



Please print out and fax this application to 504.392.8393 or scan and email to [manager.cba@shadowlakemgt.com](mailto:manager.cba@shadowlakemgt.com). Should you have questions, please call us at 504.392.5022.

After reviewing your application request, a leasing specialist will contact you. Thank you and we look forward to the opportunity of assisting you with your relocation.

\*This is an application **REQUEST** for Calypso Bay Apartments. THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT AND A LEASE AGREEMENT HAS BEEN SIGNED BY ALL PARTIES.

# CALYPSO BAY APARTMENTS RENTAL APPLICATION

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Driver License No.: \_\_\_\_\_ State: \_\_\_\_\_ email address: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Spouse's Driver License No: \_\_\_\_\_ State: \_\_\_\_\_ email address: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

**NAME OF ALL OTHER INDIVIDUALS TO OCCUPY UNIT:**

Name	Date of Birth	Relationship	SSN (If available)

**RESIDENT HISTORY**

**Current Address:** \_\_\_\_\_  
 Street (include Apt. No. if applicable) \_\_\_\_\_ City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Present Landlord/Mgr.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Monthly Payment/Rent: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
**Previous Address:** \_\_\_\_\_  
 Street (include Apt. No. if applicable) \_\_\_\_\_ City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Present Landlord/Mgr.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Monthly Payment/Rent: \_\_\_\_\_ How Long? \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
 Reason for Leasing Here: \_\_\_\_\_  
 Have You Ever Been Evicted From Any Leased Premises? \_\_\_\_\_ If So, Please Explain: \_\_\_\_\_

**EMPLOYMENT**

**Current Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Employed Since: \_\_\_\_\_  
**Spouse's Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Employed Since: \_\_\_\_\_

**VEHICLES**

Year & Make: \_\_\_\_\_ Color: \_\_\_\_\_ License No. & State: \_\_\_\_\_ Registered To: \_\_\_\_\_  
 Year & Make: \_\_\_\_\_ Color: \_\_\_\_\_ License No. & State: \_\_\_\_\_ Registered To: \_\_\_\_\_  
 Condition of Vehicles: \_\_\_\_\_  
 Give Description and Tag Numbers of Any Boat, Motorcycle, Camper, Van, etc. You May Own: \_\_\_\_\_

\*Do You Own Any Pets? \_\_\_\_\_ If So, How Many? \_\_\_\_\_ Kind: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

\*Requires Specific Written Approval

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Have You Ever Been Involved in any Criminal Activity including Drug Related Action or Activity? Yes or No  
 If So, Please Explain: \_\_\_\_\_ Conviction? Yes or No

**INCOME**

TOTAL ANTICIPATED INCOME FROM DATE OF MOVE-IN THROUGH THE NEXT TWELVE MONTHS

Checking Account No.: \_\_\_\_\_ Bank Name and Branch: \_\_\_\_\_ Avg. Mthly. Balance: \_\_\_\_\_  
 \*Annual Salary (Including Fees, Tips, Commission and Bonuses) \_\_\_\_\_  
 Annual Salary (Spouse) \_\_\_\_\_ + \_\_\_\_\_  
 \*\*Additional Annual Income (Child Support, Parental Support, etc) \_\_\_\_\_ + \_\_\_\_\_  
 Total Amount of Assets (Stocks, Bonds, Savings Account, Equity in Real Property, Capital Investments, etc)  
 \$ \_\_\_\_\_ INCOME FROM ASSETS \_\_\_\_\_ + \_\_\_\_\_  
 TOTAL ANTICIPATED INCOME \$ \_\_\_\_\_

\* If self employed, we must be furnished with verifiable proof of the income you expect to receive.

\*\* You must furnish us with verifiable proof of this income.

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Apt. No. _____	Monthly Rent _____	Apt. Type _____	
Source _____	Move-In Date _____	Pro-In \$ _____	
Lease Dates/Term _____			
Leasing Agent _____	Rent Quote Guaranteed Thru _____		
Property <input type="checkbox"/> CBA _____			

We are an equal housing opportunity provider. We provide rental housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

**DEPOSIT**

The undersigned warrants and represents the information on this rental application to be true and correct. All persons and/or firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information. This includes a credit check, background investigation and a search of public records including police and criminal files. The undersigned applicant authorizes manager to release any and all information contained in this application on behalf and for the benefit of the undersigned applicant. Applicant hereby acknowledges that an incident log; which contains information of which management has knowledge about suspected criminal activity in the immediate area is available for review at the management office during normal business hours, upon request. Any approval given based on an incomplete or inaccurate application will be subject to revocation at Lessor's discretion.

I hereby deposit the following with management as a good faith deposit in connection with this application for residency.

	<i>Required Amount</i>	<i>Amount Paid</i>
<i>Non Refundable Application Fee:</i>	\$ _____	\$ _____
<i>Security Deposit:</i>	\$ _____	\$ _____
<i>Pet Deposit:</i>	\$ _____	\$ _____
<i>Non Refundable Pet Fee:</i>	\$ _____	\$ _____
<i>Total:</i>	\$ _____	\$ _____

If my application is accepted, I understand the security deposit(s) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If for any reason management decides to decline my application, then management will refund this good faith deposit and the non-refundable fees, excluding the application fee, to me in full within a reasonable period of time. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delays caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the amount of rental loss of all expense incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the refundable portion of the security deposit as liquidated damages for the apartment I agreed to occupy.

Applicant	Date	Applicant	Date
_____	_____	_____	_____

**WAITING LIST**

Waiting list applications and deposits are for an apartment type not a specific unit. Every effort will be made to fulfill preferences such as location, but no guarantee can be made at this time. When the unit type is available, applicant will be contacted at the time applicant's name is next on the list. Applicant must be prepared to occupy the unit within 2 weeks of notification of availability or the stated availability date.

If applicant is unable to take the unit or prefers to wait for a different unit, applicant will drop to the end of the list. Should applicant decide to cancel at this time, applicant's deposit **will be forfeited**.

**Waiting List Types:**

- 1) Full Deposit - Priority applicant. Applicants will receive first refusal on upcoming available unit on a first come, first served basis.
- 2) Partial Deposit - Secures a secondary position only. Applicants will be called only after full deposit applicants. A full deposit must be secured prior to the assigning of a specific apartment number.

I have read the above and fully understand the procedures governing all waiting list applicants.

Applicant	Date	Applicant	Date
_____	_____	_____	_____


**Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing application as furnished by applicant; any false information will constitute grounds for rejection of application. Applicant agrees to pay an additional fee of \$35 on any items not honored by the bank for any reason.**

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.  
TITLE VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, familiar status, or natural origin illegal in connection with the rental of most housing. The Federal agency; which administers compliance with this law concerning this company: Department of Housing and Urban Development.

**EQUAL CREDIT OPPORTUNITY ACT**  
The Federal Equal Credit Opportunity act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency; which administers compliance with this law concerning this company: Equal Credit Federal Trade Commission, Washington, D.C. 20480.

- Qualifications for Residency**
- 1) RENTAL REFERENCES: Applicant must have favorable present and previous rental references and/or housing payment records from non-related sources.\*
  - 2) INCOME: Verification of a stable employment history and/or income is required. Applicant must demonstrate financial ability showing minimum monthly gross earnings of three times the monthly rent or sufficient assets to support monthly rental payments.\*
  - 3) CREDIT: Application will be processed using a statistical model that compares information on credit profile, such as bill-paying history, the number and type of accounts, late payments, collection accounts, outstanding debt, rental history, and the age of accounts. This information is then compared to the credit performance of consumers with similar profiles. The statistical model only uses information on the applicant that pertains to credit-worthiness, it does not use certain characteristics, such as – race, sex, marital status, national origin, or religion in its calculation. The scoring system awards points for each factor that is then used to determine the likelihood of the applicant to meet his or her obligations. *The total score derived is used in the approval or denial of application.*
  - 4) Each applicant must be 18 year or older.\*
  - 5) If a person other than the occupant is responsible or co-responsible for rental payments, a completed and approved application is required from the responsible party.\*
  - 6) Application processing fee is \$35.00 and is non-refundable. An application fee will be assessed for each lessee (i.e. roommate, unmarried couples, guarantor, etc.). All occupants 18 and older must complete an application and pay a processing fee. Married individuals applying jointly with spouse will only be assessed one fee of \$45.00, which is non-refundable.\*
  - 7) Occupancy Rules: a) Up to 2 persons per bedroom.\*
  - 8) Management reserves the right to deny any applicant on the basis of felony criminal conviction, guilty plea or plea of no contest, without regard to the nature of the offense. \*

**\*RECEIVED ATTACHED DETAIL OF QUALIFICATIONS FOR RESIDENCY. INITIAL: \_\_\_\_\_ INITIAL: \_\_\_\_\_**

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Approved: _____ Disapproved: _____ Tentative Approval Pending Conditions: _____	 <p>We are an equal housing opportunity provider. We provide rental housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.</p>
If this application was disapproved, what was the basis for refusal? <input type="checkbox"/> Unfavorable Credit Report <input type="checkbox"/> Unfavorable Report From Previous Landlord <input type="checkbox"/> Unfavorable Employee References <input type="checkbox"/> Incorrect Information Submitted on Application <input type="checkbox"/> Number of Occupants <input type="checkbox"/> Number or Size of Pets <input type="checkbox"/> Other (Specify) _____	
If this application was disapproved, was the applicant given the name and address of the person of the reporting agency that verified the application? Yes ___ No ___	
Managers Signature: _____ Date: _____	