



Confidential Application for Lease or Rent

Completed applications should be returned with a *non-refundable application fee of \$50 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:

29 Overlook Road
Taylorsville, KY 40071
Phone: (502) 477-HOME

e-mail: jessica@lpm3.com
ashley@lpm3.com
janice@lpm3.com

or by mail to

LPM
PO Box 861
Taylorsville, KY 40071



The undersigned applicants hereby apply to lease or rent property from Lighthouse Property Management. The applicants warrant the accuracy of the information provided. The applicants hereby authorize a check of their references and credit including the use of a credit reporting service.

1. Applicant's Full Name _____
First Middle Last
DOB: _____
Phone Numbers _____ cell _____ work _____
Email address: _____

2. Co-Applicant's Full Name _____
First Middle Last
DOB: _____
Phone numbers _____
Email address: _____

3. Present Address _____

4. Applicant's Drivers' License # _____ Social Security # _____

5. Co-Applicant's Drivers' License # _____ Social Security # _____

6. Present Landlord: _____
Name Address Phone

7. Reason for leaving: _____
Length of Residence _____ Rent Amount _____

8. Previous Address: _____

9. Previous Landlord: _____

10. Reason for leaving: _____
Length of Residence _____ Rent Amount _____

11. Have eviction proceedings ever been filed against you? Yes ____ No ____

Explain: _____

12. List all occupants of the premises.

Name	Age	Relationship
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Total Number of occupants who will be residing in the premises, including applicant (s) _____

List and describe all pets, breed, size, (indoor or outdoor):

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

13.LIST AUTOMOBILES OF ALL OCCUPANTS **INCLUDING LICENSE NUMBERS**

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

POTENTIAL RESIDENT: ***Please provide this to your current landlord and have them complete and send to us at the bottom address.***

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), Ashley Wagoner (ashley@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