



Rental Application for Residents and Occupants

Each co-applicant and each occupant 18 years old and over must submit a separate application. Spouses may submit a single application.



Date when filled out: December 2, 2011

ABOUT YOU Full name (exactly as on driver's license or govt. ID card)
Your street address (as shown on your driver's license or government ID card):
Driver's license # and state:
OR govt. photo ID card #:
Former last names (maiden and married):
Your Social Security #:
Birthdate: Height: Weight:
Sex: Eye color: Hair color:
Marital Status: single married divorced widowed separated
Are you a U.S. citizen? Yes No Do you or any occupant smoke? Yes No
Will you or any occupant have an animal? Yes No
Kind, weight, breed, age:

Current home address (where you now live):
City/State/Zip:
Home/cell phone: () Current rent: \$
Email address:
Name of apartment where you now live:
Current owner or manager's name:
Their phone: Date moved in:
Why are you leaving your current residence?

Your previous home address:
City/State/Zip:
Apartment name:
Name of above owner or manager:
Their phone: Previous monthly rent: \$
Date you moved in: Date you moved out:

YOUR WORK Present employer:
Address:
City/State/Zip:
Work phone: ()
Position:
Your gross annual income is over: \$
Date you began this job:
Supervisor's name and phone:

Previous employer:
Address:
City/State/Zip:
Work phone: ()
Position:
Gross annual income was over: \$
Dates you began and ended this job:
Previous supervisor's name and phone:

YOUR CREDIT HISTORY Your bank's name, city, state:
List major credit cards:
Other non-work income you want considered. Please explain:
Past credit problems you want to explain. (Use separate page.)

WHY YOU APPLIED HERE Were you referred? Yes No.
If yes, by whom:
Name of locator or rental agency:
Name of individual locator or agent:
Name of friend or other person:
Did you find us on your own? Yes No If yes, fill in information below:
On the Internet Stopped by Newspaper (name):
Rental publication:
Other:

YOUR RENTAL/CRIMINAL HISTORY Check only if applicable. Have you, your spouse, or any occupant listed in this Application ever: been evicted or asked to move out? moved out of a dwelling before the end of the lease term without the owner's consent? declared bankruptcy? been sued for rent? been sued for property damage? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that was resolved by conviction, probation, deferred adjudication, court ordered community supervision, or pretrial diversion? been charged, detained, or arrested for a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime that has not been resolved by any method? Please indicate below the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

YOUR SPOUSE Full name:
Former last names (maiden and married):
Spouse's Social Security #:
Driver's license # and state:
OR govt. photo ID card #:
Birthdate: Height: Weight:
Sex: Eye color: Hair color:
Are you a U.S. citizen? Yes No
Present employer:
Address:
City/State/Zip:
Work phone: ()
Position:
Date began job: Gross annual income is over: \$
Supervisor's name and phone:

OTHER OCCUPANTS Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.
Name: Relationship:
Sex: DL or govt. ID card # and state:
Birthdate: Social Security #:
Name: Relationship:
Sex: DL or govt. ID card # and state:
Birthdate: Social Security #:
Name: Relationship:
Sex: DL or govt. ID card # and state:
Birthdate: Social Security #:

YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than three.
Make and color of vehicle:
Year: License #: State:
Make and color of vehicle:
Year: License #: State:
Make and color of vehicle:
Year: License #: State:

EMERGENCY Emergency contact person over 18, who will not be living with you:
Name:
Address:
City/State/Zip:
Work phone: () Home phone: ()
Relationship:

AUTHORIZATION I or we authorize (owner's name)
The Legends at Indian Springs
to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.
Applicant's signature
Spouse's signature
Applicant must also sign on the next page of this Application.

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The Kentucky Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- Names of all residents who will sign Lease Contract
Name of Owner/Lessor The Legends at Indian Springs
Property name and type of dwelling (bedrooms and baths)
Complete street address 11000 Indian Legends Drive
City/State/Zip Louisville, KY 40241
Names of all other occupants not signing Lease Contract
Total number of residents and occupants
Beginning date and ending date of Lease Contract
Total security deposit \$; Animal deposit \$
Other fees \$
Total monthly rent for dwelling unit \$
Rent to be paid at (check one) on-site manager's office or at

- Prorated rent for: first month or second month \$
Monthly rental due date
Late charges due if rent is not paid on or before the: 2
Late-rent: Initial \$ 50.00
Returned-check charge \$ 50.00
Utilities paid by owner (check all that apply): electricity, gas, water, wastewater, trash, cable TV, master TV antenna
You are (check one): required to purchase personal liability insurance or not required to purchase personal liability insurance;
Agreed reletting charge \$
Special provisions regarding parking, storage, etc.:
Authorized person to manage: Greystar

Application Agreement

- 1. Lease Contract Information. The Lease Contract contemplated by the parties is attached or, if no Lease Contract is attached, the Lease Contract will be the current Lease Contract noted above.
2. Application Fee (nonrefundable). You have delivered to our representative an application fee in the amount indicated below, and this payment partially defrays the cost of administrative paperwork.
3. Application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated below.
4. Approval When Lease Contract Is Signed in Advance.
5. Approval When Lease Contract Isn't Yet Signed.
6. If You Fail to Sign Lease Contract After Approval.
7. If You Withdraw Before Approval.
8. Completed Application. An Application will not be considered "completed" and will not be processed until all of the following have been provided to us.
9. Nonapproval. We will notify you whether you've been approved within 10 days after the date we receive a completed Application.
10. Refund after Nonapproval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits within 30 days of such disapproval.
11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next day.
12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents referred to in the Lease Contract; and (2) all applicable rents and security deposits have been paid in full.
14. Receipt. Application fee (nonrefundable); Application deposit (may or may not be refundable); Other move-in fees (may or may not be refundable); Total of above application fee and application deposit; Total amount of money we've received to this date.
15. Signature. Our representative's signature is consent only to this Application Agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.

Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

If you're seriously ill or injured, what doctor may we notify? (We're not responsible for providing medical information to or calling doctors or emergency personnel)
Doctor's name: Doctor's phone: ()

Important medical information about you in an emergency:

Applicant's Signature: Date:
Signature of Spouse: Date:
Signature of Owner's Representative: Date:

FOR OFFICE USE ONLY
1. Apt. name or dwelling address (street, city) The Legends at Indian Springs
2. Person accepting application: Unit # or type:
3. Person processing application: Phone: ()
4. Date that applicant or co-applicant was notified by telephone, letter, or in person of acceptance or nonacceptance:
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):
6. Name of owner's representative who notified above person(s):