

Please return application to:

**Ashcraft Realty, Inc.
PO Box 157
Owenton, KY 40359**

**Fax #: 502-484-0457
Phone #: 800-728-5802**

**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	
Circle One:	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		