

3333 Madison Pike, Suite C Fort Wright, KY 41017 859-578-8500

RENTAL APPLICATION

Application fee \$55.00 per applicant. All persons over the age of 18 must fill out a Rental Application. Applicant must provide current, valid ID and proof of income. Application fees are non-refundable. Application fees can be paid by money order or The undersigned hereby makes application to rent the premises located at beginning on ______, 20_____, at a monthly rental rate of \$ _____ PLEASE TELL US ABOUT YOURSELF FULL NAME: _____ ___ Phone: (___ Date of Birth: _____ Social Security No.: _____ __Email Address__ _____ Phone: (_____)_ Name of Co-Applicant: _____ Date of Birth: _____ _____ Social Security No.: _____Email Address_ Number of Dependents List names of all other occupants who will live in the residence: Pets: (number, kind & breed) _ ___ PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST THREE YEARS (BEGIN WITH MOST CURRENT) CURRENT ADDRESS _____ Month & year moved in _____ Reason for leaving ___ Owner or agent _____ __ Phone (_____)___ Monthly rent amount____ _____ Fax # (_____)___ PREVIOUS ADDRESS (if within 3 years) _____ Month & year moved in _____ Reason for leaving _____ Owner or agent _____ _ Phone (____)_ Monthly rent amount____ Fax # (PLEASE GIVE US YOUR EMPLOYMENT INFORMATION FOR THE PAST THREE YEARS STATUS: [] Employed full time [] Employed part time [] Student [] Retired [] Unemployed CURRENT EMPLOYER: _____ Employed As: ____ Date Employed: ____ Supervisor: ____ _____Phone Number: __ Company Address: _____ Salary: \$______ per _____ Please provide copy of W-2 or most current pay stub to support CO-APPLICANT EMPLOYER: _____ Employed As: Date Employed: _____ Supervisor: Phone Number: Company Address: _____ Please provide copy of W-2 or most current pay stub to support Salary: \$____ ____ per _____ If there are other sources of income you would like us to consider, please list income, source and person/company who we could contact for confirmation. All applicants, 18 years and older, must provide picture identification and proof of income for this application to be considered. PLEASE LIST YOUR BANK AND CREDIT REFERENCES City/State Type of Account Bank Branch References 1.

Driver's License Number Vehicle Make/Model			State		
Vehicle Make/Model		Year	_ Tag Number	State	
Vehicle Make/ModelOther Vehicles				State	
EMERGENCY CONTACT Name			_ Number		
Have you or any propose Filed for bankruptcy? [Been evicted from any to Willfully or intentionally ro Do you have any pending If Yes, explain	No [] Yes I hancy? [] No [efused to pay rent when g judgments or legal hancy? [] No [] Yes I hancy? [] No [] Yes I hancy ime involving the use] Yes nen due? [] N proceedings per es	lo [] Yes nding against you?	[]No []Yes	
Please give any additional informa	ation that might help i	management ev	aluate this application	on:	
If management has any questions		-			ed:
DAY PHONE:		_ EVENING PH	ONE:		
I hereby apply to lease the above- be payable on the 1st day of each application, I warrant that all state or not a true statement of facts all application. Once an application is prospect cancels, security deposit	month in advance. A ments above set forth earnest money will be approved, security of	As an inducemer h are true; howe be retained to off deposit must be	nt to the owner of th ver, should any stat set the agent's cost	e property and to the age ement made above be a , time, and effort in proce	ent to accept this misrepresentation essing my
I RECOGNIZE THAT AS PART OR REPORT AND/OR A CRIMINAL ERSIDENCY VERIFICATION WILL SUCH INQUIRES AND THIS SHAREQUESTED INFORMATION.	BACKGROUND CHE LL BE REQUESTED.	CK MAY BE OE I HEREBY AU	TAINED. IN ADDIT THORIZE C. B. MAI	ION, EMPLOYMENT VE NAGEMENT SERVICES,	RIFICATION AND , INC. TO MAKE
The above information, to the bes be incorporated into the Lease an			t. This Application,	upon execution of a Leas	se Agreement shall
Signature of Applicant			Date Si	gned	
Signature of Co-Applicant			Date S	signed	
WE ARE AN EQUAL OPPORTUN	TY HOUSING PROVID				, COLOR, GENDER,
DEPOSIT OF \$	_ RECEIVED BY (NA	ME)		DATE	
	APPLICANT: DO NO	OT WRITE BEL	OW THIS LINE		
APPLICATION RECEIVED BY: _			DATE		
COPY OF DRIVER'S LICENSE C	R PHOTO ID MADE	BY (NAME)		DATE	
Reference Verification Name					
	ID	Income		Credit Score	
	ID			Credit Score	
This application [] approved Applicant Notified Via		y agent			