

Oldham County Apartments

Rental Application

Brownsboro Woods

Camden Wood

Please Print

circle the property above that you are r interested in

complete all information

Applicant: _____

Home Phone: () _____ Cell Phone: () _____ SSN: ____/____/____

Drivers' license a/State: _____ / _____ DOB: ____/____/____

Co-Applicant: _____ Relationship to applicant: _____

Home Phone: () _____ Cell Phone: () _____ SSN: ____/____/____

Drivers' license a/State: _____ / _____ DOB: ____/____/____

Other Occupants with Relationship & Age: _____

E-mail address if available: _____

Present Address: _____ Rent Amount: _____

City: _____ State: _____ Zip: _____

Current Landlord: _____ Phone: () _____ How Long: _____

Previous Address (**if less than 3 yrs**): _____ Rent Amount: _____

City: _____ State: _____ Zip: _____

Previous Landlord: _____ Phone: () _____ How Long: _____

Co-Applicant Previous Address (**if different**) from Applicant: _____

Current Landlord: _____ Phone: () _____ How Long: _____

City: _____ State: _____ Zip: _____

Present Employer: _____ Phone: () _____

Employer's Address: _____ Gross Monthly Income: _____

Position: _____ Supervisor: _____ Length of Employment: _____

Previous Employer (**if less than 3 years**): _____ Phone: () _____

Employer's Address: _____ Gross Monthly Income: _____

Position: _____ Supervisor: _____ Length of Employment: _____

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Co-Applicant Employer: _____ Phone: () _____

Employer's Address: _____ Gross Monthly Income: _____

Position: _____ Supervisor: _____ Length of Employment: _____

Previous Employer (if less than 3 years): _____ Phone: () _____

Employer's Address: _____ Gross Monthly Income: _____

Position: _____ Supervisor: _____ Length of Employment: _____

Auto Information: Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

\$25.00 application fee per adult Make checks payable to: _____

Authorization for Release of Information

To: _____

I (we) hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing.

I (we) further understand that any false or incomplete information is grounds for immediate rejection of this application.

I (we) specifically authorize and request all present and previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stock brokers and local, state and Federal Government Agencies to release any requested information in the evaluation of my application for rental housing.

Applicant: _____ Date: ____/____/____

Co-Applicant: _____ Date: ____/____/____

How did you hear about this rental? _____