

Country Living Apartments, LLC
P.O. Box 258
3005 Dixie Hwy
Crittenden, KY 41030
Phone 859-428-2466 Fax 859-428-2497

RENTAL APPLICATION

Application Must Be Filled Out Completely
Applicants must show driver's license or other picture I.D.

This application is for apartment located at _____. The term of the lease being 12 months, at a monthly rental of \$_____, commencing on _____. It is my understanding that this application is preliminary only and involves no obligation of the owner or it's agent to approve this application or to deliver occupancy of the proposed premises.

APPLICANT:

Last Name _____ First _____ Middle _____
Maiden _____ Date of Birth _____ Soc. Sec. # _____
Telephone (____) _____ Driver's License # _____ Drivers License State _____

CO-APPLICANT:

Last Name _____ First _____ Middle _____
Maiden _____ Date of Birth _____ Soc. Sec. # _____
Telephone (____) _____ Driver's License # _____ Drivers License State _____

Other Occupants: (Include persons who regularly visit on an overnight basis)

Name _____	Rel. _____	Age _____
Name _____	Rel. _____	Age _____
Name _____	Rel. _____	Age _____
Name _____	Rel. _____	Age _____

Vehicles:

License Plate# _____	State _____	Yr. _____	Make& Model _____	Color _____
License Plate# _____	State _____	Yr. _____	Make& Model _____	Color _____
License Plate# _____	State _____	Yr. _____	Make& Model _____	Color _____
License Plate# _____	State _____	Yr. _____	Make& Model _____	Color _____

Applicant's Current Address:

Street _____ Apt. _____ City _____ State _____ Zip _____
Landlord's Name _____ Telephone (____) _____
Landlord's Address _____ City _____ State _____ Zip _____
Month & Year Moved In _____ Rent per Month \$ _____
Number of bedrooms rented _____ Reason for leaving _____
Do you pay: Heat (yes/no) Electric (yes/no) Gas (yes/no) Water (yes/no) Sewer (yes/no) Trash (yes/no)
Name used for billing: by Electric & Gas Co. _____
By Water Co. _____ by Sewer Co. _____

Applicant's Previous Address:

Street _____ Apt. _____ City _____ State _____ Zip _____

Landlord's Name _____ Telephone (____) _____
 Landlord's Address _____ City _____ State _____ Zip _____
 Month & Year Moved In _____ Rent per Month \$ _____
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 Name used for billing: by Electric & Gas Co. _____
 By Water Co. _____ by Sewer Co. _____

Applicant's Employment History:

Current Employer _____ Supervisor _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Time of Employment _____ Years _____ Months _____
 Position _____ Monthly Net Income \$ _____
 Other Source of Current Income? Source _____
 Monthly Net Income \$ _____

Previous Employer _____ Supervisor _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Time of Employment _____ Years _____ Months _____
 Position _____ Monthly Net Income \$ _____
 Reason for Leaving _____

References:

Bank Name	Address
_____	_____
_____	_____

Checking #	Saving #	Date Opened
_____	_____	_____
_____	_____	_____

Creditors	Address	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payments	Balance	Credit Limit
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency Contact:

Name _____ Address _____
 Phone Home _____ Work _____
 Relationship _____

Name _____ Address _____
 Phone Home _____ Work _____
 Relationship _____

Do you own a pet? () yes () no, If so, what kind _____
 Have you ever filed bankruptcy? () yes () no If so, when _____
 Have you ever changed your name? () yes () no If so, what name _____
 Have you or anyone staying with you ever been convicted of any crime? () yes () no
 Explain: _____
 Have you or anyone staying with you had any judgments or legal proceedings against you? () yes () no
 Explain: _____

Have you ever not paid rent when due? () yes () no

Explain: _____

Have you ever been served an eviction notice or been asked to leave? () yes () no

Explain: _____

Do you know of anything which could interrupt your income? ()yes ()no

Explain: _____

Do you smoke cigarettes? () yes () no

Do you have a vacuum cleaner? ()yes () no

If this application is accepted by the owner, the money here deposited of \$ _____ will be applied toward the security deposit of \$ _____. Further, upon signature hereon, applicant forfeits all claims to the money here deposited as liquidated damages should the applicant provide incomplete or inaccurate information or cancel and/or refuse to sign a lease as agreed.

I hereby authorize Country Living Apartments, LLC, C.W. Sponcil to obtain information, concerning my past and present credit, rental, criminal, employment history, and to answer any question in the future regarding their experience with me. I hereby authorize any of the following sources, including but not limited to (1) Credit Reporting Agencies, (2) Utility Companies, (3) Governmental Housing Agencies, (4) Police or Fire Departments, and (5) Current or Past Landlords, employers, or creditors, to release any said information to the above named party.

I agree not to hold Country Living Apartments, LLC, C.W. Sponcil or any of the above sources liable for any damage, compensation, or claim arising from any information obtained or provided.

I have read this application and hereby state the information provided by me in this application is complete and accurate. I understand that this information shall be materially relied upon by Country Living Apartments, LLC, C.W. Sponcil. I acknowledge and agree that in the event I enter into a lease with Country Living Apartments, LLC, C.W. Sponcil, that lease may be canceled immediately by Country Living Apartments, LLC, C.W. Sponcil, in the event any of the information provided by me in this application is inaccurate or incomplete. Further applicant and/or lessee forfeit any money paid as turnover cost until the apartment is rented.

APPLICANT

DATE

LEASEING AGENT

DATE

Co-Applicant's Current Address:

Street _____ Apt. _____ City _____ State _____ Zip _____

Landlord's Name _____ Telephone (____) _____

Landlord's Address _____ City _____ State _____ Zip _____

Month & Year Moved In _____ Rent Per Month \$ _____

Number of bedrooms rented _____ Reason for Leaving _____

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Previous Employer _____ Supervisor _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Time of Employment _____ Years _____ Months _____
 Position _____ Monthly Net Income \$ _____
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_____	_____
_____	_____

Checking #	Saving #	Date Opened
_____	_____	_____
_____	_____	_____

Creditors	Address	Account #
_____	_____	_____
_____	_____	_____

Payments	Balance	Credit Limit
_____	_____	_____
_____	_____	_____

Co-Applicant

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