

Please send copies of Social Security Cards for everyone 18 years and older who will live in the unit.

Please send \$12.00 per each person over the age of 18 for our criminal checks.

RIVERHILL APTS  
1106 GILLOCK AVENUE  
CARROLLTON, KY 41008

Rental/Credit Application  
RENTAL/CREDIT APPLICATION  
PERSONAL INFORMATION

Date \_\_\_\_\_ Interviewed By \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Prior Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
How long have you lived at present address? \_\_\_\_\_ How long have you lived at prior address? \_\_\_\_\_  
Name of Landlord \_\_\_\_\_ Telephone \_\_\_\_\_  
Prior Landlord \_\_\_\_\_ Telephone \_\_\_\_\_  
Birth Date \_\_\_\_\_ How many in family? \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_  
Pets \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
How long? \_\_\_\_\_ Telephone \_\_\_\_\_

CO-APPLICANT INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
How long? \_\_\_\_\_ Telephone \_\_\_\_\_

BANK INFORMATION

Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

ADDITIONAL PERSONAL REFERENCES

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Number of vehicles (including company cars) \_\_\_\_\_

Make/Model _____	Year _____	Color _____	Tag No. _____	State _____
Make/Model _____	Year _____	Color _____	Tag No. _____	State _____
Make/Model _____	Year _____	Color _____	Tag No. _____	State _____

HAVE YOU EVER  
 Filed for bankruptcy \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_  
 Been served an eviction notice or been asked to vacate a property you were  
 renting? \_\_\_\_\_  
 If yes, when? \_\_\_\_\_  
 Willfully or intentionally refused to pay rent when due? \_\_\_ Yes \_\_\_ No If yes,  
 when? \_\_\_\_\_  
 How were you referred to us?  
 \_\_\_\_\_ Newspaper (Name) \_\_\_\_\_ Realtor(Name) \_\_\_\_\_ Other \_\_\_\_\_  
 Rental Unit applied for \_\_\_\_\_  
 Commencement date \_\_\_\_\_ Term \_\_\_\_\_ Rent/Month \_\_\_\_\_

DISCLOSURE

I/We, the undersigned, understand that ASHCRAFT REALTY is the leasing agent and representative for the owner/landlord and that the leasing agent's fees will be paid by the owner/landlord. The undersigned acknowledge that this written notice was received prior to the undersigned receiving a lease agreement.

RADON GAS- Notice to Prospective Tenant; Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in this state. Additional information regarding radon and radon testing may be obtained from your county public health unit.

I/We declare the foregoing information is true and correct, and I/We hereby authorize you to conduct an employment and credit check and to verify our references.

Applicant's Signature _____	Date _____	Co-Applicant's Signature _____	Date _____
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FOR OFFICE USE ONLY-DO NOT WRITE BELOW

Application Verification	Person Contacted	Remarks
Present Landlord _____	_____	_____
Previous Landlord _____	_____	_____
Applicant's Employment _____	_____	_____

Co-Applicant's Employment \_\_\_\_\_  
     Bank \_\_\_\_\_  
     Reference (1) \_\_\_\_\_  
     Reference(2) \_\_\_\_\_  
     Reference (3) \_\_\_\_\_  
     Other \_\_\_\_\_  
     Driver's License/ID         Credit Bureau

Verification completed by \_\_\_\_\_  
Date \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_

Monies Received  
Date \_\_\_\_\_ Description \_\_\_\_\_ Applicant Fee \_\_\_\_\_ Deposit Amount \_\_\_\_\_  
THIS APPLICATION  
     Approved         Not Approved

Before you use this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

Return to: Ashcraft Realty  
P.O. Box 157  
Owenton, Ky. 40359  
PHONE (502)484-5802 1-800-728-5802  
FAX (502)484-0457  
Email [kim@ashcraftrealty.com](mailto:kim@ashcraftrealty.com)

In Case of Emergency, Notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_



## TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby, authorize all persons or companies in the categories listed below to release without liability information regarding employment, income and/or assets to Ashcraft Realty for purposes of verifying information on my/our apartment rental application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity; employment; income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information includes, but are not limited to:

Past and Present Employees  
Previous Landlords (including  
Public Housing Agencies)  
Support & Alimony Providers  
Police Records

Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Medical & Child Care Providers  
Credit Bureaus

Veterans Administration  
Retirement Systems  
Banks & Other Financial  
Institutions

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

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### SIGNATURES

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coapplicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Note:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.