

BROWN NOLTEMEYER CO. RENTAL APPLICATION

Approved Not Approved (See Attached)

Amt. Deposit Received _____

Date of Occupancy _____

Date of Lease _____

Date _____

Address Requested _____

Roommate _____

Rent Amount _____

Name _____ Date of Birth _____

Social Security No. _____ Driver's License No. _____ State _____

Spouse Name _____ Date of Birth _____

Social Security No. _____ Driver's License No. _____ State _____

RESIDENT HISTORY FOR THE PAST FIVE YEARS

Current Address _____

	Street	City	State	Zip	Phone
Month & Year Moved In _____	Reason for Leaving _____				
Landlord _____	Phone () _____	Monthly Payment \$ _____			

Previous Address _____

	Street	City	State	Zip	Phone
Month & Year Moved In _____	Reason for Leaving _____				
Landlord _____	Phone () _____	Monthly Payment \$ _____			

Previous Address _____

	Street	City	State	Zip	Phone
Month & Year Moved In _____	Reason for Leaving _____				
Landlord _____	Phone () _____	Monthly Payment \$ _____			

EMPLOYMENT INFORMATION

Present Status: Employed Full-Time Employed Part-Time Student Not Employed

Current Employer _____ Phone # _____

Address _____

Dates Employed / From: _____ To _____ Position Held _____

Supervisor _____ Gross Monthly Income \$ _____

Spouse Employer _____ Phone # _____

Address _____

Dates Employed / From: _____ To _____ Position Held _____

Supervisor _____ Gross Monthly Income \$ _____

Emergency Contact _____ Address _____ Phone _____

Please list names of all occupants (all persons occupying premises must be listed)

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all autos that you will be keeping at this address:

Make _____	Color _____	Year _____	License No. _____
Make _____	Color _____	Year _____	License No. _____
Make _____	Color _____	Year _____	License No. _____

Do you have a pet? If so, indicate breed, weight, height, and age _____

How did you find out about us? _____

HAVE YOU EVER (Circle Answer):

Been evicted or asked to move out?	YES	NO	Been sued for non-payment of rent?	YES	NO
Been sued for damage to rental property?	YES	NO	Broken a Rental Agreement or Lease?	YES	NO
Been convicted of a felony?	YES	NO	Explain: _____		

REFERENCES

Savings Account:

Bank _____ Branch _____ Account # _____

Checking Account:

Bank _____ Branch _____ Account # _____

Major Credit Cards:

Account Number _____	Mo. Pymt. _____	Balance _____
Account Number _____	Mo. Pymt. _____	Balance _____
Account Number _____	Mo. Pymt. _____	Balance _____

APPLICANT HAS SUBMITTED THE SUM OF \$ _____ WHICH IS NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE, RECEIPT OF WHICH IS ACKNOWLEDGED BY MANAGEMENT. SUCH SUM IS NOT A RENTAL PAYMENT, SECURITY DEPOSIT, OR PAYMENT OF ADMINISTRATIVE FEE. IN THE EVENT THIS APPLICATION IS DISAPPROVED, THIS SUM WILL BE RETAINED BY MANAGEMENT TO COVER THE COST OF PROCESSING THIS APPLICATION AS FURNISHED BY THE APPLICANT. I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE, AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS, TO COMMUNICATE WITH MY EMPLOYER AND CREDITORS AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE THIS APPLICATION.

I HEREBY DEPOSIT \$ _____ WITH MANAGEMENT AS GOOD FAITH DEPOSIT IN CONNECTION WITH THIS APPLICATION. IF MY APPLICATION IS ACCEPTED, I UNDERSTAND THIS DEPOSIT WILL BE APPLIED TOWARD PAYMENT OF MY SECURITY DEPOSIT OF \$ _____. IF MANAGEMENT ACCEPTS MY APPLICATION, I AGREE TO EXECUTE MANAGEMENT'S USUAL RENTAL AGREEMENT ON OR BEFORE THE OCCUPANCY DATE SET OUT IN THIS APPLICATION. IF FOR ANY REASON MANAGEMENT DECIDES TO DECLINE MY APPLICATION, THEN MANAGEMENT WILL REFUND THIS GOOD FAITH DEPOSIT IN FULL. I UNDERSTAND I MAY CANCEL THIS APPLICATION BY WRITTEN NOTICE WITHIN 72 HOURS AND RECEIVE A FULL REFUND OF THIS GOOD FAITH DEPOSIT. IF I CANCEL AFTER THE 72 HOURS, OR FAIL TO EXECUTE MANAGER'S USUAL RENTAL AGREEMENT, OR REFUSE TO OCCUPY THE PREMISES ON THE AGREED UPON DATE, I UNDERSTAND THIS DEPOSIT WILL BE HELD UNTIL MANAGEMENT CAN DETERMINE IF IT HAS INCURRED ANY EXPENSES OR LOSS DUE TO MY CANCELLATION. THESE COSTS WILL BE DEDUCTED FROM THIS DEPOSIT AND THE BALANCE WILL BE REFUNDED TO ME.

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

Credit History: _____ lines of trade _____ negative Credit History: _____ lines of trade _____ negative

PARTRIDGE MEADOW APARTMENTS

8102 Four Winds Drive
Louisville, KY 40222
502-425-3836
502-339-1274 fax

APPLICANT HAS SUBMITTED THE SUM OF \$50.00 WHICH IS A NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE. I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THE STATEMENTS ON MY RENTAL APPLICATION, TO COMMUNICATE WITH MY EMPLOYERS AND CREDITORS, AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE MY APPLICATION.

I, _____, HAVE APPLIED FOR AN APARTMENT WITH PARTRIDGE MEADOWS APARTMENTS. PLEASE RELEASE THE INFORMATION REQUESTED SO THAT MY APPLICATION MAY BE PROCESSED FOR APPROVAL.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER