

TAYLOR RENTAL APARTMENT APPLICATION

P.O. Box 1944 Richmond Ky 40476

Phone: (859) 623-7722

Fax: (859) 623-2700

Complete and Email to: taylorrentalapartments@gmail.com Web: Taylorrental.squarespace.com

Apartment applying for _____

Name _____ Cell # _____ work # _____

Email _____ @ _____ Social Security number _____

Driver's License number _____ Emergency Contact _____ Phone _____

Current Address _____ How long at this address _____ Rent \$ _____

Reason for moving _____

Owner/Manager _____ Phone number _____

Previous Address _____ How long at this address _____ Rent \$ _____

Reason for moving _____

Owner/Manager _____ Phone number _____

Name and relation of every person that will be living in the unit. (Include ages of minor children)

Any pets? _____ Describe _____ Waterbed? _____

Current Occupation _____ Employer _____ Phone _____

Supervisor Name _____ Phone _____ How long _____

Previous Occupation _____ Employer _____ Phone _____

Supervisor Name _____ Phone _____ How long _____

Current Gross income (before deductions) \$ _____ Other Sources of Income _____

Savings Account: Bank Name _____ Checking Account: Bank Name _____

Major Credit Card? _____ Monthly Payment \$ _____ Credit reference _____

Have you ever filed for bankruptcy? _____ Have you ever been evicted? _____

Explain _____

Personal reference _____ Address _____ Phone _____

Vehicle Make _____ Model year _____ License _____

I hereby declare that the statements above are true and correct and I authorize verification of references given and a credit check. Date: _____ Signed: _____