LINCOLN REAL ESTATE, INC 1795 ALYSHEBA WAY #1202 **LEXINGTON, KY 40509** 859-271-2222

This is an offer to lease the property located at _

Rental Application Complete application <u>must</u> be submitted with:

1. Application deposit and Pet Fee (fully refunded if denied)

2.	Recent paystubs/proof of income for each applicant
3.	Copy of photo ID for each person over 18 years old

Proposed move-in date:	Proposed Lease term:	yrs.	Deposit Paid \$	Pet Fee Paid \$, U Check	□ Cash	☐Money Orde
roposca move in date.		,	Deposit i dia 4	r cc r cc r ala y	,		a. ione, orac

Please fill in EVERY BLANK or mark it "N/A" if it is not applicable to you or your situation. Incomplete Applications cannot be processed!

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Applicant Information For your consideratio	n or this appil			the folio	wing to be accur-	ate:				
Full Name:	CCN	Email (requi	irea):		B. J. C. C. D. J.					
Phone: Drivers License #:	SSN:	-	-		Date of Birth:	/	/			
Current address:	Marital Status: Monthly Payment:	I Single ⊔ Ma	Are you u		Г <u></u>					
Current Landlord Name:			☐ Yes	□ No	Length of Time: Reason for leaving:					
Previous address:	Phone:		147		-					
	Monthly Payment:		were you ☐ Yes	up to date? No	Length of Time:					
Previous Landlord Name:	Phone:				Reason for leaving:					
Employer:	Occupation:				Start Date:					
Hours per week:	☐ Salary ☐ Ho	ourly: \$		/per hr.	Monthly Income \$					
Supervisor:	Phone:	Phone:				Email:				
Previous Employer:	Start Date:				End Date:					
Other Sources of Income:					Monthly \$					
Have you ever been evicted? ☐ No ☐ Yes	Have you been	convicted of	a felony	? □ No □	☐ Yes Date:					
Add'l Info:	•									
Co-Applicant Information For your consider	ation of this a	pplication,	I warr	ant the f	following to be ac	curate:				
Full Name:		Email (requi	ired):							
Phone:	SSN:	-	_		Date of Birth:	/	/			
Drivers License #:	Marital Status:	Single 🗖 Ma	rried 🖵 D	ivorced	1					
Current address:	Monthly Payment:		Are you u	p to date?	Length of Time:					
Current Landlord Name:	Phone:		u res	u No	Reason for leaving:					
Previous address:	Monthly Payment:		Were you u		Length of Time:					
Employer:	Occupation:		☐ Yes	□ No	Start Date:					
Hours per week:	□ Salary □ Ho	ourly: \$		/per hr.	Monthly Income \$					
Supervisor:	Phone:	σαι.γ. φ		/ per 11	Email:					
Previous Employer:	Start Date:				End Date:					
Other Sources of Income:	Start Date.				Monthly \$					
	Have you been	convicted of	a folony	2 D No D	/					
Have you ever been evicted? ☐ No ☐ Yes Add'l Info:	riave you been	CONVICTED OF	a relorly	: LI NO L	res Date.					
Names of other occupants residing with you Name:	Relationship:				DOB:					
Name:	Relationship:				DOB:					
Name:	Relationship:				DOB:					
Name:	Relationship:				DOB:					
Pet Information	rtelationeriip:				302.					
Type/Breed:	Weight:				Age:					
Vehicle information										
Yr: Make: Model: Co	lor:	Yr:	Make:		Model:	Color:				
Emergency Contact										
Name:	Phone:				Relationship:					
I/We acknowledge and agree that if my application is APPROVED by the Landlord and I/we choose not to take possession of the property for any reason whatsoever my application deposit is NONREFUNDABLE and will be retained by the Landlord. If my/our application is denied by the Landlord, the entire application deposit will be refunded within one (1) business day. After lease is signed the application deposit will be held as a security deposit. The first rental payment will be due upon lease signing. This will cover the period from the first day of occupancy through the remainder of that month, on a prorated basis. Thereafter, all rental payments will be due and payable in advance on the first day of each month. I/We understand the owner may choose to run a credit check, a criminal check and/or an eviction records check. I/We authorize the verification of the information provided on this form as to my credit and employment.										
Signature of applicant:	Date:									
Signature of applicant:	Date:									