

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

Approved _____
Rejected _____
Date Notified _____



Agent Initials _____
Money Order ONLY (Non-Refundable)
\$150.00 Per Applicant
(Pricing & availability subject to change without notice).

Four Seasons Apartments Application Form

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TODAY'S DATE: _____

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

APPLICANT INFORMATION:

EMAIL: _____
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 \$ _____

APPLICANT INFORMATION:

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NAME _____ DATE OF BIRTH _____ SS# _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
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TOTAL INCOME \$ _____
PREVIOUS EMPLOYMENT: _____ POSITION _____
DATE FROM: _____ TO _____ ANNUAL INCOME \$ _____

OTHER OCCUPANTS: ONLY THE NAMED APPLICANTS AND OCCUPANTS ARE ALLOWED. SUBLETTING IS NOT ALLOWED
SEE ATTACHED OCCUPANCY DECLARATION.

NAME _____	DATE OF BIRTH _____	AGE _____
NAME _____	DATE OF BIRTH _____	AGE _____
NAME _____	DATE OF BIRTH _____	AGE _____
NAME _____	DATE OF BIRTH _____	AGE _____

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AUTOMOBILE INFORMATION:

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

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

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 rental references, personal references, employment and income information. I also authorize Four Seasons Apartments to perform a credit check and background check. I consent to the release of information relating to everything set out in this application. By signing below, I assert that I meet all of the application requirements that are set out in the Four Seasons Apartments website www.fourseasonlou.com. I assert that I meet the income requirements for the unit I am applying for as set out in the Four Seasons Apartments brochure and the Four Seasons Apartments website www.fourseasonlou.com.

It is understood by the applicant(s) that this application is only preliminary and involves no obligation of Four Seasons Apartments to approve this application or to deliver occupancy of an apartment.

Only need SS number for applicant and occupants 18 and over.

Applicant Signature _____ SS # _____

Occupant Signature _____ SS # _____

Occupant Signature _____ SS # _____

Occupant Signature _____ SS # _____

Occupant Signature _____ SS # _____

FOUR SEASONS OCCUPANCY DECLARATION

1. I DECLARE AND CERTIFY THAT, SHOULD MY APPLICATION BE ACCEPTED, THE OCCUPANTS LISTED IN THIS APPLICATION ARE THE ONLY OCCUPANTS THAT WILL BE RESIDING WITH ME AT FOUR SEASONS.
2. I UNDERSTAND THAT IF MY APPLICATION IS ACCEPTED BY FOUR SEASONS AND I CHOOSE TO ADD A NEW OCCUPANT(S) WHO IS NOT LISTED ON THE ORIGINAL APPLICATION, I MUST FIRST CONTACT THE LEASING OFFICE TO GET THE OFFICE'S APPROVAL FOR SUCH OCCUPANT(S) BY SUBMITTING THE NECESSARY DOCUMENTATION FOR SAID OCCUPANT(S). I UNDERSTAND THAT THE LEASING OFFICE HAS THE RIGHT TO DENY THE ADDITION OF SUCH NEW OCCUPANT(S).
3. I UNDERSTAND THAT SHOULD I ALLOW AN **UNAUTHORIZED** OCCUPANT(S) TO RESIDE IN MY FOUR SEASONS UNIT, I WILL PAY A **\$500 PENALTY FOR SUCH BREACH**. AFTER PAYING THIS PENALTY AND, SHOULD FOUR SEASONS CHOOSE NOT TO COMMENCE LEGAL ACTION AGAINST ME AND GRANTS ME THE OPPORTUNITY TO SUBMIT THE NECESSARY PAPERWORK TO GET APPROVAL OF SUCH UNAUTHORIZED OCCUPANT(S), I UNDERSTAND THAT FOUR SEASONS MAY DENY THE ADDITION OF SUCH UNAUTHORIZED OCCUPANT(S).
4. NOTWITHSTANDING THE LATTER, FOUR SEASONS EXPRESSLY RESERVES ANY AND ALL RIGHTS AND REMEDIES AVAILABLE TO THEM UNDER ITS LEASE, ITS RULES AND REGULATIONS, AT LAW OR IN EQUITY OR OTHERWISE.

Signed: _____

Date: _____