

RENTAL APPLICATION

PERSONAL INFORMATION

Full Name: _____ SSN: _____

Date of Birth: _____ Driver's License No. _____ State: _____

Phone Number: _____ Email Address: _____

Present address? _____ City: _____ State: _____ Zip: _____

Length of Time? _____ Reasons for Moving? _____

Landlord Name? _____ Phone Number: _____

Previous Address? _____ City: _____ State: _____ Zip: _____

Length of Time? _____ Reasons for Moving? _____

Landlord Name? _____ Phone Number: _____

Next Previous Address? _____ City: _____ State: _____ Zip: _____

Length of Time? _____ Reasons for Moving? _____

Landlord Name? _____ Phone Number: _____

PROPOSED OCCUPANTS (Describe each & every person who will occupy the premises. No Pets Allowed)

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

EMPLOYMENT / FINANCIAL INFORMATION

Present Occupation: _____ Employer(s) _____

How long with Employer? _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Prior Occupation: _____ Employer(s) _____

How long with Employer? _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Gross Income: _____ per Week: ☐ Bi-Week: ☐ Month: ☐ Year: ☐

Name of Bank: _____ Branch: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking: ☐ Account #: _____ Savings: ☐ Account #: _____

Have you ever filed for bankruptcy? Yes / No If yes, Date BK filed and Describe: _____

Have you ever been evicted or asked to move? Yes / No If yes, please describe: _____

Please List ALL of you Financial Obligations (If More Creditors Use Additional Sheet of Paper)

1. Name of Creditor: _____ Phone Number: _____ Monthly Payment: _____

Address: _____ City: _____ State _____ Zip: _____

2. Name of Creditor: _____ Phone Number: _____ Monthly Payment: _____

Address: _____ City: _____ State _____ Zip: _____

3. Name of Creditor: _____ Phone Number: _____ Monthly Payment: _____

Address: _____ City: _____ State _____ Zip: _____

4. Name of Creditor: _____ Phone Number: _____ Monthly Payment: _____

Address: _____ City: _____ State _____ Zip: _____

5. Name of Creditor: _____ Phone Number: _____ Monthly Payment: _____

Address: _____ City: _____ State _____ Zip: _____

EMERGENCY / PERSONAL INFORMATION

In case of Emergency, Notify: _____ Phone Number: _____ Relationship: _____

Address? _____ City: _____ State: _____ Zip: _____

Mother's Maiden Name: _____

Personal References:

Name: _____ Phone Number: _____ Years Known: _____

Address? _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____ Years Known: _____

Address? _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____ Years Known: _____

Address? _____ City: _____ State: _____ Zip: _____

VEHICULAR INFORMATION

Vehicular Make: _____ Model: _____ Year: _____ License No.: _____

Vehicular Make: _____ Model: _____ Year: _____ License No.: _____

Vehicular Make: _____ Model: _____ Year: _____ License No.: _____

APPLICANT AUTHORIZATION

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

The undersigned makes application to rent housing accommodations designated as:
294 Clearview Drive – Lexington, Kentucky 40503

The rent for which is **\$1,800.00** per month with a **\$1,800 deposit** and upon approval of this applications agrees to sign a lease agreement and to pay all sums due, including required deposits before occupancy

Applicant (Print)

Applicant (Signature)

Date