

**BOOK PROPERTIES**  
1320 Bryan Avenue • Lexington KY 40505  
(859)252-8812 (859)396-8812

**RENTAL APPLICATION**

Date \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Appl. #2 : \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Name of everyone who will occupy the property: \_\_\_\_\_

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**Landlord Information - last 5 years**

How long have you lived at current residence? \_\_\_\_\_ Amount of Rent: \$ \_\_\_\_\_  
Current Landlord: \_\_\_\_\_ Phone # \_\_\_\_\_  
Length of Occupancy \_\_\_\_\_  
Previous Landlord: \_\_\_\_\_ Phone # \_\_\_\_\_

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**Employer Information**

Appl. #1 Employer Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
Appl. #2 Employer Name: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

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**References**

Appl. #1 Nearest Relative \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
Appl. #2 Nearest Relative \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

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I hereby warrant that all information provided in this application is true, accurate, and complete, and can be used by the leaser in granting me (us) the privilege of renting the premises. I (we) agree that any damage to the property, other than normal wear and tear, will be paid for at tenant's expense. If any information I have provided is found to be false, misleading, or inaccurate then I will forfeit all deposit money put forth for the premises. *I understand that all utilities must be in my name before I take possession of the property. This application grants permission of background checks including criminal, credit, landlord, and employment information.*

Applicant #1: \_\_\_\_\_ Applicant #2: \_\_\_\_\_

Date: \_\_\_\_\_

Non-refundable Application Fee: \$ \_\_\_\_\_ Paid \_\_\_\_\_

List name of each Occupant

Name and Age

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

**HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? IF YES PLEASE**

**EXPLAIN:**

**HAVE YOU INCURED PEST IN YOUR LAST RESIDENCE  
(ROACHES,BEDBUGS,ANTS,ETC.)Explain**

**DO YOU OR ANYONE IN YOUR FAMILY SMOKE. \_\_\_\_\_  
YOUR HOME OR OUTSIDE?**

**DO YOU SMOKE IN**

**EXPLAIN** \_\_\_\_\_

**PET INFORMATION**

Name of pet: \_\_\_\_\_  
Type of Breed: \_\_\_\_\_  
Age \_\_\_\_\_ Neutered \_\_\_\_\_

I am self-employed, retired, or disabled and must provide photo copy of tax return from previous year, or photocopy of 3 most recent bank statements, showing proof of ability to pay rent for the term of the lease.

Occupancy Standards: 2 BR – 4 Occ. 3BR – 7 Occ. 4BR- 9 Occ.

**Prospect must complete and sign application and understand lease documents upon signing. I HEREBY VERIFY ALL OF THE INFORMATION IS TRUE AND COMPLETE. I GIVE OWNER/AGENT THE AUTHORITY TO VERIFY ALL INFORMATION INCLUDING RECORDS OF ALL LAW ENFORCEMENT AGENCIES CONCERNING MY HISTORY.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_