

Blankenbaker Crossings Apartments
2515 Shining Water Drive
Louisville, KY 40299
502-261-9472
502-261-9982 (fax)

To secure an apartment home, we will need the following items and information.

- 1.) Completed Application. ONLY SIGN AND DATE PAGES 1, 4 & 5. All occupants must provide us with their information. We screen all applicants according to the leasing criteria on the first page of the application.

- 2.) Verification of Income / Employment. This will be in the form of either 2 most recent check stubs OR your most recent bank statement if you have direct deposit set up with your employer. An offer letter or letter of intent is acceptable if it is signed by both parties.

3.) SEPARATE CHECKS

<u>Check #1</u> : Application Fee:	\$50.00 per adult over 18
<u>Check #2</u> : Administrative Fee:	\$50.00
Non-Refundable Security Deposit:	\$150.00
	\$200.00
<u>Check #3</u> : Refundable Security Deposit:	\$150.00

PROSPECT QUALIFYING CRITERIA

The following minimum qualifying criteria have been established for occupancy at Blankenbaker Crossings Apartments

Income:	At least 3 times the apartment/house rental rate. Allowances and other income require verification.
Credit:	No more than one "Bad Credit" for every three current or paid accounts. Medical, dental and student loans classified as "Bad Credit" shall be excluded from the calculation of the 3 to 1 credit ratio. Additionally, "Bad Credit" which is more than three (3) years old, shall be excluded from the calculation of the 3 to 1 credit ratio. If the applicant has no established credit, this shall be considered as a satisfactory credit rating. If the prospective resident has an eviction or balance owed to another rental property, the prospective resident shall be deemed to have failed the credit requirements regardless of other credit history and, therefore, must be rejected except as noted in the "How to Resolve a Credit Disqualification" section below.
Rental History:	Present and previous residency must have a history of prompt rent payment, sufficient notice given, and good conduct for no less than 1 (one) year. No record of eviction. No balance owed to another rental property.
Criminal History:	The applicant must not have been convicted of any felonies. A felony conviction shall disqualify the prospective resident. A "deferred adjudication" or a pleading of "no contest" on a felony case shall be considered the same as a felony conviction. All criminal history conviction decisions shall be based on the information provided to us at the time of verification by sources deemed reliable. The Company does not represent such information to be complete or accurate.
Employment:	Stable history and income verification for a minimum of 1 (one) year.
Age:	No one under 18 years of age (except children living with their parent(s) or guardian).
Application:	Full and accurate application required of all prospective residents and cosigner. No falsification or omission of information on the application.
How to Resolve A Credit Disqualification:	Any prospective resident who fails the credit criteria (except as noted below) can cure the failed credit criteria by paying an additional security deposit equal to the equivalent of one month rent. (Deposit requirements may vary from property to property.) If the prospective resident elects to pay the increased deposit, the prospective resident will be deemed to have fulfilled the credit criteria requirement. An exception to this, however, is that an eviction for any reason, including nonpayment of rent, is an automatic disqualification and cannot be cured. The prospective resident must be rejected. A second exception is that a balance due to another rental property, when not evicted, can be cured by the prospective resident paying that balance in full and obtaining verification from that property that the balance has been paid in full. If the prospective resident does not pay such balance nor obtain such release, the prospective resident must be rejected.
Cosigner or Guaranty or Additional Security	A cosigner, letter of guaranty OR additional security deposit will be required in the case of the following situations: <ol style="list-style-type: none"> 1. No rental history (must provide additional normal security deposit) 2. If applicant is a full time student (must provide letter of guaranty) 3. If applicant is not employed but can provide a bank statement with the equivalent of 3 months rent instead of getting cosigner or letter of guaranty. However, applicant must pass credit and residency verifications in order to be accepted. 4. If applicant fails credit criteria (must provide cosigner and an extra deposit equal to one month's rent) The cosigner must pass the criteria indicated above, and must sign the "Guaranty of Lease/Rental Agreement".
Equal Housing:	No discrimination on the basis of race, color, sex, age, familial status, handicap, or national origin with regard to housing is the comprehensive policy of this community and this Company.
Student Properties:	The leasing criteria stated herein do not apply to properties whose resident profile consists of 75% or more college students.
Additional Deposit Refund or dropping The Cosigner	If a resident pays an additional deposit due to any of the above items, the additional deposit which was paid in addition to the regular deposit, can be refunded if requested by the resident after the resident has paid at least twelve consecutive monthly use a cosigner in lieu of the additional deposit; the cosigner may be released on the same basis as refunding the additional security deposit.
Exceptions:	No exceptions shall be made to the leasing criteria stated herein unless written approval is obtained from the Property Manager.

Some communities may have additional standards that will apply to all prospective residents.

SIGN →

Resident _____ Resident _____ Date _____

BLANKENBAKER CROSSINGS APPLICATION FOR RESIDENCY

Phone Number _____ Alternate _____ Email _____

APPLICANTS NAME: _____ M.I. _____ DATE OF BIRTH _____ SS# - - -

MARITAL STATUS: _____ DRIVERS LICENSE NO. _____ ST. _____

CO-APPLICANT: _____ M.I. _____ DATE OF BIRTH _____ SS# - - -

EMAIL: _____ DRIVERS LICENSE NO. _____ ST. _____

OTHER OCCUPANTS:

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

PRESENT ADDRESS _____
 STREET# STREET NAME APT. # CITY STATE ZIP

DATES: FROM _____ TO _____
 LANDLORD NAME LANDLORD PHONE #

MONTHLY PYMT _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____
 STREET# STREET NAME CITY STATE ZIP

PREVIOUS LANDLORD _____ PHONE NUMBER _____

LENGTH OF RESIDENCY AT PREVIOUS ADDRESS _____

PRESENT EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ PHONE# _____

SUPERVISOR NAME: _____ EMPLOYED SINCE _____

PREVIOUS EMPLOYER _____ PHONE # _____

LENGTH OF EMPLOYMENT AT PREVIOUS EMPLOYER _____

SPOUSES EMPLOYER _____ POSITION _____

BUSINESS ADDRESS _____ PHONE# _____

SUPERVISORS NAME _____ EMPLOYED SINCE _____

PREVIOUS EMPLOYER _____ PHONE# _____

LENGTH OF EMPLOYMENT AT PREVIOUS EMPLOYER _____

YOUR ANNUAL SALARY \$ _____
 SPOUSE ANNUAL SALARY \$ _____
 OTHER INCOME _____ SOURCE _____

Fill Out

Fill Out

VEHICLE _____ Year _____ PLATE# _____ Color _____

VEHICLE _____ Year _____ PLATE# _____ Color _____

DO YOU HAVE A PET? _____ IF SO WHAT KIND _____

AGE _____ WEIGHT _____ COLOR _____ NAME _____

EMERGENCY CONTACT:

NAME _____ ADDRESS _____ PHONE# _____

RELATIONSHIP _____ ALTERNATE # _____

APPLICANT HAS SUBMITTED THE SUM OF \$ 50.00 WHICH IS A NON-REFUNDABLE PAYMENT FOR A CREDIT CHECK AND PROCESSING CHARGE OF THIS APPLICATION. SUCH SUM IS NOT A RENTAL PAYMENT OR SECURITY DEPOSIT. THIS AMOUNT WILL BE RETAINED BY MANAGEMENT TO COVER PROCESSING APPLICATION FURNISHED BY THE APPLICANT.

DEPOSIT

THE UNDERSIGNED WARRANTS AND REPRESENTS THE INFORMATION ON THIS RENTAL APPLICATION TO BE TRUE AND CORRECT. ALL PERSONS/OR FIRMS NAMED MAY FREELY GIVE ANY REQUESTED INFORMATION CONCERNING ME AND I HEREBY WAIVE ALL RIGHT OF ACTION FOR ANY CONSEQUENCE RESULTING FROM SUCH INFORMATION.

I HEREBY DEPOSIT \$ 300.00 WITH MANAGEMENT AS A GOOD FAITH DEPOSIT IN CONNECTION WITH THIS APPLICATION FOR RESIDENCY. IF MY APPLICATION IS ACCEPTED I UNDERSTAND THIS AMOUNT WILL BE APPLIED TOWARD PAYMENT OF MY SECURITY DEPOSIT. IF FOR ANY REASON, MANAGEMENT DECIDES TO DECLINE MY APPLICATION, THE MANAGEMENT WILL REFUND \$ 350.00 OF MY DEPOSIT/ ADMINISTRATION FEES. \$ 350.00 DEPOSIT/ ADMINISTRATION FEB WILL BE NON REFUNDABLE AFTER 72HRS FROM DATE OF THIS APPLICATION IF MANAGEMENT APPROVES MY APPLICATION.

I HERBY AUTHORIZE THE RELEASE OF ALL CREDIT INFORMATION INCLUDING, BUT NOT LIMITED TO VERIFICATION OF MY EMPLOYMENT AND INCOME, AS WELL AS CREDIT REPORTS, TO YOU OR ANY OF YOUR AGENTS.

CREDIT AUTHORIZATION

BY SIGNING THIS AUTHORIZATION FORM I AM AUTHORIZING BLANKENBAKER CROSSINGS APARTMENTS TO OBTAIN ONE OR MORE "CONSUMER REPORTS" AS DEFINED IN THE FAIR CREDIT REPORTING ACT, 15 U.S.C., SECTION 1681A (D) TO SEEK INFORMATION IN REFERENCE TO YOUR CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CRIMINAL BACKGROUND RECORDS AND MODE OF LIVING.

* INITIAL _____

THE LEASE WILL NOT BECOME EFFECTIVE UNTIL APPLICATION IS APPROVED BY MANAGEMENT.

* APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

MANAGEMENT SIGNATURE _____ DATE _____



Equal Housing Opportunity

Fill Out

BLANKENBAKER CROSSINGS APARTMENTS

2515 SHINING WATER DRIVE
LOUISVILLE, KY 40299
(502) 261-9472 Fax (502) 261-9982

VERIFICATION OF EMPLOYMENT
(Signature only at the bottom of this form.)

DATE: _____

COMPANY: _____

EMPLOYEE NAME: _____

EMPLOYEE POSITION: _____

EMPLOYMENT DATES: FROM _____ TO _____

HOURS WORKED PER WEEK: _____

RATE OF PAY: _____

SCHEDULED INCREASE OF PAY: _____

Person Providing Information: _____

Title: _____

I HEREBY AUTHORIZE THE RELEASE OF ALL CREDIT INFORMATION INCLUDING,
BUT NOT LIMITED TO VERIFICATION OF MY EMPLOYMENT AND INCOME, AS WELL
AS CREDIT REPORTS, TO YOU OR ANY OF YOUR AGENTS.

Sign Only On This Page.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____



BLANKENBAKER CROSSINGS APARTMENTS
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LOUISVILLE, KY 40299
(502)-261-9472 Fax (502) 261-9982

Verification of Residency
(Signature only at the bottom of this form.)

DATE: _____

COMMUNITY: _____

RESIDENT'S NAME: _____

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

CURRENT RESIDENT: _____ PREVIOUS RESIDENT: _____

Move-In Date: _____ Move-Out Date: _____

Monthly Rent: _____ Number of People in Household: _____

Rental Payments Always On Time?: YES / NO If no, how late and how often: _____

Skip: YES / NO Eviction: YES / NO Proper Notice: YES / NO Days required: _____

Security Deposit: \$ _____ Pet Deposit: \$ _____ Amount Refunded: \$ _____

If withheld, what was the reason?: _____

Balance Owed at Move-Out: \$ _____ Paid in Full: YES / NO Current Balance: \$ _____

Police Calls: YES / NO Noise Complaints: YES / NO Unauthorized Tenants: YES / NO

Report(s) of Bed Bugs: YES / NO Unauthorized Pets: YES / NO Other Violations: YES / NO

Describe: _____

Would You Rent To Them Again?: YES / NO If No, Reason: _____

Completed By: _____ Title: _____

Applicant's Signature: _____

Applicant's Signature: _____

Sign Only On This Page.



a PPL company

Tenant Application for Service
Questions? Call (502) 589-1444
Fax the completed form to (502) 627-2690

RESIDENT INFORMATION

Primary Name _____

Social Security Number _____

New Service Address _____

New Home/Cell Phone Number _____

Start Date* _____

*Note that requests for service may take up to 3 business days to process.

Last address where you had service with LG&E. If you've never had service with LG&E, write NONE.

Enter the date you want your current LG&E service to be discontinued* _____

*Note that your current service will continue until a request is made to stop the service

Spouse/Roommate Name: _____

Spouse/Roommate Social Security Number: _____

DEPOSIT REQUIREMENT

Please be advised that LG&E performs a credit check to determine if a service deposit is required. Based on the results of this credit check, you may or may not be required to provide a security deposit.

Check here if you do NOT want a credit check performed. A service deposit will automatically be billed to your LG&E account.

X Resident's Signature _____ Date _____

X Additional Resident's (Spouse/Roommate) Signature _____ Date _____

LANDLORD INFORMATION

Landlord Name _____ Phone _____

Check here to cancel service if your tenant is denied Stop Date _____

Landlord Address _____

Revised 1/11/2018

Sign Only On This Page.