



**3251 Wall Blvd.
Gretna, LA 70056
(504) 392-5022**

Please print this application and when complete fax to 504.392.8393 or scan and email to manager.cba@shadowlakemgt.com. Should you have any 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 assisting you with your housing needs.

*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): _____ Phone (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 _____ 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 _____ 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 a notarized statement from your CPA or attorney which indicates the amount of income you expect to receive.

** You must furnish us with a notarized statement of this income.

FOR OFFICE USE ONLY

Apt. No. _____ Monthly Rent _____ Apt. Type _____

Source _____ Move-In Date _____ Pro-In \$ _____

Lease Dates/Term _____

Leasing Agent _____ Rent Quote Guaranteed Thru _____

Property _____



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.

