

Date Received: _____
 OFFICE USE ONLY
 Time Received: _____
 Desired Move In Date: _____
 Desired unit type: 1 BR / 1 BA

Valore at The Baxter
 1589 Martha Ct. Lexington, KY 40505
 Property Phone: 859.309.3331
 Email: manager@livevalore.com

Applicant Name: _____
 Application taken by: Danielle Barajas

RENTAL APPLICATION

ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR \$0.00. DO NOT LEAVE ANY BLANK LINES.

APPLICANT AND FAMILY INFORMATION						
MARITAL STATUS (check one): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated * <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed						
Form to use: Marital and Estrangement Declaration						
<i>List all permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or Live In Care Attendants.</i>						
1	FULL LEGAL NAMES OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	SOCIAL SECURITY #	ARE YOU A STUDENT? List "No," * "Part Time," or "Full Time" **
2	_____	_____	____/____/____	_____	____-____-____	_____
3	_____	_____	____/____/____	_____	____-____-____	_____
4	_____	_____	____/____/____	_____	____-____-____	_____
5	_____	_____	____/____/____	_____	____-____-____	_____
6	_____	_____	____/____/____	_____	____-____-____	_____
7	_____	_____	____/____/____	_____	____-____-____	_____
8	_____	_____	____/____/____	_____	____-____-____	_____
* When the individual has been enrolled full time for at least 5 months of current calendar or is / will be attending any educational institution full time in the next 12 months including kindergarten through post graduate school & trade schools. Student Status Declaration is required for all adults. One per HOM						
Are there any absent household members who would normally be living in the apartment? YES _____ NO _____ Name: _____						
Do you have full custody of your child(ren): YES _____ NO _____ (if no, obtain proof of amount of time child(ren) will be living in unit)						
APPLICANT PHONE #: _____ WORK PHONE #: _____ EMAIL ADDRESS: _____ Circle one: Mobile or Home						
EMPLOYMENT INFORMATION						
Employer: _____ Phone #: _____						
Address: _____ City: _____ State: _____ Zip: _____						
Date Started: _____ Occupation / Title: _____						
Supervisor's Name: _____ Gross Monthly Income: \$ _____ <i>include bonuses, overtime, tips, commission, etc.</i>						
Do you have a second job? (Circle one) Yes No If yes, where: _____ Gross Monthly Income \$ _____						
Date Started: _____ Occupation / Title: _____						
SPOUSE INFORMATION (CO-HEADS AND ROOMMATES MUST COMPLETE SEPARATE APPLICATIONS)						
Employer: _____ Phone #: _____						
Address: _____ City: _____ State: _____ Zip: _____						
Date Started: _____ Occupation / Title: _____						
Supervisor's Name: _____ Gross Monthly Income: \$ _____ <i>include bonuses, overtime, tips, commission, etc.</i>						
Do you have a second job? (Circle one) Yes No If yes, where: _____ Gross Monthly Income \$ _____						
Date Started: _____ Occupation / Title: _____						



INCOME INFORMATION					
<i>Please indicate each source of income received or anticipated within the next 12 months</i>					
DESCRIPTION OF INCOME OR STATUS	RECEIVES NOW OR ANTICIPATES RECEIVING <i>(must circle Yes or No)</i>		IF YES, HOUSEHOLD MEMBER NAME	GROSS AMOUNT REC'D MONTHLY	IF YES, COMPLETE FORM
Employment/ Anticipated Employment	YES	NO		\$	If YES, VOE/EV
Self-employment	YES	NO		\$	Self Employment Affidavit & applicable documentation
Military Pay	YES	NO		\$	VOMP
support/alimony?	YES	NO		Ordered Amount \$	If YES, CSA & VOCSA If NO, CSA only
Do you receive child support/alimony not court ordered? (include non-monetary support such as diapers, clothing, etc)	YES	NO		\$	CSD & AOCSAP
Unemployment Benefits	YES	NO		\$	Unemployment Affidavit
Social Security, SSI, SSD	YES	NO		\$	VOSSB
V.A. Benefits	YES	NO		\$	VOVAB
TANF (AFDC)	YES	NO		\$	VOTANF
Disability, Worker's Comp.	YES	NO		\$	VODOWC
Recurring Gift of monetary value (clothing, etc)	YES	NO		\$	VOC or G
Regular Pmts from Retirement/Pension Acct.	YES	NO		\$	VORA
Regular Pmts from Trust Account	YES	NO		\$	VOB
Income from Temporarily Absent Family Member	YES	NO		\$	Applicable documentation
Absent Family Member	YES	NO		\$	Applicable documentation
Other: Type _____	YES	NO		\$	VOOI

*If no income listed above, applicant must also complete form Zero Income Affidavit.

Housing Assistance	YES	NO	If yes, Name of Housing Authority: _____
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ASSET INFORMATION					
<i>Please include all assets, including assets for children</i>					
DESCRIPTION OF ASSET	CURRENTLY HAVE		IF YES, HOUSEHOLD MEMBER NAME	VALUE	BOV needed on all combined assets over \$5K or Bond/HOME property. Asset Declaration needed, one per household
Checking Acct (6 mo. avg. balance)	YES	NO		\$	6 month average balance
Savings Account (current balance)	YES	NO		\$	Current balance
Cash Held	YES	NO		\$	Current balance
Pay Card	YES	NO		\$	Current balance
Certificate of Deposit	YES	NO		\$	Current balance
Trust Account	YES	NO		\$	Current balance
Treasury Bills, Money Market Fund	YES	NO		\$	Current balance
Stocks or Mutual Funds	YES	NO		\$	Current balance
Bonds	YES	NO		\$	Current balance
Retirement Plan Account: IRA / Keogh / PERS	YES	NO		\$	Current balance and applicable documentation
Pension / 401(k) / Annuities	YES	NO		\$	Current balance and applicable documentation
Other: _____	YES	NO		\$	Current balance
Life insurance policy (not Term)	YES	NO		\$	Current balance
Real Estate currently owned	YES	NO		\$	COA & applicable documentation
Rental Property	YES	NO		\$	CORI & applicable documentation
Assets disposed of for less than Fair Market Value in past 2 yrs	YES	NO		\$	CODA & applicable documentation
Personal Property held for investment	YES	NO		\$	COPP & applicable documentation
Other: _____	YES	NO		\$	Applicable documentation

RESIDENCE HISTORY

must list at least 2 years history

Current Address: _____

City: _____ State: _____ Zip: _____

Do you: Rent Own your home Other _____ Month and year moved in: _____

Monthly Rent/Mortgage: \$ _____ Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Previous Address: _____

2 years of occupancy is required

City: _____ State: _____ Zip: _____

Did you: Rent Own your home Other _____ Month and year moved in: _____
Month and year moved out: _____

Monthly Rent/Mortgage: \$ _____ Reason for moving: _____

Landlord / Mortgage Company: _____ Phone#: _____

Rental/Criminal History

(Check only if applicable)

Have you or any occupant listed in this Application ever:

	YES	NO
1. Been evicted or asked to move out?	<input type="checkbox"/>	<input type="checkbox"/>
2. Moved out of a dwelling before the end of the lease term without the owner's consent?	<input type="checkbox"/>	<input type="checkbox"/>
3. Declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been sued for rent?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been sued for property damage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above*

REFERRAL INFORMATION: How did you hear about us? Online: Name Website _____

Referral from a person: Name: _____ ; Social Media: _____

Other: _____

OTHER INFORMATION

Your Driver's License / State ID # : _____ State Issued: _____

Spouse's Driver's License / State ID # : _____ State Issued: _____

Vehicles:

Year: _____ Make: _____ Model: _____ Color: _____ Tag #: _____

Year: _____ Make: _____ Model: _____ Color: _____ Tag #: _____

All vehicles must be registered with the Management Office.

Do you have any pets? *(circle one)* Yes No If Yes, what type and weight? _____

Has anyone in your household been convicted of any drug offense or felony? *(circle one)* Yes No If Yes, who? _____

Explain: _____

EMERGENCY CONTACT: List someone NOT in this household Name: _____

Address: _____ Phone #'s _____
Relation: _____

I / we hereby apply to lease an apartment at the above named community on the terms set forth herein. I/we attest to Ambling Management Company, Agent for the Owner of the property, that all statements contained herein are true and correct. I/we have been advised, understand, and agree that residency at this community entails certain income restrictions and that residency is subject to rental qualifications. I/we understand and agree that deliberately submitting false information or withholding information constitutes fraud. **If application is falsified, Federal Law specifies fines up to \$5,000 and imprisonment for terms of up to five years and is grounds for eviction.** I / we understand and agree that, in addition to execution of a lease agreement and necessary addenda, I / we will execute a Resident Certification attesting to the information contained herein, which will be made under the penalty of perjury. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, or whenever you need to add or remove a household member from your application.

I / we have received a copy of the qualifying criteria, and I / we hereby offer \$ 50.00 as a non-refundable application fee. And a \$150.00 Admin Fee. If I / we do not meet any of the Resident Selection Criteria, my / our application will be rejected and my / our application fee WILL NOT be refunded under ANY circumstances. Reports and checks determining my/our qualifications may be made by a separate party.

I / we hereby waive any claim to damages by reason of non-acceptance. Upon acceptance of this application, my / our security deposit shall be due in full. When so approved and accepted, I / we understand and agree to pay the full security deposit within 72 hours. The full deposit depends on results of background. In addition, a pet privilege charge of \$ 300.00 for 1 pet and \$500.00 for 2 pets is due (if applicable). I / we agree to execute a lease agreement when possession is delivered and to pay the balance of any other deposits and / or fees in the form of a certified check or money order. **I / we understand if I / we fail to take possession of the apartment, after the deposit(s) is / are paid, that my / our security deposit will be forfeited.**

If management cannot have an apartment for me / us by the desired move in date listed on page 1 of this application because the apartment is not ready for occupancy or because another resident holds over or for any other reason Management is not liable to me / us for damages. I / we will not be required to pay any rent until the apartment is available. If Management is not able to deliver possession to me / us within 30 days of projected date, I / we may cancel the application without further obligation and my / our security deposit will be refunded.

I / we agree: (a) to be bound by and comply with the Lease and all addenda; (b) that the community will retain this application whether or not it is approved; (c) that everything stated in this application is true to the best of my / our knowledge ; and (d) that I / we grant the community authority to check my / our credit, employment, rental and criminal history, and to secure follow up credit reports and employment verifications. If rejection of my / our application occurs, I / we hereby authorize the community to share information with Ambling Management Company for purposes related to the rental of an apartment or residency of any type or other purposes.

I / we agree that if this application is denied for any reason, I / we are unable to re-apply at this community or any other community managed by Bryten Real Estate Partners for a period of forty-five days.

RESIDENT 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, credit history, criminal history, previous residences, income, and / or assets to the above named community, its owners, and agents for purposes of verifying information on my / our rental application.

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 Resident.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Past & Present Employers	State Unemployment Agencies	Veterans Administration
Past & Present Landlords	Welfare Agencies	Retirement Systems
Support & Alimony Providers	Social Security Administrations	Banks and Other Financial Institutions
Public Housing Agencies	Federal / State / Local Law Enforcement Agencies	Medical and Child Care Providers
Utility Companies	Credit Reporting Bureaus	

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 the length of my financial obligation.

SIGNATURES

Applicant Signature	Printed Name	Date
Spouse Signature	Printed 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.

FOR OFFICE USE ONLY

Leasing Consultant: Danielle Barajas

Approved or Denied Date: _____ By: Danielle Barajas

If denied, reason for denial: _____

Rental Source: _____ Additional Options (washer/dryer, etc) _____

Notes / Comments: _____