

Four Seasons Apartments
8010 Summerfield Circle
Louisville, KY 40220
Phone (502) 491-2948
Fax (502) 491-4987

Approved _____
Rejected _____
Date Notified _____

Leasing Agent Initials _____

Application Fee Money Order ONLY \$50.00 (Non-refundable)

Four Seasons Apartments Application Form

PAGE 1 OF 2

TODAY'S DATE: _____

I/ WE _____ HEREBY APPLY FOR APT. # _____
ACTUAL MONTHLY RENTAL \$ _____ SECURITY DEPOSIT \$ _____
WITH EXPECTED DATE OF OCCUPANCY _____

APPLICANT INFORMATION:

NAME _____ DATE OF BIRTH _____ SS# _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
PRESENT ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ YEARS _____ RENT: \$ _____
LANDLORD NAME _____ LANDLORD PHONE _____
BANK _____ CHECKING _____ SAVINGS _____
EMPLOYER _____ EMPLOYER PHONE _____
POSITION _____ LENGTH OF EMPLOYMENT _____
ANNUAL INCOME \$ _____
OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____
TOTAL INCOME \$ _____
PREVIOUS EMPLOYMENT: _____ POSITION _____
DATE FROM: _____ TO _____ ANNUAL INCOME \$ _____

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ANNUAL INCOME \$ _____
OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____
TOTAL INCOME \$ _____
PREVIOUS EMPLOYMENT: _____ POSITION _____
DATE FROM: _____ TO _____ ANNUAL INCOME \$ _____

OTHER OCCUPANTS: ONLY THE NAMED APPLICANTS AND OCCUPANTS ARE ALLOWED. SUBLETTING IS NOT ALLOWED.

NAME _____ DATE OF BIRTH _____ AGE _____
NAME _____ DATE OF BIRTH _____ AGE _____
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Application Form

PAGE 2 OF 2

AUTOMOBILE INFORMATION:

YEAR _____ MAKE _____ MODEL _____ LIC PLATE # _____
YEAR _____ MAKE _____ MODEL _____ LIC PLATE # _____
YEAR _____ MAKE _____ MODEL _____ LIC PLATE # _____
YEAR _____ MAKE _____ MODEL _____ LIC PLATE # _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? _____ YES OR NO _____
IF YES PLEASE EXPLAIN THE BACK

DO YOU HAVE PETS? _____ YES OR NO _____ IF YES, HOW MANY? _____
TYPE OF PET _____ BREED _____
TYPE OF PET _____ BREED _____

I represent that the information provided in this application is true and correct to the best of my knowledge.

I understand that the information provided might be used to determine whether to accept this application. I authorize Four Seasons Apartments to verify all information given in this application including banking, rental references, personal references, employment and income information. I also authorize Four Seasons Apartments to perform a credit check and criminal history check. I consent to the release of information relating to my credit history and the information provided in this application. I understand that I must meet all salary requirements, have **EXCELLENT CREDIT HISTORY** _____, _____, excellent rental history, and an excellent criminal background.

It is understood by the applicant(s) that this application is only preliminary and involves no obligation of the owner to approve this application or to deliver occupancy of an apartment. Routine inquiries maybe made with such application and lease. In compliance with the fair credit reports, employer reports and rental reports, including information as to your character, reputation and personal characteristics maybe made.

I hereby deposit \$ _____, check or cash, check # _____ as earnest money to Four Seasons Apartments to be refunded to me if this application is not accepted. I herby understand that I have three (3) days from the date approval of this application to refuse the property and receive a refund of the deposit. It is understood that the applicant(s) agrees to execute lease within 15 days of approval of application.

Applicant Signature _____ SS # _____ Date: _____

Applicant Signature _____ SS # _____ Date: _____

Attach a color copy of each applicant's driver's license

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Rental Reference Request

Date: _____

To: Landlord Name: _____

Landlord Phone # : _____ Landlord Fax # : _____

RE: _____

Print Applicant Name(s)

I/we _____, hereby

Applicant(s) signature

Authorize the following information be released and reported to Four Seasons Apartments.

The above resident has applied for an apartment at Four Seasons Apartments.

We would appreciate any information you can give us regarding the kind of resident he/she was while renting from you. Your cooperation in completing this form and returning as soon as possible would be greatly appreciated.

Landlord: Please fill out the information below and fax the completed form to:

Four Seasons Apartments Fax # (502) 491-4987. Thank you, Four Seasons Apartments Management.

----- The section below is to be completed by Landlord-----

Address of apartment rented _____

Rented from date of _____ to _____

Was lease fulfilled? _____ Yes _____ No

Was proper notice given? _____ Yes _____ No

Number of occupants _____

Was rent paid on time? _____ Yes _____ No

Have there been any NSF charges? _____ Yes _____ No

Amount of rent paid \$ _____, would you re-rent? _____

If not, why? _____

Are they currently under eviction? _____ Yes _____ No _____

Comments or other information you would like to provide _____

Signature of person supplying information: _____

Title: _____

Statement of Confidentiality

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Four Seasons Apartments
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Employment and Income Verification Request

Date: _____

To: Company/Employer Name: _____

Company/Employer Phone: _____

Company/Employer Fax: _____

Employee Name: _____

(Please Print)

Employee's SS# _____ XXX-XX-_____

I _____, herby

Employee signature

authorize the following information regarding my employment and income to be released by my employer and furnished to: Four Seasons Apartments.

-----The section below is to be completed by Employer-----

EMPLOYER: Please fill out all information below about the above employee and fax to (502) 491-4987, Four Seasons Apartments at your earliest convenience. Thank you for your cooperation.

Employees Title and/or Position: _____

Employees Date of Hire: _____

Employees income rate verified - Hourly: \$ _____ Annually: \$ _____

Is this a full time Employee? _____

If not full time how many hours per week does this employee work? _____

Signature of person supplying information: _____

Title: _____

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To: Company/Employer Name: _____

Company/Employer Phone: _____

Company/Employer Fax: _____

Employee Name: _____
(Please Print)

Employee's SS# _____ XXX-XX-_____

I _____, hereby
Employee signature

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