

Caribbean Country View Subdivision

A Tiny House, RV Parking, and Studio Home Community

RENTAL APPLICATION

APPLICANT:

Applicants full name _____ Phone # _____ DOB _____
Social Security # _____ Drivers License # _____ State _____ Exp. _____
Current Address _____ City _____ State _____ Zip _____
Auto Yr _____ Make _____ Model _____ State/License Plate # _____

Rental History:

Current Landlords Name _____ Landlords Phone # _____
How long at this address _____ Reason for leaving _____
Previous Address _____ City _____ State _____ Zip _____
Previous Landlords Name _____ Phone # _____
How long at this address _____ Reason for leaving _____

Employment History:

Present Employer _____ Position _____ Mo. Income _____
Phone # _____ How long at job _____ Other income/source _____
Employers Address _____ City _____ State _____

Miscellaneous:

Have you ever been party to an eviction? [] Yes [] No Ever convicted of a crime? [] Yes [] No

Credit and Financial Information:

Name of bank _____ Branch _____ Type of Account **CHECKING**
Name of bank _____ Branch _____ Type of Account **SAVINGS**

Your gross monthly employment income (before deductions): _____
Average monthly amounts of other income (specify sources): _____ **TOTAL = \$** _____

References and Emergency Contact:

Name _____ Yrs. Known _____ Relationship _____ Phone # _____
Name _____ Yrs. Known _____ Relationship _____ Phone # _____
Name _____ Yrs. Known _____ Relationship _____ Phone # _____

Additional Occupants:

Total number of adults _____ Total number of children living with you under the age of 18 _____
Names and relations of all other applicants _____

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provide in this application from my credit sources, credit bureaus, current and previous landlords and employers and personal references. This permission will survive the expiration of my tenancy.

Signature _____ Date _____

**THIS APPLICATION MUST BE BROUGHT TO OUR MAIN OFFICE TO APPLY
ENTERPRISE BUSINESS CENTER**

3419 NW Evangeline Thwy
Carencro, LA 70520

Questions: (337) 678-1500 | Office Tel: (337) 565-9105 | TEXT US AT: (337) 280-3363
Office Hours: Monday - Thursday 10AM - 4PM (Closed for Lunch 12:30 - 1:30)