



Anticipated Move-In Date \_\_\_\_\_  
 Date Application Received \_\_\_\_\_  
 Time Received \_\_\_\_\_  
 Property Applying For \_\_\_\_\_

OFFICE (859) 263-3740

Our Fax # is (859) 685-8348

**RENTAL APPLICATION FORM**

**\*\*This application must be returned to us within 72 business hours of placing your deposit or the property is released for re-rental\*\***

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOW LONG?: \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_ CURRENT RENT \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ \*Required CELL OR HOME PHONE# \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_  
 CO-APPLICANT PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOW LONG?: \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_ CURRENT RENT \_\_\_\_\_  
 CO-APPLICANT \*SOCIAL SECURITY # \_\_\_\_\_ \*REQUIRED  
 CELL OR HOME PHONE# \_\_\_\_\_  
 CO-APPLICANT EMAIL ADDRESS \_\_\_\_\_

OTHER PERSONS TO OCCUPY RESIDENCE \_\_\_\_\_

**LANDLORD INFORMATION:**

APPLICANT'S LANDLORD'S NAME \_\_\_\_\_  
 LANDLORD'S PHONE # \_\_\_\_\_ LANDLORD'S FAX # \_\_\_\_\_

CO-APPLICANT'S LANDLORD NAME \_\_\_\_\_  
 LANDLORD'S PHONE # \_\_\_\_\_ LANDLORD'S FAX # \_\_\_\_\_

**Applicant's Employment**

APPLICANT'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SALARY (MONTHLY GROSS) \_\_\_\_\_

IF LESS THAN 1 YEAR, PREVIOUS EMPLOYMENT:

COMPANY NAME \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**Co-Applicant's Employment**

CO-APPLICANT'S EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 POSITION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SALARY (MONTHLY GROSS) \_\_\_\_\_

IF LESS THAN 1 YEAR, PREVIOUS EMPLOYMENT:

COMPANY NAME \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
POSITION \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**HAVE YOU EVER**

FILED FOR BANKRUPTCY \_\_\_\_\_  
BEEN EVICTED FROM TENANCY \_\_\_\_\_ REFUSED TO PAY RENT \_\_\_\_\_  
BEEN SUED FOR POSSESSION OR RENT \_\_\_\_\_  
**DO YOU:** PRESENTLY OWE ANY RENT OR OTHER MONEYS TO A LANDLORD? \_\_\_\_\_  
**DO YOU HAVE PETS?** IF SO, WHAT BREED(S) AND WEIGHT(S)? \_\_\_\_\_

I HEREBY APPLY TO LEASE THE PROPERTY LOCATED AT \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ PER MONTH.  
THIS DOES NOT INCLUDE UTILITIES UNLESS OTHERWISE NOTED. I AGREE THAT THE RENTAL AMOUNT IS TO BE PAYABLE THE 1<sup>ST</sup> OF EACH MONTH IN ADVANCE.

I HEREBY PAY \$ \_\_\_\_\_ AS A HOLDING FEE OR EARNEST MONEY TO BE REFUNDED TO ME IF THIS APPLICATION IS **NOT** ACCEPTED WITHIN SEVEN DAYS. **WHEN APPLICANT IS NOTIFIED THAT APPLICATION HAS BEEN ACCEPTED, HOLDING FEE IS THEN NON-REFUNDABLE UNTIL PROPERTY IS VACATED ON MOVE OUT.** \_\_\_\_\_ (INITIALS) THIS APPLICATION MUST BE COMPLETED AND RETURNED TO OUR OFFICE WITHIN **THREE DAYS** OF PLACING HOLDING FEE. I ALSO AGREE TO PAY A **\$30.00 NON-REFUNDABLE APPLICATION FEE.** WHEN SO APPROVED AND ACCEPTED I AGREE TO EXECUTE A LEASE **WITHIN 72 HOURS** FOR AN AGREED UPON LEASE TERM BEFORE POSSESSION IS GIVEN OR THE HOLDING FEE **WILL BE FORFEITED** AS LIQUIDATED DAMAGES IN PAYMENT FOR THE AGENT'S TIME AND EFFORT IN PROCESSING ANY INQUIRY AND APPLICATION, INCLUDING MAKING NECESSARY INVESTIGATION OF MY CREDIT AND HISTORY. IF THIS APPLICATION IS NOT APPROVED AND ACCEPTED BY THEIR OWNER OR AGENT, THE HOLDING FEE WILL BE REFUNDED, THE APPLICANT HEREBY WAIVING ANY CLAIM FOR DAMAGES BY REASON OF NON ACCEPTANCE WHICH THE OWNER OR HIS AGENT MAY REJECT WITHOUT STATING ANY REASON FOR SO DOING.

I HEREBY GIVE **LEXINGTON RESIDENTIAL & APT. REFERRAL**, ITS OWNER AND/ OR AGENTS OR EMPLOYEES THE CONSENT AND AUTHORITY REQUIRED TO COMMUNICATE WITH ANY CREDIT REPORTING AGENCY TO OBTAIN A CONSUMER CREDIT REPORT, AND TO COMMUNICATE WITH ANY OTHER PERSONS OR PARTIES CONCERNING MY HISTORY FOR THE PURPOSE OF VERIFYING THE INFORMATION ON MY RENTAL APPLICATION AND DETERMINING WHETHER MY HISTORY CONFORMS TO THE REQUIREMENTS OF THE RESIDENT SELECTION CRITERIA FOR THE PROPERTY.

*\*Signature, Date & Time all required!*

Date Signed \_\_\_\_\_ APPLICANT: \_\_\_\_\_ TIME \_\_\_\_\_  
Date Signed \_\_\_\_\_ CO-APPLICANT: \_\_\_\_\_ TIME \_\_\_\_\_

**Applicant Please Do Not Write Below This Line**

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_  
REFERENCES VERIFIED \_\_\_\_\_ DATE \_\_\_\_\_  
THIS APPLICATION : \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED DATE \_\_\_\_\_ TIME \_\_\_\_\_  
IF NOT APPROVED, SPECIFY REASON(S) \_\_\_\_\_  
APPLICANT NOTIFIED BY (NAME) \_\_\_\_\_ DATE NOTIFIED \_\_\_\_\_  
NOTIFIED BY \_\_\_\_\_ LETTER (ATTACH COPY) \_\_\_\_\_ FORM \_\_\_\_\_ FAX \_\_\_\_\_ IN PERSON \_\_\_\_\_



155 Prosperous Place Suite 2-B Lexington, KY 40509  
859-263-3740 or Fax 859-685-8348  
Web Site: [www.irentapts.com](http://www.irentapts.com)  
Email: [irentapts@irentapts.com](mailto:irentapts@irentapts.com)

RE: \_\_\_\_\_

Dear Employer:

The person named above has put in an application for a rental property we are under contract to lease.

In order to complete their credit and personal reference history, we need to verify their employment with your company and their salary or hourly wage. Please complete and fax back to us at 859-685-8348.

COMPANY NAME \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

HOURLY WAGE: \_\_\_\_\_

SALARIED WAGE: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Employer**

Date \_\_\_\_\_ Time \_\_\_\_\_ (Required)!

PLEASE FAX BACK TO US AT: 859-685-8348

\*If you are a Company that is going to sign as Guarantor or the lease, please have an officer of the company or authorized supervisor sign below:

\_\_\_\_\_  
Guarantor of Lease Date \_\_\_\_\_ Time \_\_\_\_\_ (Required)!

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW



155 Prosperous Place Suite 2-B Lexington, Ky 40509  
859-263-3740 or Fax 859-685-8348  
Web Page www.irentapts.com  
Email irentapts@irentapts.com

DATE \_\_\_\_\_

RE: \_\_\_\_\_

**DEAR LANDLORD: I give my permission to release the following information concerning my rental information from the property listed:** \_\_\_\_\_

**Applicant Signature**

**Date & Time**

The person(s) named above has applied for a rental property we have under contract to lease.

Please complete the following questions concerning their rental history with you and return it to us as soon as possible. Our fax number is 859-685-8348. Thank You!

NAME OF PROPERTY: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_

MOVE OUT DATE: \_\_\_\_\_

SKIP/EVICT/VACATE: \_\_\_\_\_

LEASE EXPIRATION DATE: \_\_\_\_\_

LEASE FULFILLED/BROKEN/MONTH TO MONTH: \_\_\_\_\_

NOTICE SUFFICIENT/INSUFFICIENT: \_\_\_\_\_

DAMAGE AMOUNT (IF ANY): \_\_\_\_\_

NUMBER OF PEOPLE OCCUPIED: \_\_\_\_\_

PAYS ON TIME: (YES/\_\_\_) NO/\_\_\_)

RENTAL AMOUNT: \$ \_\_\_\_\_

PETS: (YES/\_\_\_) NO/\_\_\_)

NUMBER OF LATE CHARGES: \_\_\_\_\_

MONEY LEFT OWING (IF ANY): \_\_\_\_\_

NUMBER OF RETURNED CHECKS (IF ANY): \_\_\_\_\_

WOULD YOU RENT AGAIN: (YES/\_\_\_) NO/\_\_\_)

DATE REPORTED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

OUR FAX NUMBER IS (859) 685-8348

Signature of Landlord \_\_\_\_\_ Date & Time \_\_\_\_\_  
Required!

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