



IBIS TRAIL

Application to Lease

Requirements in order to process this application:

- Copy of Driver's License of all adult occupants who will be living in the unit
- Completely Executed Application to Lease, including Acknowledgement of Community Rules and Regulations
- A non-refundable application fee of \$50.00 (Cashier's Check or money order ONLY) for each prospective resident, occupant 18 years of age and older, and lease guarantor (*Applicants under the age of 18 will be listed on the lease as an occupant only.*)
- Proof of Income (W-2, 2 most recent check stubs or current income tax return)

Type and Size of Apartment Desired: _____ Desired Date of Occupancy: _____ Lease Term: _____ years _____ months

APPLICANT INFORMATION

(Each adult occupant, including spouse, occupants over 18 years of age, and guarantor must complete the sections listed below and submit application fees)

Applicant Name: _____ SS#: _____ - _____ - _____
 Current Address: _____ City/State _____ Zip _____
 DL# and State: _____ DOB: _____ Current Phone#: _____
 Cell Phone: _____ Email: _____

APPLICANT RESIDENT & EMPLOYMENT HISTORY

Length of Time at Current Address _____ Current Landlord or Mortgage Holder: _____ Monthly Pmt: _____
 Current Landlord Address: _____ Phone#: _____
 Previous Address (if less than 1 year at current address) _____ Monthly Pmt: _____
 Length at Previous Address _____ Previous Landlord or Mortgage Holder: _____ Phone#: _____
 Employer's Name: _____ Phone#: _____ Type of Business: _____
 Employment Address: _____
 Hire Date: _____ Time on Job: _____ Position: _____ Annual Salary: \$ _____
 Name of Supervisor/HR and Contact #: _____
 Additional Income Source and Amount: _____
 Previous Employer: _____ Ph#: _____ Type of Business: _____ Hire Date: _____
 Position: _____ Annual Salary: \$ _____ Name of Supervisor/HR and Contact #: _____

CO-APPLICANT INFORMATION

Applicant Name: _____ SS#: _____ - _____ - _____
 Current Address: _____ City/State _____ Zip _____
 DL# and State: _____ DOB: _____ Current Phone#: _____
 Cell Phone: _____ Email: _____

CO-APPLICANT RESIDENT & EMPLOYMENT HISTORY

Length of Time at Current Address _____ Current Landlord or Mortgage Holder: _____ Monthly Pmt: _____
 Current Landlord Address: _____ Phone#: _____
 Previous Address (if less than 1 year at current address) _____ Monthly Pmt: _____

Length at Previous Address _____ Previous Landlord or Mortgage Holder: _____ Phone#: _____

Employer's Name: _____ Phone#: _____ Type of Business: _____

Employment Address: _____

Hire Date: _____ Time on Job: _____ Position: _____ Annual Salary: \$ _____

Name of Supervisor/HR and Contact #: _____

Additional Income Source and Amount: _____

Previous Employer: _____ Ph#: _____ Type of Business: _____ Hire Date: _____

Position: _____ Annual Salary: \$ _____ Name of Supervisor/HR and Contact #: _____

GUARANTOR'S INFORMATION (if Applicable)

Applicant Name: _____ SS#: _____ - _____ - _____

Current Address: _____ City/State _____ Zip _____

DL# and State: _____ DOB: _____ Current Phone#: _____

Cell Phone: _____ Email: _____

Spouse's Name: _____ Spouse's DOB: _____ Spouse's SS#: _____ - _____ - _____

Spouse's DL# and State _____

GUARANTOR'S RESIDENT & EMPLOYMENT HISTORY

Length of Time at Current Address _____ Current Landlord or Mortgage Holder: _____ Monthly Pmt: _____

Current Landlord Address: _____ Phone#: _____

Previous Address (if less than 1 year at current address) _____ Monthly Pmt: _____

Length at Previous Address _____ Previous Landlord or Mortgage Holder: _____ Phone#: _____

Employer's Name: _____ Phone#: _____ Type of Business: _____

Employment Address: _____

Hire Date: _____ Time on Job: _____ Position: _____ Annual Salary: \$ _____

Name of Supervisor/HR and Contact #: _____

Additional Income Source and Amount: _____

Previous Employer: _____ Ph#: _____ Type of Business: _____ Hire Date: _____

Position: _____ Annual Salary: \$ _____ Name of Supervisor/HR and Contact #: _____

Spouse's Employer's Name: _____ Phone#: _____ Type of Business: _____

Hire Date: _____ Time on Job: _____ Position: _____ Annual Salary: \$ _____

Name of Supervisor/HR and Contact #: _____

Additional Income Source and Amount: _____

ADDITIONAL OCCUPANTS (All persons occupying unit, including minors)

Occupant 1 Name: _____ DOB: _____ SS#: _____ - _____ - _____

Relationship to Applicant: _____ DL# and State: _____

Cell Phone: _____ Email: _____

Occupant 2 Name: _____ DOB: _____ SS#: _____ - _____ - _____

Relationship to Applicant: _____ DL# and State: _____

Cell Phone: _____ Email: _____

Occupant 3 Name: _____ DOB: _____ SS#: _____ - _____ - _____
 Relationship to Applicant: _____ DL# and State: _____
 Cell Phone: _____ Email: _____

VECHILE INFORMATION

Year	Make/Model	Color	License Plate No./ State

CHARACTER REFERENCE

Name	Relationship	Home Phone	Office Phone

EMERGENCY CONTACT INFORMATION

Name	Relationship	Home Phone	Cell Phone

PERTINENT MEDICAL CONDITIONS (Optional)

PET AGREEMENT

Do you own any pets? Yes No How Many: _____ Type: _____ Name: _____ Age/Color/Weight: _____ / _____ / _____
 Type: _____ Name: _____ Age/Color/Weight: _____ / _____ / _____

A limit of two (2) pets per apartment will be enforced with a combined maximum weight of 60 lbs. Anyone bringing a new pet into the community needs to report it to the office and complete the required registration form and pay applicable fees. Pet owners are responsible for cleaning up after their pets and either utilizing a pooper scooper or the pet station facilities to dispose of pet waste. Pet vet records and photos are due at move in. A non-refundable pet fee of \$350 is required on all pets. Pet restrictions apply.

Important Information

ACCESS DEVICES:

- ◆ Access devices are required for entry into the property and amenities afterhours. Access devices are leased to occupants for \$50.00 per access device. You may lease a maximum of **ONE** access device for **EACH** registered occupant. At the time of your move-out, each of these devices must be returned. Failure to return these devices will result in a deduction from your deposit of \$50.00 for each device.
- ◆ If you loose the access device, you must pay a replacement fee of \$50.00.
- ◆ In order to obtain additional access devices:
 1. The maximum number of devices issued to a unit is limited to the number of occupants on the application.
 2. The device can only be registered under the occupants listed on the application.
 3. A fee of \$50.00 must be paid for each additional device.

RULES AND REGULATIONS:

- ◆ **UPON EXECUTION OF THIS APPLICATION PACKAGE, YOU ACKNOWLEDGE THAT YOU HAVE REVIEWED THE PROPERTY'S RULES AND REGULATIONS INCLUDED IN THIS PACKAGE, AND FURTHERMORE AGREE TO FOLLOW THEM.**

PAYMENTS AND FORMS REQUIRED UPON APPROVED APPLICATION:

1. Upon approved application, applicant must complete the lease agreement and pay all dues within 2 business days.
2. Payment of 1st months rent and pet rent (if applicable). *Note: Any move-in after the 15th of the month must pay 1st months prorated rent, along with the following months rent.*
3. \$50.00 payment for each additional access device.
4. Non-refundable pet fee \$350.00 (if applicable).
5. Non-refundable Lease Administration Fee of \$100.00.
6. Proof of required renter’s insurance covering the entire term of the lease agreement (minimum \$100,000 liability coverage).

OCCUPANCY GUIDELINES

- ONE BEDROOM: 2 persons of familial status or 2 persons
- TWO BEDROOM: 4 persons of familial status or 3 persons
- THREE BEDROOM: 6 persons of familial status or 4 persons

NOTE: Familial status is defined by HUD as one or more individuals under the age of 18 living with a parent, a person having legal custody, or the designee of such parent or legal custodian. The definition includes a person who is pregnant or about to obtain custody of a minor.

APPLICATION TERMS AND CONDITIONS

Applicant has delivered \$_____ in the form of a cashiers check or money order, receipt of which is hereby acknowledged as a deposit (and not payment) to be retained as hereinafter provided. In the event that the applicant is approved and the applicant fails or refuses to enter into the contemplated lease, Landlord shall retain the deposit as liquidated damages to cover the cost of removing the premises from the market and holding it for the applicant. In the event that the applicant is rejected, this deposit will be returned to the applicant.

This application is a preliminary step in the process of leasing the above-described apartment and is subject to approval or rejection by the Landlord. Upon notification of approval the deposit made will become the security deposit under the lease. Upon notification of rejection the applicant may promptly pick up the deposit check during normal business hours at the rental office. Please allow a minimum of 5 days to verify application.

I/WE certify that all the information in this application package is true to the best of my knowledge, and I understand that false statements or information will lead to cancellation of this application or termination of tenancy after occupancy. I do hereby authorize the landlord to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials, which are deemed necessary to complete my application for housing. I further authorize the landlord to verify all information listed on this application. I understand that any information obtained by the landlord will be held in the strictest confidence.

Applicant Signature

Printed Name of Applicant

Date

Co-Applicant Signature (if Applicable)

Printed Name of Co-Applicant

Date

Guarantor Signature (if Applicable)

Printed Name of Guarantor

Date

Occupant 1 Signature (if Applicable)

Printed Name of Occupant 1

Date

Occupant 2 Signature (if Applicable)

Printed Name of Occupant 2

Date

Received By: _____

Date: _____

Landlord Representative

For Office Use Only—Do Not Write in This Block

This Application is: Approved Denied

Date: _____

Assigned to Unit # _____

Move in Date: _____



28 Park Drive
Covington, LA 70433
P: 985-898-3443

RENTAL VERIFICATION FORM

Landlord: _____
Address: _____
Phone #: _____

The undersigned has applied for an apartment home at Ibis Trail @ Covington. As part of the application approval process we would appreciate you taking the time to answer the questions below. Any additional information you might provide to further assist the application process would be most appreciated (this form must be filled out by the landlord).

Residents Name: _____
Address: _____

Leased From: _____ To: _____

Original Rent: _____ Current Rent: _____

Has Resident(S) Given Proper Notice? Yes Or No

Is Rental Account Satisfactory? _____

Is Account In Arrears? Yes Or No If Yes, Balance Due: \$ _____

Number Of Late Payments _____

Have You Had To File Unlawful Detainer? _____

If Yes, How Many Times? _____

Date Rent Is Considered Late: _____

Have There Been Any Lease Violations During Residency: _____

Would You Recommend This Applicant? Y Or N

Additional Information: _____

Information Provided By: _____

Phone #: _____ Fax #: _____

Title: _____ Date: _____

We appreciate your assistance in this matter. Please return this original form via email to leasing.covington@ibistrail.com or via fax to (985) 898-1979.

Signature of Applicant Date

Signature of Applicant Date



Request for Verification of Employment

Name & Address of Applicant's Employer:	Name of Applicant :
	Address:
	Phone Number :
	Social Security Number :
To Employer:	Work Id Number :
An application has been made by the above named applicant for residency in our apartments. The applicant has indicated that he/she is employed by you, and would appreciate it if you would confirm the employment in the space provided below.	I hereby give my approval for verification of my employment and salary status, <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <p align="center">Applicant Signature Date</p>

EMPLOYER'S VERIFICATION

Present Position:	Date Hired:	Present Rate of Pay: Hourly \$ _____ X _____ hrs/wk X _____ wk/yr Weekly \$ _____ X _____ wk/yr Annual \$ _____ per yr
Additional Compensation: (Actual amounts received over past twelve months)	Overtime: \$ _____ Commissions: \$ _____ Bonus \$ _____ Tips: \$ _____	
Probability of Continued Employment:	Anticipated Total Income for next 12 months:	
Military Services; If Applicant is in military please report income on a monthly basis as follows :		
Base Pay \$ _____ quarters & subsistence \$ _____ ; night or hazard duty allowance \$ _____		
Please Return This Form To : Ibis Trail at Covington Fax:# 985-898-1979 or Email: Leasing2@ibistrail.com Ph# 985-898-3443		
	_____	_____
	Employer's Signature	Date
	_____	_____
	Title	Phone
Thank you for your assistance	_____	
	Management Representative	