

**Please return application to:**

**Ashwood Apartments & Townhomes  
621 Debbie Lane, #50  
Erlanger, KY 41018**

**Fax #: 859-727-0169  
Phone #: 859-727-2256**

**PLEASE INCLUDE COPIES OF SOCIAL  
SECURITY CARDS AND BIRTH  
RECORDS FOR EVERYONE WHO WILL  
LIVE IN THE UNIT.**

**WE WILL NOT ACCEPT YOUR  
APPLICATION WITHOUT THIS  
INFORMATION.**

# RENTAL APPLICATION

(Please Print)



Name of Property \_\_\_\_\_

Date \_\_\_\_\_

Apt. Size Desire: No. of Bedrooms \_\_\_\_\_

Name of Head of Household (Head)					Spouse Name (if living with the household)		
					( )	( )	
Current Address: Street		City	State	Zip	Day Phone	Night Phone	
<b>Circle One:</b>	Single	Married	Divorced	Separated			
Have you ever used another name? Y/N _____. If so, please indicate name: _____							

**PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A PARTICULAR QUESTION IS NOT APPLICABLE.**

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your Social Security number.

**2. FAMILY COMPOSITION:**

Member No.	Name(s)	Relation to Head	Date of Birth Mo-Dy-Yr	Social Security No.	Sex (M/F)	Full time Student (Y/N)
1.		HEAD				
2.						
3.						
4.						
5.						
6.						

Anticipated change in family size? (Y/N) \_\_\_\_\_. Anticipated change in number of students? (Y/N) \_\_\_\_\_

**3. ANTICIPATED INCOME: # PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD**

**MEMBERS:**

Member No.	Source of Income: Indicate Name of Source	Position	From/To	Gross Income/Monthly
	Name:			\$
	Address:	Phone No.:	Contact:	
	Name:			\$
	Address:	Phone No.:	Contact:	

Are you entitled to child support benefits? Yes No  
 If yes, do you receive child support benefits? Yes (Monthly benefit: \$\_\_\_\_\_) No  
 If no, what attempts are you making to collect the entitled child support benefits?

(please explain)

Other sources of income (e.g. Social Security, alimony, stipend, etc): \_\_\_\_\_  
 Contact, address and phone No.: \_\_\_\_\_ If none, check here

**4. ASSETS:**

Account No.	Describe Type (Stocks, real estate, etc. If property, please indicate location)	Value
		\$
		\$

Has any member of your household sold or otherwise disposed of any asset during the past two years? Yes No

**5. CREDIT REFERENCES (credit cards, school loans, car payment, mortgage payments, etc.):**

Account No.	Company Name (Creditor)	Mon. Pmt.	Balance	Judgements/Bankruptcy? If yes, describe

**6. BANK REFERENCES:**

Account No.	Bank Name	Address	Type of Account (savings, checking)	Average Bal.	Actual Interest Earned

**7. VEHICLES (including company cars, motorcycles, etc.):**

Name	Driver's Lic No.	State	Model	Year	Color	Car Lic No.	State	Mon. Pmt

**8. RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:**

Current Address		Rent/Mo	Utilities/Mo	Move-in Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone No.	
Previous Address		Rent/Mo	From/To	Reason for Leaving	
Landlord Name	Landlord Address			Landlord Phone No.	
Previous Address		Rent/Mo	From/To	Reason for Leaving	
Landlord Name	Landlord Address			Landlord Phone No.	

**9. CHARACTER REFERENCE (Other than Relatives):**

Name	Address	Phone No.

**10. IN CASE OF EMERGENCY, NOTIFY:**

Name	Address	Phone No.

**11. SPECIAL NEEDS:**

Does anyone in your family have special needs?  Yes  No Are special living accommodations required?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We authorize \_\_\_\_\_ to verify information in this application. I/We further agree that a full disclosure of pertinent facts may be made to \_\_\_\_\_ as to my/our character, general reputation, income, credit and mode of living. I understand that this application may be rejected as the result of my/our misrepresentation or insufficient information.

Acceptance of this application and any deposits is not binding upon \_\_\_\_\_ until this application is approved in writing.

I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this property. I/We also understand that this application is for occupancy at a Low-Income Housing Tax Credit property and will require annual recertification of my/our household.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):**

_____ Applicant Signature (HEAD)	_____ Date	_____ Property Representative	_____ Date
_____ Applicant Signature (OTHER ADULT)	_____ Date		