

APPLICATION TO RENT

Property Management

97 C. Michael Davenport Blvd.
Frankfort, KY 40601

Phone: 502-545-1353 - Tyler
Office: 502-226-2121

Each Individual Occupant Who is Responsible for Rent Payment
MUST Complete A Separate Application Form

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE	EMAIL ADDRESS		HOME PHONE NUMBER ()
1 PRESENT HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	
2 PREVIOUS HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	
3 NEXT PREVIOUS HOME ADDRESS				CITY		STATE	ZIP CODE
LENGTH OF TIME		STATE REASON FOR MOVING		LANDLORD NAME		LANDLORD PHONE NO. ()	

PROPOSED OCCUPANT(S)

DESCRIBE EACH & EVERY PERSON WHO WILL OCCUPY THE PREMISES.	
WILL YOU HAVE ANY PETS? IF YES, PLEASE DESCRIBE	WILL YOU HAVE ANY LIQUID FILLED FURNITURE? IF YES, DESCRIBE

EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation	Employer Name
How long with this Employer	Phone number ()
Name of your Supervisor	Employer address
Prior Occupation	Employer Name
How long with this Employer	Phone number ()
Name of your Supervisor	Employer address
Current Gross Income \$ PER <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Month	Name of your Bank Branch or Address <input type="checkbox"/> Checking Account Number <input type="checkbox"/> Savings

Please List ALL of your Financial Obligations (If More Creditors Use Additional Sheet of Paper)			
Name of Creditor	Address	Phone Number	Monthly Payment Amt.
		()	
		()	
		()	
		()	
		()	
		()	

EMERGENCY/PERSONAL REFERENCE INFORMATION

IN CASE OF EMERGENCY, NOTIFY:	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			

MOTHER'S MAIDEN NAME:

PERSONAL REFERENCES	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

VEHICLE INFORMATION: (Please state exact number of motor vehicle that will be at the premises)

VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
VEHICLE MAKE	MODEL	YEAR	LICENSE NO.
MOTORCYCLES (OTHER VEHICLES)	MODEL	YEAR	LICENSE NO.

Have you ever filed for bankruptcy? IF YES, DATE BK FILED AND DESCRIBE:

Have you ever been evicted or asked to move? IF YES, PLEASE DESCRIBE:

APPLICANT AUTHORIZATION

Applicant represents that all the above statements are true and correct and hereby authorizes landlord/agent to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Landlord/Agent received a payment of \$ 30 which will be used to verify Applicant's credit history and other background information.

The undersigned makes application to rent housing accommodations designated as:

Address of: _____ Apt. No. _____ City/State _____
 the rental for which is \$ _____ per Month Week Other _____ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

Date _____

Signature of Applicant _____