

# SHELBY CROSSING APARTMENTS

500 La Fontenay Court  
Anchorage, KY 40223  
PHONE: (502) 245-8834  
FAX: (502) 245-1518

Thank you for applying at Shelby Crossing Apartments.

Your application will be processed using the following screening criteria:

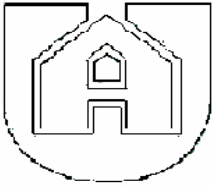
- Fair Housing and Equal Opportunity requirements will be adhered to.
- Applicants must demonstrate the ability to pay rent on time and monthly gross income must be equal or greater than three times the rent amount.
- Valid picture I.D. must be submitted by all adult household members with this application. Submission of any invalid document or number will be reason for rejection of application.
- A credit report will be obtained and must show no delinquent balance due previous or present landlords and utility companies.
- A police report will be required prior to move-in. Applicants will be rejected if there is any history of drug related crimes, other violent felony crimes and numerous crimes committed in the past five years.
- Comments will be obtained from present and/or prior landlord(s) for the past three years.
- The application will be denied if the applicant is under the age of 18 and is without an adult co-signer.
- The family size is not appropriate for the size of units available.

Please fill out, sign and date your application. Please submit with your application the following information:

- **Copies of Photo I.D./ Drivers License for all adult household members that are 18 and older.**
- **Copy of most recent paycheck stub for all employed household members, or a bank statement proving you have an income.**
- **NON-REFUNDABLE APPLICATION FEE OF \$30.00 FOR EACH ADULT MEMBER- MONEY ORDER OR CHECK ACCEPTED ONLY.**

Falsifying any information on this application is grounds for automatic rejection. Applications are kept on file for 90 days after receipt after which time, we may require updated information. If you have any questions, please contact our office.





**UNDERHILL ASSOCIATES, INC.  
APPLICATION FOR RESIDENCY**

Community Apartment: \_\_\_\_\_ Community Owner: \_\_\_\_\_  
Apt. Type \_\_\_\_\_ Apt # \_\_\_\_\_ Address \_\_\_\_\_ Resident Move-in date \_\_\_\_\_  
Base Rent \$ \_\_\_\_\_ Short-term Premium \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Prorate amt. \$ \_\_\_\_\_  
Pet? Y N Type \_\_\_\_\_ Name \_\_\_\_\_ Size \_\_\_\_\_ No. \_\_\_\_\_ Non-refundable pet fee \$ \_\_\_\_\_  
Monthly pet rent \$ \_\_\_\_\_ Garage # \_\_\_\_\_ Garage Monthly Fee \$ \_\_\_\_\_  
Why did you choose our community to be your home? \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_  
Non-refundable administrative fee \$ \_\_\_\_\_ THIS IS A NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK  
AND PROCESSING CHARGE FOR THIS APPLICATION. SUCH SUM IS NOT A RENTAL PAYMENT OR SECURITY  
DEPOSIT. THIS AMOUNT WILL BE RETAINED BY COMMUNITY OWNER TO COVER THE COST OF  
PROCESSING APPLICATION AS FURNISHED BY THE APPLICANT.

**PERSONAL INFORMATION**

Please Print  
Applicant's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex M F Marital Status \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security no. \_\_\_\_\_ Driver's license no. \_\_\_\_\_ State \_\_\_\_\_  
Co-applicant's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex M F Marital Status \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security no. \_\_\_\_\_ Driver's license no. \_\_\_\_\_ State \_\_\_\_\_  
List name, date of birth and relationship of other persons occupying premises:  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
In case of emergency, notify (not living with you): Name \_\_\_\_\_  
Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

**RESIDENCE HISTORY**

Present address \_\_\_\_\_  
Community name, landlord or mortgage holder \_\_\_\_\_ Phone \_\_\_\_\_  
Monthly Pmt \$ \_\_\_\_\_ length of residence (yrs/months) \_\_\_\_\_ / \_\_\_\_\_ Lease expires \_\_\_\_\_  
Reason for moving \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Community name, landlord or mortgage holder \_\_\_\_\_ phone \_\_\_\_\_  
Length of residence \_\_\_\_\_ / \_\_\_\_\_ reason for moving \_\_\_\_\_  
Have you ever had an eviction filed against you? Y N Have you ever broken a rental agreement? Y N  
If Y to either question, where? \_\_\_\_\_

**EMPLOYMENT INFORMATION**



Applicant's present employer \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_ Since \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
 Applicant's previous employer \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_ Dates employed \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_

Co- Applicant's present employer \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_ Since \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
 Applicant's previous employer \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Position \_\_\_\_\_ Dates employed \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Contact \_\_\_\_\_ Gross monthly income \$ \_\_\_\_\_  
 Reason for leaving? \_\_\_\_\_  
 Do you have any children living not with you that you pay child support for? Y or N, monthly amount \$ \_\_\_\_\_  
 Do you pay maintenance or alimony to your former spouse? Y or N, if Y, monthly amount \$ \_\_\_\_\_

**OTHER INFORMATION**

Auto make/model \_\_\_\_\_ year \_\_\_\_\_ color \_\_\_\_\_ tag no. \_\_\_\_\_ State \_\_\_\_\_  
 Auto make/model \_\_\_\_\_ year \_\_\_\_\_ color \_\_\_\_\_ tag no. \_\_\_\_\_ State \_\_\_\_\_  
 Auto make/model \_\_\_\_\_ year \_\_\_\_\_ color \_\_\_\_\_ tag no. \_\_\_\_\_ State \_\_\_\_\_

Why are you renting:

House under construction  Economic decision  New to city  Prefer renting to owning   
 Saving for down payment  Temporary work assignment

**E-MAIL address:** \_\_\_\_\_

**APPLICANT'S CONSENT**

Have you (or any co-resident) ever been convicted of a crime? Y N  
 If yes, explain \_\_\_\_\_

Authorization:

**I hereby authorize the Sheriff's Department or other independent services or local law enforcement agencies to furnish the Community Owner with any information such agencies may have concerning me. I do hereby release the Community Owner, Sheriff's Department and other such agencies from all liability for any damage whatsoever incurred in furnishing, obtaining and using such information.**

**I further authorize the Community Owner to obtain a credit history and report concerning me, and hereby release the Community Owner and the credit-reporting agency from all liability for any damage whatsoever incurred in furnishing, obtaining and using such information.**

**Applicant and Co-Applicant each represent that all the above statements are true and hereby authorize verification of above information, references and credit records. Applicant and Co-Applicant each acknowledge that false information herein may constitute grounds for rejection of this application, terminating the right of occupancy, and forfeiture of deposits and may constitute a criminal offense under the laws of this State.**

Keys will be furnished only after the contemplated lease and other rental documents have been accepted by all parties and only after applicable rentals and the security deposit and the non-refundable fees have been paid. The initial rent payment will be due and payable upon the signing of the lease and other rental documents and will cover the period from the first day of the term through the remainder of that month. Thereafter, all rental payments will be due ad payable in advance on the first day of each month.



**RENTER'S INSURANCE**

LESSOR DOES NOT MAINTAIN INSURANCE TO COVER YOUR PERSONAL PROPERTY OR PERSONAL INJURY. LESSOR WILL REQUIRE YOU TO GET YOUR OWN INSURANCE FOR LOSSES TO YOUR PERSONAL PROPERTY OR PERSONAL INJURY DUE TO THEFT, FIRE, WATER DAMAGE, PIPE LEAKS, AND THE LIKE.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

RENTER'S INSURANCE ALREADY ACQUIRED                      YES                       NO

DEPOSIT

I hereby deposit the following with Community Owner as a good faith deposit in connection with this application for residency:

	Required Amount	Amount Paid	Date Paid
Non-refundable Application Fee	\$ _____	\$ _____	_____
Premises Security Deposit	\$ _____	\$ _____	_____
Non-refundable Pet Fee	\$ _____	\$ _____	_____
Non-refundable Administrative Fee	\$ _____	\$ _____	_____

If my application is accepted and a lease and all other rental documents have been signed by all parties, I understand security deposit (Premises) will become my refundable security deposit upon meeting the terms of the Lease and Community Rules and Regulations. If for any reason, Community Owner decides to decline my application, then Community Owner will refund the Premises Security Deposit and the non-refundable fees, excluding the application fee, to me in full. If Community Owner accepts the application but is unable to allow me to occupy the premises on the date agreed because of a delay caused by construction or holding over of a prior resident, then I agree that my sole remedy shall be the return and refund of the deposits and non-refundable fees, including the application fee. I hereby waive my right to damages against the Community Owner or management due to failure of Community Owner or management to provide the premises for occupying. If I fail to occupy the premises on the agreed upon date, except for delay caused by construction or holding over a prior resident, I understand that Community Owner shall assess as liquidated damages the security deposit and fees (except non-refundable pet fee and non-refundable administrative fee) paid to Community Owner through the date of proposed occupancy, including non-refundable application fee, and Premises Security Deposit, and such amounts shall be considered liquidated damages and not a penalty to reimburse Community Owner for re-rental costs and expenses incurred due to any cancellation in view of the fact that the parties agree that such costs are difficult to ascertain. It is understood that I shall have 72 hours from the date of submitting this application for residency in which to cancel this rental application and receive a return of the deposits and non-refundable fees, excluding the application fee. Any cancellation after 72 hours after submission of this application by the Applicant or Co-Applicant shall incur the liquidated damages noted above unless Community Owner should decline my application. I further understand that all original forms must be returned to Community Owner and verifications must be completed prior to the move-in date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE VIII of the CIVIL RIGHTS ACT OF 1968 makes discrimination based on race, color, religion, sex, familia status, or national origin illegal in connection with the rental of most housing. The Federal agency that administers compliance with this law is the U.S. Department of Housing and Urban Development.

EQUAL CREDIT OPPORTUNITY ACT: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of sex or marital status. The Federal agency, which administers compliance with this law, is the Equal Credit Opportunity, Federal Trade Commission, Washington, D.C. 20580

THE UNERSIGNED APPLICANT HEREBY DECLARES THAT THE REPRESENTATION OF FACE CONTAINED IN THE FOREGOING APPLICATION IS CONSIDERED PART OF MY LEASE AND ARE TRUE AND CORRECT. I AGREE THAT IF ANY INFORMATION HEREIN CONTAINED IS FALSE, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE LANDLORD, BE TERMINATED AT ANY TIME. APPLICANT AUTHORIZES LESSOR TO VERIFY THE ABOVE STATEMENTS INCLUDING, BUT NOT LIMITED TO, BY THE USE OF CREDIT INFORMATION AGENCIES. IN THE CASE WHERE A CREDIT REFERENCE IS NOT AVAILABLE, A COMPLETE AND THOROUGH COMPANY FINANCIL STATEMENT WILL BE PROVIDED UPON REQUEST.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of CO-Applicant \_\_\_\_\_ Date \_\_\_\_\_



## 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 **STATION HOUSE SQUARE APARTMENTS** for purposes of verifying information on my/our apartment

### 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	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and Other Financial Institutions
	Medical and Child Care Providers	

### 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.

### *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.