



**RENTAL APPLICATION**  
**(Please print)**

\_\_\_\_\_ Date \_\_\_\_\_  
 Name of property \_\_\_\_\_  
 Apt. size desired/No. of bedrooms \_\_\_\_\_

Name of Head of Household	Name of Spouse(if living with the household)				
	( )	( )			
	Day phone	Night phone			
Current Address:	City	State	Zip		
Circle One:	Single	Married	Divorced	Separated	
Have you ever used another name?	Yes	No.	If so, please indicate name _____		

PLEASE ANSWER ALL QUESTIONS! WRITE N/A IF A QUESTION IS NOT APPLICABLE.

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your Social Security number.

FAMILY COMPOSITION

Member No.	Name(s)	Relation to head	Date of Birth	Security No	Sex (M/F)	Full Time
1						
2						
3						
4						
5						
6						

Anticipated change in family size? (Y/N) \_\_\_\_\_ Anticipated change in number of Students? (Y/N) \_\_\_\_\_

**The Villages of Park DuValle \*Management Office\* 1804 Russell Lee Drive \* Louisville, KY**  
**40211\* Telephone: 502--778-7277/Fax 502-778-4342**

**ANTICIPATED INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:**

Member No	Source of income: Indicate name of source	Position	From/To	Gross Income/ Monthly
	Name:			
	Address:		Phone No:	Contact:
	Name:			
	Address:		Phone No:	Contact:

Are you entitled to child support benefits?  Yes  No

If yes, do you receive child support benefits?  Yes (Monthly benefit: \$ \_\_\_\_\_)  No

If no, what attempts are you making to collect the entitled child support?

\_\_\_\_\_

\_\_\_\_\_

Other sources of income (e.g. Social Security, alimony, stipend, \_\_\_\_\_)

Contact, address and phone number \_\_\_\_\_ If none, check here \_\_\_\_\_

**ASSETS**

Account No.	Describe Type (Stocks, real estate, etc., If property please indicate location)	Value
		\$ _____

Has any member of your household sold or otherwise disposed of any asset during the past two years?

Yes  No

**CREDIT REFERENCES (credit cards, school loans, car payment, mortgage payments, etc.):**

Account No	Company Name (Creditor)	Mon. pmt	Balance	Judgements/ Bankruptcy? If yes, describe

**BANK REFERENCES:**

Account No	Bank Name	Address	Type of Acct. (savings, checking)	Average Balance	Actual Interest earned

Account No	Bank Name	Address	Type of Acct. (savings, checking)	Average Balance	Actual Interest earned

VEHICLES(including company cars, motorcycles, etc.):

Name	Drivers License No	State	Model	Year	Color	Car Lic No.	State	Mon. Pmt

RESIDENCE HISTORY OF CURRENT AND PREVIOUS LANDLORD:

Current address		Rent Mo.	Utilities Mo.	Move in date	Reason for
Landlord name		Landlord address			Landlord phone
Previous address			Rent Mo.	From/To	Reason for
Landlord name		Landlord address			Landlord phone
Previous address			Rent Mo.	From/To	Reason for
Landlord name		Landlord address			Landlord phone

CHARACTER REFERENCE:(Other than relative)

Name	Address	Phone number

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone number

SPECIAL NEEDS:

Does anyone in your family have special housing needs? \_\_\_Yes \_\_\_No Do you know of any special living accommodations that your household requires? \_\_\_Yes \_\_\_No If yes to either question, please list \_\_\_\_\_

SUBSIDIZED HOUSING EXPERIENCE:

Do you now, or have you ever lived in government subsidized housing? \_\_\_Yes \_\_\_No If yes, please list \_\_\_\_\_

INFORMAL SUPPORT:

Applicants must report as income any regular contributions and gifts from person that will not be living in the apartment with the applicant household. These sources may include rent and utility payments paid on behalf of the family, and other cash or non-cash contributions provided on a regular basis. The following is not consider income under this section: groceries and/or contributions paid directly to a child care provider, and temporary, non-recurring, or sporadic income (including gifts).

Do you have any informal support income to report as defined above? \_\_\_Yes \_\_\_No If yes, please describe \_\_\_\_\_

NOTE: THE INFORMAL SUPPORT INCOME, IF APPLICABLE, MUST BE REPORTED ON ALL SUBSEQUENT CERTIFICATIONS COMPLETED BY THE APPLICANT IF ACCEPTED FOR HOUSING.

I authorize The Villages of Park DuValle to verify all the information contained in this application for housing. I further agree that a full disclosure of pertinent facts may be made to The Villages of Park DuValle as to any aspect of this application. I understand that this application may be rejected as the result of my providing false or insufficient information.

I understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at The Villages of Park DuValle. I also understand that this application is for occupancy into program housing as described in The Villages O Park DuValle's Admission & Continuing Occupancy Policy, and that I will be required to complete annual certifications for my household.

SIGNATURES:

\_\_\_\_\_  
Applicant(Head of Household)/Date

\_\_\_\_\_  
Applicant(Other)/Date

\_\_\_\_\_  
Leasing Representative/Date

