IPG

2008 Highland Ave Louisville, KY 40204

Phone: (502) 459-5007 Fax: (502) 451-1303

\$40 FEE REQUIRED FOR EACH APPLICANT / \$30 CREDIT FEE FOR EACH COSIGNOR

APARTMENT ADD	DRESS:		LENGTH OF LEASE:	
	Utilities Furnished by Owner: Nor	ne Water Electric Ga	s Heat A/C Trash All	
Security Deposit (same as o	one month rent):	Monthly Rent:		
Additional Deposits as Follo	ows:	Additional Montl	hly Charges as Follows:	
Pet: (pending type & breed)	\$100	Pet: Cat \$15/m	onth, Dog \$25/month	
Garage Door Opener	\$50	Garage/Carport:	\$/ month	
Total Deposit		Total Monthly Re	nt	
APPLICANT'S FULL N	AME: First	Middle	Last	
Social Security #			= #(s):	_ Smoker? y / n
Email Address:		(this needs to	be an email that you check on a	regular basis)
Name	t (anyone over 18 must apply se	Relationship:	Age: Age:	
Intended move in date:				
PETS:				
Type:	Breed:		Weight:	
Туре:	Breed:		Weight:	
PRESENT HOME ADDRESS:				
	Street		Apt. #	
Landlord:	City Phone:	State Rent Amount:	Zip Duration:	
PREVIOUS ADDRESS:	Street		Apt.#	
Landlord:	City Phone:	Rent Amount:	State Zip Duration:	
	(TOTAL INCOME MUST B	E AT LEAST 3 TIMES THE A	AMOUNT OF RENT)	
EMPLOYED BY:		Position:	Date Employed:	
Business Address:		Supervisor:	Phone:	
•			:	
(Inc	come amount hefore taxes)		(Please provide pay stubs)	

CAR INFORMATION:						
Auto Make: Model:		Color:	Li	cense Tag:		
EMERGENCY CONTACTS:						
NAME:		Relationship:_				
NAME:Address	:Street		City	Chaha		
NAME:		Relationship:_			Zip	
Phone: Address	:Street		City	State	Zip	
	Street		City	State	219	
*Have you ever been evicted?	Yes / No	If yes: Date:	Apt. 0	Complex:		
*Do you owe money to a previous apartmen	t? Yes / No	If yes: Date:	Apt. 0			
*Have you ever filed bankruptcy?	•	If yes: Date:				
*Have you ever been convicted of a felony?	Yes / No	If yes: Date:	Reas	on:		
REFERENCES: (NON RELATIVES, HAVE KNOWN AT	LEAST 5 YEARS)					
NAME:	_ PHONE:		REL	ATION, YEARS KNOWN:		_
NAME:	_ PHONE:		REL	ATION, YEARS KNOWN:		_
NAME:	PHONE:		RELA	ATION, YEARS KNOWN:		_
made. An Application Fee of \$30.00 will be taken WE ACCOMMODATE WITHOUT REGARD TO RACE No agreements except as contained herein will bi This application shall be binding upon the owner signature shall not be construed as an acceptance agent.	, COLOR, RELIGION and either the unconstruction of the construction of the constructio	DN, SEX, HANDICAP, dersigned or the owl opted in writing by h	FAMILIAL S ner. im or his a	TATUS OR NATIONAL C	written lease to the undersig	
I hereby deposit \$ as earnest money that the applicant hereby agrees to execute a wribe retained if the applicant refuses the property retained by IPG will be \$200 or prorated rent for applicant as a tenant, this holding deposit will be	itten lease agree rreserved for hi the time period	ment and to pay the m/her or does exec that the property w	e rent in aduute the lea	vance, no later than _ se as described above.	The amount of the holding	osit will deposit
I acknowledge the above facts to be true to the b leasing the property based on the above facts sup	•	-				-
The below signature gives permission for us to s for qualifications and collection of debts owed la		about past residenc	e, verify yo	our employment and cl	heck your criminal and credit	history
Applicant Signature			Date			
		MUST BE IN TWO (2) S E HELD FOR APPLICAN		IECKS OR MONEY ORDERS HOLDING DEPOSIT		
	СО	SIGNOR APPLIC	CATION			
Full Name:				Phone:		
Address:Street		City		State	Zip	
	Date of Birth:	City		- Care	'P	

Employer:	Phone:	Gross Monthly Income:	
Cosignor Signature		Date	