

APPLICATION FOR RESIDENCY

MEDIA SOURCE UNIT DESCRIPTION

PERSONAL

APPLICANT NAME	AGE	DOB	SS#	APPLICANT MARITAL STATUS
CO-APPLICANT NAME	AGE	DOB	SS#	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED

RESIDENTIAL - List 3 year history. If additional space is needed, attach separate page.

PRESENT ADDRESS		<input type="checkbox"/> APARTMENT		<input type="checkbox"/> OWN HOME		<input type="checkbox"/> OTHER		HOME PHONE #	
STREET ADDRESS	APT. #	CITY	STATE	ZIP	STATE	ZIP	HOW LONG		
LANDLORD/MORTGAGEE NAME		ADDRESS		CITY	STATE	ZIP	PHONE		
PREVIOUS ADDRESS		<input type="checkbox"/> APARTMENT		<input type="checkbox"/> OWN HOME		<input type="checkbox"/> OTHER			
STREET ADDRESS	APT. #	CITY	STATE	ZIP	STATE	ZIP	HOW LONG		
LANDLORD/MORTGAGEE NAME		ADDRESS		CITY	STATE	ZIP	PHONE		
PREVIOUS ADDRESS		<input type="checkbox"/> APARTMENT		<input type="checkbox"/> OWN HOME		<input type="checkbox"/> OTHER			
STREET ADDRESS	APT. #	CITY	STATE	ZIP	STATE	ZIP	HOW LONG		
LANDLORD/MORTGAGEE NAME		ADDRESS		CITY	STATE	ZIP	PHONE		

OTHER OCCUPANTS: NAME, AGE, DATE OF BIRTH, AND RELATIONSHIP

All others who will occupy the dwelling:

Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____
 Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____
 Legal Name _____ Age _____ D.O.B. ____/____/____ Sex _____ Relationship _____

EMPLOYMENT / INCOME

A	NAME OF EMPLOYER	ADDRESS (COMPLETE)	EMPLOYMENT INCOME
P	HOW LONG	PHONE	PREVIOUS EMPLOYER IF LESS THAN TWO YEARS
L	POSITION HELD	SUPERVISOR	
I	ANNUAL INCOME FROM OTHER SOURCES		
C	SOCIAL SECURITY	PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION	ALIMONY
A	OTHER (LIST SOURCE AND AMOUNT)		
N	NAME OF EMPLOYER	ADDRESS (COMPLETE)	EMPLOYMENT INCOME
T	HOW LONG	PHONE	PREVIOUS EMPLOYER IF LESS THAN TWO YEARS
C	POSITION HELD	SUPERVISOR	
O	ANNUAL INCOME FROM OTHER SOURCES		
A	SOCIAL SECURITY	PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION	ALIMONY
P	OTHER (LIST SOURCE AND AMOUNT)		
L	NAME OF EMPLOYER	ADDRESS (COMPLETE)	EMPLOYMENT INCOME
I	HOW LONG	PHONE	PREVIOUS EMPLOYER IF LESS THAN TWO YEARS
C	POSITION HELD	SUPERVISOR	
A	ANNUAL INCOME FROM OTHER SOURCES		
N	SOCIAL SECURITY	PENSION AMOUNT AND COMPLETE ADDRESS FOR PENSION	ALIMONY
T	OTHER (LIST SOURCE AND AMOUNT)		

I/We authorize you to obtain an investigative Credit Report and Criminal Background History in connection with this application. I understand that this information will be used to determine eligibility for residency and may include information as to my character, general reputation, personal characteristics and/or mode of living, credit standing and criminal history, if any. I understand I may request the name of the credit-reporting agency providing credit history information. I also understand and agree that by authorizing these investigative reports I am waiving any right to privacy which may exist under federal, state or local law as to my criminal, credit and/or eviction history.

The sum of \$ _____ () cash, () check, is deposited. If this application shall be approved, I agree that the money deposited shall apply toward my security deposit in the amount of \$ _____, and that I will enter into a lease on your standard form. Should this application be cancelled by applicant **after 72 hours**, deposit will **NOT** be refunded. Refunds will be mailed from the home office within 30 days of written notice of cancellation. (A non-refundable application processing fee of \$ _____ will be charged the day the application is filled out.)

I understand that the rental rate quoted on this application is only guaranteed for a period of _____ days from the date of this application. I further understand that the apartment assigned to me can not be held past the anticipated move in date.

I have read this Application and I hereby state and represent that the information provided by me in this Application is complete and accurate, and I acknowledge and agree that in the event I enter in a lease with _____ Apartments that lease may be cancelled by Lessor in the event any of the information provided by me in this Application, or any other document furnished by me, is materially inaccurate or incomplete. I understand that the Rules and Regulations are adopted for the benefit of all tenants and proper operation of the property, and I agree that the tenancy will be subject to them.

I (we) _____, hereby apply to lease apartment located at _____, the monthly rental of \$ _____, which includes the following: commencing _____, 20____, the monthly rental of \$ _____

Basic Rent: \$ _____ Signature of Applicant _____
 Pet Fee(s) \$ _____ Signature of Applicant _____
 Other: \$ _____ PM or APM Signature _____
 Other: \$ _____ Receipt # _____ Date Application received _____



Woodbridge

APARTMENTS

Administrative Fee/Reservation Fee Receipt

Applicant Name: _____

Applicant Name: _____

Applicant Name: _____

Apartment Reserved: _____, Louisville, KY 40242

By signing below, applicant(s) named above acknowledge(s) the payment of \$100.00 to Woodbridge Apartments as an administrative fee. It is understood that this amount serves to hold the apartment in good faith for the move-in date specified on the associated application. It is further understood that if for any reason the apartment reserved is cancelled by the applicant after a 72-hour period, this fee will not be refunded. Applicant acknowledges too, that this fee will not be refunded by management if application is denied due to fraudulent information provided or information needed to process application is not provided within the 72-hour period, but will be refunded if management declines application for any other reason. Once approved this fee is a non-refundable administrative fee that does not apply toward prorated rent or to security deposit due.

Receipt # _____ Date / Time Paid: _____

Applicant Signature: _____

Applicant Signature: _____

Applicant Signature: _____

Management Representative: _____



EQUAL HOUSING
OPPORTUNITY

Applicant Name: _____

Applicant Name: _____

To Whom It May Concern:
The person(s) who has signed this form below has applied to rent at Woodbridge Apartments. It would help us greatly if you would take the time to furnish the information requested.

Thank you for your assistance. (Please fax to 502-423-1606).
You may contact us by phone at 502-423-1784.

I agree and authorize all parties that Woodbridge Apartments may contact to provide written and/or verbal rental history information necessary to review my application to rent at Woodbridge.

Signature _____ Date: _____

Signature _____ Date: _____

Applicant – Do Not Write Below This Line – Your Rental Reference will complete this form.

Landlord: _____ Fax Number: _____

Name: _____ Address: _____

Rental Dates: From _____ To _____ Rental Amount Monthly \$ _____

Pets? _____ Number of Late Payments? _____ Number of NSF's? _____

Number of filed evictions on resident? _____ Is the resident currently under eviction? _____

Number of Complaints from others? _____

If yes to complaints, please explain _____

Has resident given proper notice? _____ Does the resident owe a balance to the property? _____

Would you rent to this person again? _____ If No, please explain, _____

Further Comments: _____

Information provided by _____ Title: _____

Date information provided _____

Employment Verification

To Whom It May Concern:

The person(s) who has signed this form below has applied to rent at Woodbridge Apartments. It would help us greatly if you would take the time to furnish the information requested.

*Thank you for your assistance. (Please fax to 502-423-1606).
You may contact us by phone at 502-423-1784.*

I agree and authorize all parties that Woodbridge Apartments may contact to provide written and/or verbal communication of my salary which is necessary to review my application to rent at Woodbridge.

Signature _____ Date: _____

Signature _____ Date: _____

Applicant – Do Not Write Below This Area – Your Employer will complete this form.

Employer: _____ Phone Number: _____

Fax Number: _____

Employee Name: _____ SSN: XXX-XX-_____

Hire Date: _____

Salary: \$ _____ per hour or \$ _____ per week

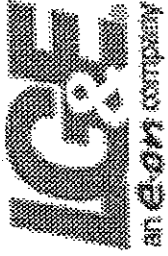
Bonus or commissions \$ _____ per _____.

Supervisor _____

Comments: _____

Information provided by _____ Title: _____

Date information provided _____



Louisville Gas and Electric Company
Application For Service
Questions? Call (502) 589-1444
Fax the completed form to (502) 627-2690

RESIDENT INFORMATION

Name: _____

Social Security Number: _____

New Service Address: _____

New Home Phone Number: _____

*Date you want the service to start: _____

*Note that requests for service may take up to 3 business days to process.

Enter the most recent address where you had service with LG&E. If you have never had service with LG&E, write NONE. _____

Enter the date you want your current LG&E service to be discontinued: _____

Employer: _____

Employer Phone Number: _____

Spouse/Roommate Name: _____

Spouse/Roommate Social Security Number: _____

DEPOSIT REQUIREMENT

Please be advised that Louisville Gas & Electric (LG&E) performs a credit check to determine if a service deposit is required for electric and/or gas service. Based on the results of this credit check, you may or may not be required to provide a security deposit.

Check here if you do NOT want a credit check performed. A service deposit will automatically be billed to your LG&E account.

X _____ Date: _____

X _____ Date: _____

LANDLORD INFORMATION

Woodbridge Apartments
1000 Glenridge Drive
Louisville, KY 40242
(502) 423-1784



Dear Resident,

ViaStar Energy, Inc. is a Utility Management and Conservation Company that uses an *advanced billing calculation* to allocate the water, sewer and trash usage at your residence. With this method you will see lower utility costs and over all utility conservation of up to 27% that will benefit all residents with conservation and utility cost savings.

Your ViaStar bill will be in the mail by the 10th of each month. Payment is due upon receipt and a late fee of \$5.00 is assessed if payment is not received and posted by the 1st of each month. Please note your first ViaStar bill will include a one time account activation fee of \$5.00

For more information such as conservation facts, tips to help you keep your water/ sewer bill at a minimum, online payment information, and a sample bill please visit our website at www.viastarenergy.com. Should you have any questions please feel free to contact one of our expert Customer Care Representatives at 877-301-7958. Our normal business hours are Monday through Friday 8AM to 5PM (EST), or email us at customerservice@viastarenergy.com.

Sincerely,

ViaStar Energy, Inc.

****I have received a copy of this letter and understand that I will be billed from ViaStar for the water and sewer usage in my home.***

Resident Signature

Date

Resident Name – Printed

Name:
Address :

Pets
YES _____ NO _____

1. _____
2. _____

Pet fee required _____

Vehicles

1. Make/Model: _____
License: _____
Color: _____
Year: _____
2. Make/Model: _____
License: _____
Color: _____
Year: _____

Other vehicles (Boat, R.V., Camper, Trailer, Motorcycle):

In Case of Emergency

Name: _____
Relationship: _____
Address: _____
Phone: _____

Phone Numbers

Home: _____
Work: _____
Cell: _____
Email: _____