**KENTUCKY RENTAL APPLICATION**

**(Please Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Property Date

Apt. Size Desire: No. of Bedrooms \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |
| Name of Head of Household (Head) | Spouse Name (if living with the household) |

|  |  |  |
| --- | --- | --- |
|  | ( ) | ( ) |
| Current Address: Street City State Zip | Day Phone | Night Phone |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Circle One:** | Single | Married | Divorced | Separated |

|  |
| --- |
| Have you ever used another name? Y/N\_\_\_\_\_\_. If so, please indicate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A PARTICULAR QUESTION IS NOT APPLICABLE.**

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your Social Security number.

**2. FAMILY COMPOSITION:**  Relation to Date of Birth Social Sex Full time

Member No. Name(s) Head Mo-Dy-Yr Security No. (M/F) Student (Y/N)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  | HEAD |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |

|  |
| --- |
| Anticipated change in family size? (Y/N)\_\_\_\_\_\_\_ Anticipated change in number of students? (Y/N)\_\_\_\_\_\_ |

**3. ANTICIPATED INCOME: # PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:**

Member No. Source of Income: Indicate Name of Source Position From/To Gross Income/Monthly

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name: |  |  | $ |

|  |
| --- |
| Address: Phone No.: Contact: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name: |  |  | $ |

|  |
| --- |
| Address: Phone No.: Contact: |

|  |
| --- |
| Are you entitled to child support benefits? 🞏Yes 🞏No  If yes, do you receive child support benefits? 🞏Yes (Monthly benefit: $\_\_\_\_\_\_\_) 🞏No  If no, what attempts are you making to collect the entitled child support benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please explain) |
| Other sources of income not listed above (e.g. Social Security, alimony, stipend, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact, address and phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any other income not listed? 🞏Yes 🞏 No  If yes, please list source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏**An adult member of the household has no income. List adult members with no income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Does anyone help you pay your bills? 🞏Yes 🞏 No  If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. ASSETS:**

Account No. Describe Type (Stocks, real estate, etc. If property, please indicate location) Value

|  |  |  |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |

Has any member of your household sold or otherwise disposed of any asset during the past two years? 🞏 Yes 🞏 No

**5. CREDIT REFERENCES (credit cards, school loans, car payment, mortgage payments, etc.):**

Account No. Company Name (Creditor) Mon. Pmt. Balance Judgements/Bankruptcy? If yes, describe

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**6. BANK REFERENCES:**  Type of Account Actual Interest

Account No. Bank Name Address (savings, checking) Average Bal. Earned

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| --- | --- | --- | --- | --- | --- |
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🞏**No member of the household has assets.**

**7. VEHICLES (including company cars, motorcycles, etc.):**

Name Driver’s Lic No. State Model Year Color Car Lic No. State Mon. Pmt

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**8. RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Current Address | Rent/Mo | Utilities/Mo | Move-in Date | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Landlord Name | Landlord Address | Landlord Phone No. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Previous Address | Rent/Mo | From/To | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
|  | | |
| Landlord Name | Landlord Address | Landlord Phone No. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Previous Address | Rent/Mo | From/To | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
|  | | |
| Landlord Name | Landlord Address | Landlord Phone No. |

**9. CHARACTER REFERENCE (Other than Relatives):**

Name Address Phone No.

|  |  |  |
| --- | --- | --- |
|  |  |  |
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**10. IN CASE OF EMERGENCY, NOTIFY:**

Name Address Phone No.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**11. SPECIAL NEEDS:**

Does anyone in your family have special needs? Yes No Are special living accommodations required? Yes No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as to my/our character, general reputation, income, credit and mode of living. I understand that this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until this application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. I/We also understand that this application is for occupancy at a Low Income Housing Tax Credit property and will require annual recertification of my/our household.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature (HEAD) Date Property Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature (OTHER ADULT) Date