



## **Confidential Application for Lease or Rent**

Completed applications should be returned with a *non-refundable* application fee of \$35 per person over 18 years of age who will be residing in the property.

Checks or money orders should be made payable to LPM.

Completed applications may be returned to our office located at:

4811 Taylorsville Road, Suite 200

Taylorsville, KY 40071

Phone: (502) 477-HOME

e-mail: [jessica@lpm3.com](mailto:jessica@lpm3.com)

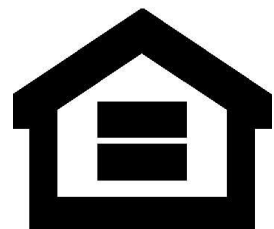
[janice@lpm3.com](mailto:janice@lpm3.com)

or by mail to

LPM

PO Box 861

Taylorsville, KY 40071



EQUAL HOUSING  
OPPORTUNITY



Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. LIST AUTOMOBILES OF ALL OCCUPANTS

14. LIST YOUR CURRENT EMPLOYMENT FIRST AND THEN PREVIOUS EMPLOYMENT

APPLICANT

CO-APPLICANT

15. LIST YOUR TOTAL INCOME (**PLEASE PROVIDE PROOF OF INCOME**)

PERSON	SALARY OR WAGE	OTHER INCOME	SOURCE OF OTHER INCOME
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Applicant

Co- Applicant

Other

16. BANK REFERENCES

BANK NAME	PHONE #.	ACCT. NO	TYPE OF ACCT
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17. CREDIT CARDS

CARDHOLDER	PHONE #	ACCT. NO	CREDIT LIMIT
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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

18. IN CASE OF EMERGENCY CONTACT:

NAME	ADDRESS	PHONE	RELATIONSHIP
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19. PLEASE LIST THREE FAMILY OR LOCAL PERSONAL REFERENCES

NAME	ADDRESS	TEL NO.	RELATIONSHIP
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20. LEARNED SKILLS

<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Cement Work
<input type="checkbox"/> Roofing	<input type="checkbox"/> Painting	<input type="checkbox"/> Auto Mechanics
<input type="checkbox"/> Appliance Repair	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Other _____

21. Does anyone in the household smoke? \_\_\_\_\_

22. Have you ever willfully or intentionally refused to pay rent when due? \_\_\_\_\_

23. Do you know of anything which may interrupt income or ability to pay rent? \_\_\_\_\_

24. Have you filed for bankruptcy in the past seven years? \_\_\_\_\_

25. Please explain why you are interested in moving and how long you would expect to rent this property (1 year, 2 years, 3 years+).

\_\_\_\_\_

\_\_\_\_\_

26. Sometimes multiple properties are available. To help best meet your needs, please describe what you are looking for (bedrooms, dimensions, area of town, etc.) and monthly rent range:

\_\_\_\_\_

\_\_\_\_\_

Applicant for tenancy represents that all the above statements are true, correct and complete and hereby authorizes verification of the information provided here including, but not limited to, obtaining a credit report and verification of employment, and landlord verification, and agrees to furnish additional credit information upon request.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest. All information provided will remain confidential.



PO Box 861, Taylorsville, KY 40071 (502) 477-4663 (HOME)

Date: \_\_\_\_\_

To whom this may concern,

\_\_\_\_\_ (the "Tenant" has granted us, Lighthouse Property Management (the "Requestor", authorized consent to verify tenancy in regard to the rental unit located at

\_\_\_\_\_ and have specified you and/or your company as a present or previous landlord. Once completed, please send to either Jessica Des Ruisseaux (jessica@lpm3.com) or Janice Scott (janice@lpm3.com).

**LANDLORD, PLEASE COMPLETE, DATE, AND SIGN THIS FORM**

Is the applicant(s) currently renting from you? Yes\_\_\_ No\_\_\_

If so, is the applicant current with all rental payments? Yes\_\_\_ No\_\_\_

Was the applicant ever late within in the last 12 months? Yes\_\_\_ No\_\_\_ If so, how many times? \_\_\_\_\_

Has the application ever been more than thirty (30) days late with rent payments? Yes\_\_\_ No\_\_\_

Did the applicant have any pets? Yes\_\_\_ No\_\_\_ If so, how many and what kind/size?  
\_\_\_\_\_

Have you had to give the applicant a notice at any time during the last twelve (12) months?  
Yes\_\_\_ No\_\_\_

If so, for what reason? \_\_\_\_\_

Was there ever any trouble or damages? Yes\_\_\_ No\_\_\_

If so, what kind? \_\_\_\_\_

Have you ever received any complaints from neighbors of this applicant? Yes\_\_\_ No\_\_\_

If so, what kind? \_\_\_\_\_

Was the matter resolved quickly? Yes\_\_\_ No\_\_\_

If the Tenant is a current resident, has the applicant given notice to you that they will be moving?

Yes\_\_\_ No\_\_\_

Was the applicant asked to vacate by you or one of your company representatives?

Yes\_\_\_ No\_\_\_

Is the applicant moving voluntarily or after judicial eviction? Yes\_\_\_ No\_\_\_

Would you rent to this applicant again? Yes\_\_\_ No\_\_\_

Rent amount during last month of tenancy? \_\$ \_\_\_\_\_

Does the applicant owe you any money? Yes\_\_\_ No\_\_\_ If so, how much? \$ \_\_\_\_\_

\_\_\_\_\_ Print \_\_\_\_\_

**Landlord's (or Representative's Signature)**

Thank you for your assistance in this matter. Your help is greatly appreciated.

Lighthouse Property Management, LLC

PO Box 861

Taylorsville, KY 40071

(502) 477-4663