Location: Owensboro KY Phone: 270-685-2100

Fax: 270-926-7335 http://keystonekyapts.com/

Email: mgrkeystone@brooksideproperties.com

Thank you for your interest in Keystone Farms Apartments.

Enclosed is the application for rental. Below are the items you will need to return to have the application processed.

- 1. Two forms of ID per adult applicant and/or co-signer
- 2. \$25 non-refundable application fee paid via money order for each adult applicant and/or co-signer
- 3. Proof of income: (Examples: Award letters, the past 4 check stubs, or previous year tax return if self-employed)

Applicants will be selected based on the following criteria

- 1. Must be 18 and over
- 2. Application must be legible, dated and signed
- 3. All questions must be completely answered (no blanks)
- 4. Credit/Background: Bankruptcy must be discharged, good credit, no evictions, must not owe past landlords. No criminal record. The past 7 years criminal charges will be reviewed.
- 5. References: Excellent rent history
- 6. Stable income and income must be 3 times the monthly rent:
  <u>Keystone</u> (Example: One Bedroom \$515/month = \$1545 Upgrade price \$560, Two Bedroom: \$565/month = \$1695
  Upgrade price \$610, Decorative Fireplace: \$585/ month \$1755. Upgrade price \$630)



## APPLICATION FOR RENTAL

Apt. Size:	Date Needed:	Lease Term Need	led:		
<i>If Applicable</i> : Reside	ent Referral Name:		Apt. #:		
Contact Information Applicant Name:					Jr./Sr
Phone: ( )	First (	Middle	Last Name		
Home P	() Phone Cell Phone				
	SS#:				
Why are you leaving	g your last residence?				
Current Address:					
Street Address	City	State	Zip		
Monthly Payment	Rent/Own	Community/Owne	er's Name	Phone # / Fax #	
Previous Address:					
Street Address	City	State	Zip		
Monthly Payment	Rent/Own	Community/Owne	er's Name	Phone # / Fax #	
Have you ever been	evicted? Yes No	_			
If Yes, why?					
Employment:					
Present Employer's Nan	ne	Supervisor	Pho	ne #	
Position	Monthly Wage	s/Hourly Rate	Hire	e Date	
Previous Employer's Nar	me	Supervisor	Phor	ne #	
Position	Monthly Wa	ages/Hourly Rate	Hire	P Date	
Additional Sources	of Income:				
Othori		Mo	nthly Amount		
Other:	arrested/convicted of a misc	demeanor or follow?			

Co-Applicant						
Applicant Na	me:	First	D A: -I -II -			Jr./Sı
Phone: (	١	First	Middle	Last Nam		
Filone. (	_/ Home Phone	Cell Phone	Email Address:			
DOB:			_ Driver's License Num	ber:	State of License:	
			_ 577767 5 2.067156 774111			
Why are you	leaving your last	residence?				
Current Add	ress:					
Street Address		City	State	Zip		
Monthly Payme	nt	Rent/Own	Community/Own	er's Name	Phone # / Fax #	
Previous Add	dress:					
Street Address		City	State	Zip		
Monthly Payme	nt	Rent/Own	Community/Own	er's Name	Phone # / Fax #	
Have you eve	er been evicted?	Yes No				
If Yes, why?						
Employment	:					
Present Employ	er's Name	S	upervisor	Pho	ne #	
Position		Monthly Wages/H	Hourly Rate	Hire	e Date	
Previous Employ	yer's Name	Su	pervisor	Phor	ne #	
Position		Monthly Wage	s/Hourly Rate	Hire	e Date	
Additional So	ources of Income					
Other			Mo	onthly Amount		
Other:						
			meanor or felony?			
ir yes, expia	ın:					
Other Occup	ants:					
•		ocial Security Numbe	r of all other persons to	o occupy unit:		
		•	)B: SS#:			
2		5.0	ND. 66"			
2		DC	DB: SS#:		<del></del>	
3.		DC	)B: SS#:			

Pets: ***Two	pets (under 80 lbs	at maturity) pei	mitted per apartn	nent. ***		
Pet Name:	Br	eed	Color	Weight At Maturity	/ lbs	
				remises or the building of whic	•	
			d, a non-refundable pe	t fee of <b>\$400</b> per pet is payable	upon execution	on of the Lease
	Pet Addendum to the Le					
Pet Name:	Bree	a	Color	Weight at Maturity	IDS	
Pet Name:	Bree	d	Color	Weight at Maturity_	lbs	
Automobiles	/Trucks:					
1						
Make	Model	Year	Color	License No.	State	
2						
Make	Model	Year	Color	License No.	State	
Do You Own a	Motorcycle, Van, Boa	t, Trailer or Camp	er? It so, specity:			
Emergency C						
				onship:		
Phone No:			Cell P	hone:		
Street Address			City	State	Zip	
1. I understand	d that the Application	Fee is non-refund	able.			
2. The Adminis	strative Fee accompan	ying this applicati	on will be used to re	serve the apartment I have	chosen and w	ill be applied to
first month's r						
				n-refundable fee to partially		
				osts related to establishing		
				ses on the agreed upon date	e, I understand	d and agree that
				ed as liquidated damages.		
				oove, Keystone Farms Apart		
	•	•		n, rental and resident histor		
	=		•	e and will hold the same ha	riniess irom ii	lability for the
	ich information to the	_		e and I understand that any	microprocon	tations and/or
-	· · · · · · · · · · · · · · · · · · ·		· ·	nent based on this informat	-	
	rmation or document	-			ion. i aiso und	Jerstanu tilat
		· ·	•	i. nents leasing guidelines as p	art of this an	nlication
	_			or any reason, deposit is fo		•
	4 hours, in writing.	aparement and a	ecide not to take it i	or any reason, acposit is to	reited, dilles	<u>3 cancenation is</u>
Applicant:		Date:				
Co-Applicant	•	 Date				
co-Applicant	•	Date	•			

LANDLORD REFERENCE FORM	*SIGN AND DATE DO NOT FILL OUT THIS PAGE*
To:	Property Manager
Name of Applicant(s):	Date:
Applicant's Current Address:	
The Applicant named above has indicated the	ey rented property from you located at:
Would you please fill out this request	for information as part of our screening process?
Amount of rent:	Dates of tenancy to Amount owed for unpaid rent: How much?
Was tenant prompt in paying rent?	Amount owed for unpaid rent:
Do they owe you for any damages?	How much?
Did they keep the unit clean and in good shap	
Did the tenant collect and maintain their garba	
Did they take care of the outside grounds on a	
Did the tenants or their guests damage your p	
Was there evidence of infactation by reaches	or other pests?
Were there unauthorized persons living in the	unit that you are aware of?
	unit that you are aware of?
If yes, their names:	urbances or problems affecting other tenants or neighbors?
If so, please describe:  Your overall recommendation of the tenant(s)	would be:
	FAIR POOR
Would you rent to him/her again?	
Thank you very much for your coope	
Landlord Signature:	Date:
I HEREBY AUTHORIZE RELEASE OF THE	ABOVE INFORMATION TO KEYSTONE FARM APARTMENT HOMES.
Applicant Signature:	Date:
Co-Applicant Signature	Date:

IF YOU HAVE NOT RENTED PRIOR, **PLEASE SIGN BOTTOM AND DATE ONLY**