

ORLEANS DEVELOPMENT LLC.
118 WEST 5TH STREET
COVINGTON, KY 41011
PHONE 859-393-1472
FAX 1 866 300-6879
E-MAIL tkreutz@fuse.net

Rental Application

Please complete all information requested. Do not leave any blanks or we may be unable to process your application. Please print. Return the application to the address above, fax, or E-mail.

Today's Date: _____ Date of anticipated Move In: _____
Property Address _____
Monthly Rent \$ _____ Security Deposit _____ Pet Deposit _____

Applicant Information:

Applicant/Applicants Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Current Address: _____
(Street) (City) (State) (Zip)

Social Security Number _____ Driver's License # _____

Mailing Address (if different) _____

Phone Number _____ Work Number _____

Cell Number _____ E-mail _____

Household Information:

Please list all persons who will be living in the unit

Applicant's Employment

Name of present employer _____

Address _____
(Street) (City) (State) (Zip)

Position _____ How Long _____ Monthly Income _____

Supervisor's Name _____ Phone _____

Previous employer _____

Address _____

Position _____ How Long _____ Monthly Income _____

Other Sources of Income 1. _____ 2. _____

Spouse/Others information

Full Name _____

Telephone number (home) _____ (work) _____

Date of birth _____ Soc. Sec. # _____ Driver's Lic. # _____

Spouse's/other's employment

Name of present employer _____
Address _____
Position _____ How long _____ Monthly income _____
Supervisor's name _____ Phone _____
Previous employer _____
Address _____
Position _____ How long _____ Monthly Income _____

Present Landlord or Mortgage Company

Present Landlord or mortgage company name _____
Telephone number (home) _____ (work) _____
Monthly rent/ mortgage payment\$ _____ Move in Date _____ Move out Date _____

Previous Landlord

Previous Landlord _____
Telephone number (home) _____ (work) _____

Banking Information

Do you have a bank account? _____yes _____no
Name of banking institution _____
Checking Account _____yes ___no Savings Account _____yes _____no

Emergency

In case of emergency, contact _____
Relationship _____ (phone home) _____ (work) _____
Address _____
(Street) (City) (State) (Zip)

Personal References

Please list the name/names and phone numbers of personal references other than family members.

Name Phone Number

Name Phone Number

Pets

List any pets: type _____ breed _____ weight _____ age _____
Type _____ breed _____ weight _____ age _____

Vehicles

List vehicles to be parked at premises _____
type make year license#

type make year license#

Criminal History

Have any of the occupants listed about ever been: convicted of a felony? ___ received deferred adjudication for a felony? ___ been evicted? ___ broken a lease? ___ been sued for apartment damages? ___ declared bankruptcy? ___

Please give any additional information that might help management evaluate your application:

How did you hear about our property? _____

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone _____ Night Phone _____

IN CASE OF PERSONAL EMERGENCY NOTIFY: _____

Full Address _____

Home Phone _____ **Work Phone** _____

The above applicant/applicants declare that all statements made in this application are true and complete. Applicant/applicants hereby authorize C.E.F. Apartments to verify all of the information in this application and obtain credit report(s) on the above listed applicant/applicants/ If applicant/applicants have given false information Landlord is entitled to reject the application.

Applicant's Signature Date

Applicant's Signature Date

Landlord's Signature Date