

# Century Property Management

3317 Frederica St Suite 12  
Owensboro, Kentucky 42301  
(270) 684-8181

## RENTAL APPLICATION

**Notice: Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_

beginning on \_\_\_\_\_, at a monthly rent of \$ \_\_\_\_\_.

**WHEN APPLYING FOR CURRENTLY OCCUPIED UNITS, YOU MUST MOVE IN/START PAYING RENT WHEN THE UNIT IS READY, WHICH IS USUALLY 1 - 15 DAYS UPON CURRENT TENANT MOVE OUT DATE.**

### PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Name & Ages of All Other Occupants (including children): \_\_\_\_\_

How Many Pets\*? \_\_\_\_\_ Kind of Pet, Breed, Weight, Age \_\_\_\_\_ \* With Pet, Extra Rent & Deposit will be required if approved

### PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Pmt \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years): Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Pmt \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years): Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Pmt \_\_\_\_\_

### PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

CURRENT EMPLOYER (or most recent) \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date(s) Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_

SPOUSES EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date(s) Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Gross Monthly Salary \$ \_\_\_\_\_

TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$ \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in the application.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Phone ( ) \_\_\_\_\_

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. / State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No. / State \_\_\_\_\_

Other Car, Motorcycle, etc.: \_\_\_\_\_

### HAVE YOU OR CO-APPLICANT EVER:

Been sued for non-payment of rent?  Yes  No

Been evicted or asked to move out?  Yes  No

Been sued for damages to rental property?  Yes  No

Broken a Rental Agreement or Lease?  Yes  No

Declared Bankruptcy?  Yes  No

CONTINUED OVER

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

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

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

<b>IN CASE OF PERSONAL EMERGENCY, NOTIFY:</b> _____ Relationship: _____	
Full Address: _____	
Home Phone: _____	Work Phone: _____

I hereby apply to lease the above described premises upon the conditions and terms set forth by the agent, and agree that the rent is to be paid by the first day of each month. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above are true; however, should any statement be a misrepresentation or untrue, ALL of the deposit will be retained to offset the agent's cost, time, and effort in processing my application. A \$30 non-refundable fee, per applicant, is due at the time application is processed to cover the cost of credit/background check.

I hereby deposit one month of rent as earnest money to be refunded to me if this application is not accepted within two business banking days. Upon acceptance of this application, this earnest money shall be retained as the security deposit. When so approved and accepted, I agree to execute a lease for twelve (12) months within three business banking days after being notified of acceptance **or the deposit will be forfeited as liquidated damages** in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant thereby waiving any claim for damages for reason of non-acceptance. **I fully acknowledge that if I am applying for the unit without viewing and I change my mind for any reason after acceptance of this application, the security deposit will be forfeited.** I agree to be contacted by telephone at any number provided, including wireless telephone numbers, in order for the company to service our account, notify of information pertaining to the account, or for the purposes of collection. Methods of contact may include the use or pre-recorded and artificial voice messages, use of an automated dialing device, or text message/email.

**I authorize you to contact previous landlord(s), credit and personal references that I have given in this application. I also authorize management to obtain my consumer credit report and criminal records background.** The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

Reference Verification Name	Reference Comments

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION**     APPROVED     NOT APPROVED

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

By:     Letter (Attach Copy)     Form     Telephone     Fax     In Person