

Approval Notification Date: \_\_\_\_\_ Cosignor(s) \_\_\_\_\_

CALLER/NTN: \_\_\_\_\_ REQUESTED DATE: \_\_\_\_\_ LICENSE COPY: \_\_\_\_\_  
CREDIT FEE/DATE \$ \_\_\_\_\_ / \_\_\_\_\_ DEPOSIT/DATE: \$ \_\_\_\_\_ / \_\_\_\_\_  
CHECK IN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RENT DUE \$ \_\_\_\_\_ FOR MONTH OF: \_\_\_\_\_

### RENTAL APPLICATION

PLUS: \_\_\_\_\_

Leasing Manager: Pam Hulshof  
Leasing Associates: Susan Bingham  
Mirela Ozegovic  
Stacy Shumake

Mail or Bring to:  
850 River Dell Ct. • Louisville, KY 40206  
Phone 502-894-8899 • Fax 502-895-6645

General Manager: Jennifer Giacobbe  
Business Manager: Molly Hollenbach  
Maintenance Manager: Joyce Crawford

PLEASE MAKE CHECKS PAYABLE TO: \_\_\_\_\_  
\$30 CREDIT FEE REQUIRED FOR EACH APPLICANT • \$10 CREDIT FEE FOR EACH COSIGNOR



APARTMENT ADDRESS: _____							LENGTH OF LEASE: 1 YEAR
Utilities Furnished by Owner:	None	Water	Electric	Gas	Heat	A/C	All
Security Deposit: (same as one month's rent)	\$ _____				Monthly Rent:		\$ _____
Additional Deposits as follows:				Additional Monthly Charges as follows:			
Pet: (under 30 lbs)	\$100	\$ _____			Per: (under 30 lbs)	\$15/mth	\$ _____
(over 30 lbs)	\$200	\$ _____			(over 30 lbs)	\$25/mth	\$ _____
Garage Opener:	\$50	\$ _____			Garage:	\$20	\$ _____
Perfect Credit Discount		\$ _____			Carport:	\$10	\$ _____
Total Deposit		\$ _____			Total Monthly Rent		\$ _____

**APPLICATION MUST HAVE ALL BLANKS FILLED IN TO BE PROCESSED**

APPLICANT'S FULL NAME: \_\_\_\_\_

Social Security # \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Other persons that are to occupy the premises applied for: Total # of occupants \_\_\_\_\_

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

PETS : Under 30 lbs \$100 deposit + \$15/mth per pet - Over 30 lbs \$200 deposit + \$25/mth per pet.  
Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

PRESENT HOME ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ How Long: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ How Long: \_\_\_\_\_

(TOTAL INCOME MUST BE AT LEAST 3 TIMES THE AMOUNT OF RENT)

EMPLOYED BY: \_\_\_\_\_ Position: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Business Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

(Income amount before taxes - not your paycheck amount)

(Please provide pay stubs for one month)

EMERGENCY CONTACT (2 SEPARATE RELATIVES WITH 2 DIFFERENT ADDRESSES)

1) NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Auto Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License plate: \_\_\_\_\_ State: \_\_\_\_\_

1. \* Have you ever been evicted?  Yes  No If yes, Date: \_\_\_\_\_ Apt. Complex \_\_\_\_\_

2. \* Do you owe money to any previous apartment?  Yes  No If yes, \$ \_\_\_\_\_ Apt. Complex \_\_\_\_\_ phone \_\_\_\_\_

3. \* Have you ever filed bankruptcy?  Yes  No If yes, date of bankruptcy \_\_\_\_\_

4. \* Have you ever been convicted of a felony?  Yes  No

As is customary in the apartment and rental business, routine inquiries may be made with respect to the application and leases. In compliance with the Fair credit Reporting Act, we are informing you that an investigative consumer report including information as to your character and general reputation, may be made. An Application Fee of \$30.00 will be taken to cover cost of such inquiries. This is a non-refundable fee. I hereby deposit, \$ \_\_\_\_\_ as earnest money to \_\_\_\_\_ to be refunded to me if this application is not approved. It is understood that the applicant hereby agrees to execute, within seven (7) days after date apartment is ready, a written lease agreement and to pay the rent in advance. The deposit will be applied as the Security Deposit on the unit. The deposit will be retained if the applicant refuses the property reserved for him after a period of three, (3) days from date the deposit is received.

WE ACCOMMODATE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

No agreements except as contained herein will bind either the undersigned or the owner.

This application shall be binding upon the owner only when accepted in writing by him or his agent. The delivery of a written lease to the undersigned for signature shall not be construed as an acceptance of this application, nor shall any such lease be binding upon the owner until duly executed by him or his agent.

I acknowledge the above facts to be true to the best of my knowledge and it is understood that this document will be a part of the regular lease. The agent is leasing the property based on the above facts supplied by me, and should any fact not be true, the agent may cancel the lease by giving notice in writing.

Your signature below gives us permission to seek references about past residences, verify your employment and check your criminal and credit history for qualification and collection of debts owed later.

\* APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICATION CANNOT BE PROCESSED WITHOUT:**

**DATED SIGNATURE • CREDIT REPORT FEE • PHOTO COPY OF DRIVER'S LICENSE OR OFFICIAL PICTURE ID CARD • PAY STUBS**

- NO CASH ACCEPTED
- CREDIT REPORT FEE AND DEPOSIT MUST BE IN TWO (2) SEPARATE CHECKS OR MONEY ORDERS MADE OUT TO CORRECT COMPANY NAME
- APARTMENT CANNOT BE HELD FOR APPLICANT WITHOUT SECURITY DEPOSIT

**COSIGNOR APPLICATION (\$10.00 CREDIT FEE REQUIRED)  
COSIGNOR TOTAL INCOME MUST BE FIVE TIMES THE AMOUNT OF RENT**

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_  
(Income amount before taxes – not your paycheck amount)

\*\* COSIGNOR SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_