



Today's Date: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

# Enterprise Business Center of Louisiana

3419 NW Evangeline Thwy, Carencro, LA 70520 TEL: (337) 565-9105 FAX: (337) 205-6191

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Description of Business (What do you do?): \_\_\_\_\_  
 Price Range that works best for your budget: \$ \_\_\_\_\_ - \$ \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Will you be working in the office 9AM to 5PM DAILY?   | <input type="checkbox"/> YES <input type="checkbox"/> NO Will you work in your office 3-5 days a week full-time?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Would you like to be placed on a waiting list if no office is currently available for rent?   | <input type="checkbox"/> YES <input type="checkbox"/> NO Do you meet your customer/clients by appointment most of the time?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <b>A VIRTUAL OFFICE Membership is only \$115/month</b> and you have an office "when you need one". It also includes meeting and conference rooms when you need one. Would you like to learn more? | <input type="checkbox"/> YES <input type="checkbox"/> NO Would you like a short meeting with the Enterprise Business Center Director or staff to approve your application? |

## RENTAL APPLICATION

**ONLY COMPLETE THIS PORTION IF YOU WOULD LIKE TO BE APPROVED FOR AN OFFICE OR SUITE**

Name of Business \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Are you incorporated? [ ] Yes [ ] No  
 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 \_\_\_\_\_

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

**Credit and Financial Information:**  
 This information is needed to approve your application and to determine your ability to pay the lease amount.  
 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 # \_\_\_\_\_

**Additional Occupants:** Total number of occupants to have access and use of this office space \_\_\_\_\_  
 Names and relations of all other applicants/tenants/users of office space \_\_\_\_\_

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 \_\_\_\_\_