background investigation.

I request, authorize and consent to the procurement of an Investigative Consumer Report by **Bluebonnet Towers Apartments, and VeriFirst Background, Screening, LLC.** as part of the **Bluebonnet Towers Apartments** tenant screening investigation. I understand that the Investigative Consumer Report may contain information about my background, mode of living, character, personal characteristics and general reputation. In accordance with the Fair Credit Reporting Act, 15 U.S.C. §§ 1681-1681u, **Bluebonnet Towers Apartments**, will notify me prior to and after taking adverse action against me such as refusing to rent or lease a dwelling or requiring increased security deposits as a pre-condition to the rental based on information obtained from a consumer report or any other action adverse to the my interests. I understand that if I request from **VeriFirst Background, Inc.** within 60 days, upon notification by my **Bluebonnet Towers Apartments** that Adverse Action has been taken by my **Bluebonnet Towers Apartments**, I will be given a full an accurate disclosure as to the nature and scope of all information provided to **Bluebonnet Towers Apartments**, including the substance of all information in its files on me at the time of my questions, sources of information and the recipients of any reports on me which **VeriFirst, Background, Screening, LLC.** has previously furnished within the last two years preceding my request. I further understand that when requesting a copy of the Investigative Consumer Report and/or the Consumer Report, proper identification will be required and I should direct my request to **VeriFirst Background Screening, LLC.**, 301 Lacey Street, West Chester, Pa. 19382, (Phone: 888-840-8102).

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby Release, **Bluebonnet Towers Apartments**, and its employees, and/or agents and/or representatives, **VeriFirst Background, Screening LLC.** and its employees, and/or agents and/or representatives and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or the Release of any of the above mentioned information or reports.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**



# BLUEBONNET TOWERS *Apartments*

Adam Brown - Manager  
7410 Bluebonnet Blvd.  
Baton Rouge LA 70810-1600

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number      \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth      \_\_\_\_\_  
Driver's License No.      State

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How Long At Address

Current Phone Number: \_\_\_\_\_

Former Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How Long At Address

Former Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How Long At Address

Former Address: \_\_\_\_\_  
Street      Apt.#      City      State      Zip Code      How Long At Address

**DISCLAIMER:**

**THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. VERIFIRST, BACKGROUND SCREENING, LLC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. VERIFIRST, BACKGROUND SCREENING, LLC MAKES NO EXPRESS NOR IMPLIED WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS. PLEASE SEEK THE ADVICE OF LEGAL COUNSEL REGARDING YOUR DUTIES AND OBLIGATIONS UNDER THE FAIR CREDIT REPORTING ACT AND OTHER FEDERAL AND/OR STATE LAWS.**