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Phone: 337.234.1450 Fax: 337.232.9554

Revised 1-10-23									
Top section MUST be completed to submit with application.									
Submitting Agency No.		Submitting Agency		Submitting Person					
I 0055 A		EVANGELINE TRACE		TERESA LEBLANC					
Full Name (Last, First, Middle/Maiden - <u>Maiden MUST be included</u>) (NO INITIALS)			Address, City & State (City and State MUST be included)						
Age	Date of Birth	Driver's License	ense & State						
Social Security No.		Race / Sex		Date of Submittal					
FOR OFFICE USE ONLY. DO NOT COMPLETE BOTTOM SECTION (Below This line).									

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DAMAGES TO PROPERTY	<u>THEFT</u>		COMMON COMPLAINTS						
 () A1 Appliances Damaged () A2 Appliances Dirty () A3 Holes in Walls, Ceilings, Etc. () A4 Damaged Fixtures () A5 Carpet / Flooring Damages () A6 Damage to grounds (Explain) () A7 Condition	 () B1 Appliances Taken () B2 Utilities () B3 Fixtures Taken () B4 Theft from Grounds () B5 Keys () B6 Fire Extinguisher () B7 Bulbs () B8 Other (Explain) 		() C3 () C4 () C5 () C6 () C7 () C8 () C9	Excessive Noise Trash Complaints Habitual Lockouts Parking Complaints/Dead Vehicle Drunk or Disorderly Harassing Other Tenants Police Action Necessary (Explain) Drugs Present Problems w/Management or Maintenance Other (Explain)					
RENT PROBLEMS	<u>MISCELLANEOUS</u>		EVICTION						
() D1 Payment Late # of Times Amt \$ () D2 Failed to pay # of months () D3 Left before term ending () D4 Parking Complaints/Dead () D5 Failure to report Income Change () D6 No Notice () D7 PNSF Checks () D8 Other (Explain)	— Appli () E6 Unautho	ng e persons Fire Hazard oved Installation ances / Locks orized in rs and / or Doors	() F3 () F4	Evicted () Yes () No Court Ordered Eviction Manager's Eviction Only Warning of Eviction Only Other (Explain)					
() G1 Illegal Activities on Property (Explain) () H1 Other items not covered above (Explain)									
EXPLANATIONS # Explain									
Remarks Applied		Move-In	Move-Out	Transfer					