

River Oak
 2400 Mellwood Ave
 Louisville KY, 40206
 502-895-1185

Office Use Only:	
Date: _____	
Agent: _____	
Unit: _____	
Rent: _____	

Residential Rental Application

***TO THE APPLICANT:** We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information.*

PLEASE TELL US ABOUT YOURSELF

Applicant _____ Phone () _____ Email _____

Date of Birth _____ S.S. # _____ Driver's License # & State _____

Co-Applicant/ _____ Phone () _____ Email _____
 (or Co-Signer)

Date of Birth _____ S.S. # _____ Driver's License # & State _____

Names of All Other Occupants	Relationship to Applicant(s)	Date of Birth

Do You Have a Pet? Yes No If Yes, What Kind? _____ Weight _____

PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST 2 YEARS

Current Address _____ City _____ State _____ Zip _____

Landlord Name _____ Phone #: _____ Month/Year Moved In _____

Do you: Own Rent (Monthly Amt _____) Live with Family (Monthly Rent _____) Other _____

Co-Applicant Address _____ City _____ State _____ Zip _____
 (or Co-signer)

Landlord Name/Phone _____ Phone #: _____ Month/Year Moved In _____

Do you: Own Rent (Monthly Amt _____) Live with Family (Monthly Rent _____) Other _____

Previous Address (Applicant/Co-Applicant) _____ Monthly Rent _____

Landlord Name/Phone _____ Month/Year - Moved In _____ Moved Out _____

PLEASE GIVE US YOUR INCOME INFORMATION

Employment/Income	Applicant	Co-Applicant (Co-Signer)
Position		
Employer		
Business Address		
Business Telephone #		
Avg. Weekly Earnings		
Length of Employment		
Source of Other Income		
Previous Employer		
Business Phone		
Length of Employment		
Avg. Weekly Earnings		

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PLEASE ANSWER THE FOLLOWING OTHER QUESTIONS

Applicant's Vehicle - Make _____ Year _____ Model _____ Color _____ License _____

Co-Applicant's Vehicle - Make _____ Year _____ Model _____ Color _____ License _____

Do you have renter's insurance? YES NO (Although not required, we strongly recommend that renters insurance be obtained before move-in. It can be obtained inexpensively from your insurance agent.)

PLEASE GIVE US EMERGENCY CONTACT INFORMATION

In the event of an emergency, I/We hereby authorize the following person(s) to be contacted or to have access to my/our apartment:

Name _____ Relationship _____ Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Name _____ Relationship _____ Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

PLEASE ACKNOWLEDGE OUR APPLICATION POLICY

I/We hereby acknowledge and understand that the application fee is non-refundable. An initial deposit is required to reserve an apartment. Once an application is approved and an apartment reserved, no deposit or other monies will be refunded. In the event the application is denied, the deposit will be refunded to the applicant less the non-refundable application fee(s). By signing the application below, you acknowledge that you have read and understand this application policy.

PLEASE GIVE US AUTHORIZATION TO PROCESS YOUR APPLICATION

PLEASE READ CAREFULLY BEFORE SIGNING

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warranty the accuracy of the information. You authorize **River Oak** to obtain a consumer credit report and make credit, employment, and rental inquiries for the purpose of approving this application and relieve them from any claims or liability which may result from such inquiries. I/We understand that this application will be denied if any of the above information is found to be false.

Applicant

Date

Co-Applicant (or Co-Signer)

Date

PLEASE REFER A FRIEND

Do you know of anybody else looking for an apartment? Please provide their name, address and phone number, and you may qualify for our resident referral program.

Name _____ Address _____ Phone () _____