



Rental Application

2690 Olivet Church Road
Paducah, KY 42001
Phone: 270-444-4074
Fax: 270-444-4075

OFFICE USE:
_____ Paid App fee Only
_____ Paid App fee & SD

For Office Use Only	
Date	_____
Property	_____
Apt. No.	_____ Rent \$ _____
Agent	_____

Please complete all information front **and back. Thank you!

Applicant's Full Name: _____ **Date of Birth** _____

Email _____ **Phone No.** (_____) _____

Social Security No. _____ - _____ - _____ Driver's License No. & State _____

Spouse's Name _____ Phone No. (_____) _____

Current Address _____

Do you rent or own at current address (circle): RENT / OWN / Neither (explain): _____

How long at current address? _____ Years _____ Mo. Landlord & Ph No. _____

*If less than 5 years at current address, previous address: _____

Other Occupants (to reside in the apartment—to include "shared custody children"):

Full Name	Relationship to you	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Employment Information

(*providing your most current check stub(s) may speed up the application process):

Present Employer: _____ Dates: From _____ to _____

Address: _____ Phone Number: _____

Position: _____ Supervisor: _____

Full time? Yes / No Salary: \$ _____ / hour / week / month / year (circle one)

Previous Employer: _____ Dates: From _____ to _____

Address: _____ Phone Number: _____

Position: _____ Supervisor: _____



Full time? Yes / No Salary: \$_____ / hour / week / month / year (circle one)

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Other Information

Total Number of Vehicles (Including company vehicles) _____

Make/Model _____ Color _____ Tag No./State _____

Make/Model _____ Color _____ Tag No./State _____

Have you or co-applicant/spouse ever (*Check one):

Been sued for non-payment of rent? _____ YES _____ NO

Been evicted or asked to move out? _____ YES _____ NO

Broken a Rental Agreement or Lease? _____ YES _____ NO

Been sued for damage to a rental property? _____ YES _____ NO

Declared Bankruptcy? _____ YES _____ NO

How did you hear about our property? _____

Pet Information *

(*Some properties allow pets; see a manager for more information)

How many pets do you own? _____

Kind of pet, breed, weight & age _____

Emergency Contact Information

In Case of Personal Emergency, Notify _____

Relationship to you _____ Address _____

Home Phone _____ Other Phone _____

Authorization of Verification

I hereby make application for an apartment and certify that this information is correct. I authorize any member of Falconite Development's staff to contact any references listed; therefore, I give permission for information to be released to Falconite Development by the other parties. I also authorize Falconite Development to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____ **DATE** _____



Residential Inquiry Release

***** One form is to be completed by each adult residing in the apartment.*****

In conjunction with my application for residency with Falconite Development (F&F Leasing, INC), I understand that you will obtain a background check, which will include information concerning my civil litigation history and/or criminal record.

I hereby give permission to any law enforcement agencies, parole officers, etc to release Falconite Development all information deemed necessary to verify household eligibility. Background check will be obtained through Domin8 (of RealPage) and each state's records will be searched. A minimum of 10 years will be reviewed when considering the application for rental.

Signature _____ Date _____

**THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE
BACKGROUND INVESTIGATION**

Print Name _____
Last First Middle

Current Address (including zip code) _____

Previous or Maiden Name (if applicable) _____

Social Security Number _____ - _____ - _____

Date of Birth _____

*List states and counties of residence, other than the above, for the past ten (10) years:

State _____ County _____ State _____ County _____

State _____ County _____ State _____ County _____

\$30 NON-REFUNDABLE APPLICATION FEE DUE
Exact cash or Money Order ONLY!!

Property Name _____

Unit Type _____

Unit # _____



(We) (I) Hereby make application for the above described apartment unit. With the execution of this application (we) (I) have paid an earnest deposit of *\$_____ (*one month's rent) to Falconite Development, which shall be applied as follows:

- (A) If this application is accepted, (we) (I) agree to enter into a written lease for the above unit, in which case the earnest money deposit will be applied to all or a portion of the security deposit due:
- (B) If (we) (I) should refuse to enter into a written lease upon being offered the above described apartment, Falconite Development shall retain the earnest money deposit as liquidated damages.
- (C) The earnest money deposit will be refunded if you change your mind within 72 hours from the date it is paid. Should you change your mind beyond the 72-hour grace period, the earnest money deposit will not be refunded.

Date applicant agrees to move in (check one) :

_____ As soon as possible _____ On or around specific date : ____/____/2015

NOTE: By signing this form, the applicant recognizes that the lessor or his agent may investigate the information supplied by the applicant and a few disclosures of pertinent facts may be made to the lessor.

Applicant's Signature

____/____/____
Date

Apartment Manager's Signature

____/____/____
Date

**** Application must be signed in front of a staff member or notarized and submitted to our office.**