

OFFICE USE ONLY



Park Place
 Apartment Homes
 7500 CRANFILL WAY, LOUISVILLE, KY 40214
 TEL: 502.363.1876 FAX: 502.375.3352

APPLICATION DATE _____

OFFICE MEMBER _____

APARTMENT NUMBER _____

SECURITY DEPOSIT \$ _____

QUOTED RENT AMOUNT _____

APPLICATION FEE \$ _____

OCCUPANCY DATE _____

ADMINISTRATIVE FEE \$ _____

WAITING LIST FEE \$ _____

RENTAL APPLICATION

APPLICANT INFORMATION

HOW DID YOU HEAR ABOUT US ?

US CITIZEN	Circle	YES	NO	DRIVERS LICENSE NUMBER	SS #
LEGAL NAME OF APPLICANT	FIRST	LAST		MIDDLE	DATE OF BIRTH
CURRENT ADDRESS	APT #	CITY		STATE	ZIP
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE			HOW LONG	LEASE EXPIRATION
CURRENT RENT AMOUNT	ARE YOU CURRENT ON YOUR RENT			WHY ARE YOU MOVING?	
	YES	NO			
PREVIOUS ADDRESS	APT #	CITY		STATE	ZIP
PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE			HOW LONG	HAVE YOU EVER BEEN EVICTED?
					YES NO
EMAIL ADDRESS	HOME PHONE NUMBER			CELL PHONE NUMBER	
CURRENT EMPLOYER	HOW LONG	CURRENT EMPLOYER ADDRESS			CITY STATE AND ZIP
PHONE NUMBER OF CURRENT EMPLOYER	INCOME - WEEKLY - BIWEEKLY - MONTHLY - ANNUAL GROSS \$			OTHER INCOME	

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PLEASE CONTINUE ON OTHER SIDE



RENTAL VERIFICATION REQUEST

LANDLORD INFORMATION

APPLICANT NAME(S)	LANDLORD PHONE	LANDLORD FAX
LANDLORD OR PROPERTY NAME/ADDRESS	CITY	STATE ZIP
LEASED ADDRESS	APT #	CITY
		STATE ZIP

Applicant(s) signature(s) below authorizes Park Place Apartments and its agents to contact current and previous Landlords, Employers, Credit Bureaus, Police Records and any other sources deemed necessary to investigate applicant(s). Any person or Firm is authorized to release information about the undersigned upon presentation of this form or a photocopy of this form at any time.

APPLICANT SIGNATURE _____ DATE _____

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LANDLORD RESPONSE

What is/was the period of residency?	Lease Start Date	Lease End Date
Is/are the applicant(s) under a current lease?	If Yes - Lease Expiration	If Yes - Have they given proper Notice?
What is/was the monthly rental amount?	Amount	Number of late payments
Do any of the following apply to the applicant(s)	Number of complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No Damages to unit <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you rent to applicant(s) if qualified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO please explain

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO OUR REQUEST FOR VERIFICATION.

TELEPHONE NUMBER 502.363.1876 FAX NUMBER 502.375.3352



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