

Medical Villas
129 Transcript Ave #2
Lexington KY 40508
limestonesquare@cowgillproperties.com

Please complete all requested information on this form. Thank you for your interest in Medical Villas Apartments.

Date of Application _____ Desired Date of Occupancy _____
Apartment Type _____ Desired Term of Lease _____

PERSONAL INFORMATION

FULL NAME _____ Date of Birth _____
Social Sec. Number _____ Drivers License No. State _____
Full Names of All Other Residents: _____

How many pets do you or other occupants have? _____
Kind of pet, breed, weight, and age? _____
How did you hear about our community? _____

RESIDENT HISTORY

PRESENT ADDRESS _____ City _____ State _____ Zip _____
Present telephone _____ Dates from _____ to _____
Present Landlord/Mortgage Co. _____ Phone _____
Monthly Payment \$ _____ Reason for Moving _____
PREVIOUS ADDRESS _____ City _____ State _____ Zip _____
Landlord/Mortgage Co. _____ Phone _____
Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates from _____ to _____
Employer's address _____ Phone _____
Position _____ Supervisor _____ Gross Monthly Salary _____
PREVIOUS EMPLOYER _____ Dates From _____ to _____
Employer's address _____ Phone _____
Position _____ Supervisor _____ Gross Monthly Salary _____
Additional Income (if any) _____ Source _____

OTHER INFORMATION

VEHICLE make and model _____ Year _____ Color _____ Tag/State _____
Make and model _____ Year _____ Color _____ Tag/State _____
Other car, motorcycle, etc. _____

HAVE YOU EVER: Been sued for non-payment of rent? Yes ___ No ___ Been convicted of a felony? Yes ___ No ___
Broken a rental agreement/lease? Yes ___ No ___ Been evicted or asked to move out? Yes ___ No ___ Been sued for
damage of property? Yes ___ No ___ Declared Bankruptcy? Yes ___ No ___

IN CASE OF EMERGENCY NOTIFY _____ relationship _____
Address _____ Home phone _____ Work phone _____

APPLICATION DEPOSIT AGREEMENT: Applicant has deposited the sum of \$_____ (hereafter referred to as "applicant deposit") in consideration for Owner taking dwelling unit off the market while considering the approval of this application. If applicant is approved and the contemplated lease is entered into, "application deposit" shall be credited to the required security deposit. If Applicant fails to notify Owner within 72 hours that Applicant wishes to withdraw this application for the rental, or if Applicant is approved, but fails to properly enter into the contemplated lease within 30 days, the "application deposit" shall be forfeited to the Owner. This "application deposit" will be refunded only if Applicant is not approved. Keys will be furnished only after the contemplated lease and all parties have properly executed other rental documents and only after applicable rentals and security deposits have been paid. This application is preliminary only and does not obligate Owner and Owner's agent to execute a lease or deliver possession on the proposed premises. PROCESSING FEE: Applicant has paid the sum of \$_____ as a non-refundable fee for Owner's cost of processing this application.

APPLICANT'S SIGNATURE _____ DATE: _____

AGENT'S SIGNATURE _____ DATE: _____