

Palomar View Apartments
4121 Reserve Road, Lexington, KY 40514 859-368-0707
Leasing@PalomarViewApartments.com
RENTAL APPLICATION

Apt. Type _____ M/I Date _____ Address _____

Name _____ Phone(____) _____
 First Middle Last

Married Divorced Separated Single

Date of Birth ___/___/___ Social Security No. _____ Maiden Name _____
 Mo. Day Year If Married Less Than 2 Years

Spouse's Name _____
 First Middle Last

Date of Birth ___/___/___ Social Security No. _____ Maiden Name _____
 Mo. Day Year If Married Less Than 2 Years

Total No. of Occupants _____ Adults (over age 18) _____ Children (through age 18) _____
 Single adults must complete separate application

Occupants Under 18:

Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___
Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___
Name _____	Date of Birth ___/___/___	Name _____	Date of Birth ___/___/___

RESIDENCE HISTORY

Address _____ City _____ State _____ Zip _____
 Landlord _____ From _____ To _____ Phone (____) _____
 Amount of Rent \$ _____ Reason for Leaving _____
 Previous Address _____ City _____ State _____ Zip _____
 Landlord _____ From _____ To _____ Phone (____) _____
 Amount of Rent \$ _____ Reason for Leaving _____

EMPLOYMENT

Employed By _____ From _____ To _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Dept. or Position _____ Supervisor _____ Gross Income _____ per _____
 Spouse's Employment _____ From _____ To _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Dept. or Position _____ Supervisor _____ Gross Income _____ per _____
 (If less than one year, please include previous employment)
 Employed By _____ From _____ To _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Dept. or Position _____ Supervisor _____ Gross Income _____ per _____
 Other Income _____

EMERGENCY CONTACT INFORMATION

Person to Contact in Case of Emergency _____ Phone # _____
 Address _____ Relationship _____

SPECIAL INFORMATION

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ If so, when? _____ When was it discharged? _____
 HAVE YOU EVER BEEN EVICTED? _____ HAVE YOU EVER BROKEN A LEASE AGREEMENT? _____
 HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" OR BEEN CONVICTED OF A CRIME? _____
 If yes, please provide date(s) and details _____
 Are you subject to transfer? _____ Reason _____
 Do you have a waterbed? _____ Residents with waterbeds are required to have renters insurance? _____
 Do you have a pet? _____ If so, what type? _____ Weight when fully grown _____

RESIDENTS MUST HAVE PRIOR WRITTEN APPROVAL FROM LESSOR TO HAVE A PET LIVING IN RENTAL UNIT.

A \$ _____ holding deposit is required to reserve a rental unit. If the applicant is not approved, said amount shall be refunded. An application fee of \$35 is required to Process any application and shall be non-refundable. Should this application be approved and Applicant fail to rent said rental unit, the amount received hereunder shall be retained by Management in consideration for reserving said rental unit for said period, unless notified by Applicant within 24 hours.

- Time _____ Date _____ Initial _____
- Applicant agrees that Management shall not be liable for any delay in the date said rental unit is ready for occupancy.
 - Applicant verifies above statements are true and authorizes verification of all references including a credit report.
 - Falsification of application will constitute forfeiture of application deposit to be held as liquidated damages.
 - Application must be filled out completely to be processed.

Applicant _____ Date _____ Applicant _____ Date _____