

# 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)