



**APPLICATION FOR RENTAL**  
Complete separate application for each adult tenant.



Name : \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Unit #

\_\_\_\_\_ City State ZIP

How long? \_\_\_\_\_ to \_\_\_\_\_ Last rent paid: (Month) \_\_\_\_\_ (Amount) \$ \_\_\_\_\_  
Month/Year Month/Year

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Unit #

\_\_\_\_\_ City State ZIP

How long? \_\_\_\_\_ to \_\_\_\_\_ Last rent paid: (Month) \_\_\_\_\_ (Amount) \$ \_\_\_\_\_  
Month/Year Month/Year

Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT EMPLOYMENT**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Your occupation: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Monthly Salary: \$ \_\_\_\_\_

**Other sources of income:** \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Your occupation: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Monthly Salary: \$ \_\_\_\_\_

WHAT IS YOUR DESIRED MOVE IN DATE? \_\_\_\_\_

Application represents that the statements made are true and correct and authorizes owners verification of credit, income and references. Applicant agrees to pay for said verifcaiton via check or money order made payable to the G. Starks Realty Company, which shall accompany this application. Such payment is part of the application process and is a charge for the administrative costs of application consideration. If applicant's check is returned "NSF", applicant shall be liable for the charges on demand. The undersigned makes application to rent housing accomodations designated as:

I hereby apply to rent/lease: Address \_\_\_\_\_

For \$ \_\_\_\_\_ per month and upon approval of my Application and signed Rental Agreement, I agree to pay the first month's rent of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_

For purposes of credit & rent liability only: LIST ALL ADDITIONAL ADULTS WHO WILL LIVE IN UNIT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Have you ever had any credit problems? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been evicted for non-payment of rent or for any other reason? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you every filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_  
What type(s)? \_\_\_\_\_

5. Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Do any other occupants smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any "Yes" answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANK INFORMATION**

Name of bank/credit union \_\_\_\_\_

Branch address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



Real Estate and Property Management
4229 Bardstown Rd., Suite 128
Louisville, KY 40218
homes@gstarksrealty.com
Phone: 502-961-9313 ext. 1 | FAX: 888-981-5883

RENTAL VERIFICATION FORM

Tenant's Name(s):

Current Address:

I/we hereby give authorization for the release of rental information to G. Starks Realty, LLC and its representatives.

Signature: Date:

NOTE: Tenant, please DO NOT write below this line. Complete the top of this form, sign and date, then give to your landlord to complete the bottom section.

\*\*\*\*\*

Landlord's Name:

Phone: ( ) - FAX: ( ) -

What was the above tenant's monthly rental amount? \$

Start and end dates of lease? FROM TO

Were there any late payments (circle one)? YES / NO

If yes, number of late payments:

Were any checks returned NSF (circle one)? YES / NO

If yes, number of checks:

Was the security deposit returned (circle one)? YES / NO

If no, please explain why not:

Was proper notice given (circle one)? YES / NO

Was the home left in good condition (circle one)? YES / NO

Reason given for vacating.

Would you rent to this/these persons again (circle one)? YES / NO

If no, please explain why not:

Additional comments:

Person Verifying: Date:

Position: Signature:

Landlord: Please FAX completed form to 888-981-5883. Thank you!



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## Tenant Release and Consent Form

I/We, \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability information regarding employment, income, rental history, and/or assets, to G. Starks Realty Company LLC for purposes of verifying information on my/our rental housing application.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include: personal identity; rental history; employment history; income; assets; and medical or child care allowances.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Past & Present Employers - Welfare Agencies - Veterans Administration - Banks  
Financial Institutions - Medical & Child Care Providers - Retirement Systems  
Previous Landlords (*including Public Housing Agencies*) - Support & Alimony Providers  
Social Security Administration

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months from the date signed. I/We understand that I/we have the right to review this file and correct any information this is incorrect.

---

Signature

Date

Signature

Date



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### VERIFICATION OF WAGES

Place of Employment: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

Date employment began: _____
Date employment ended: _____
Average no. of hours worked each week: _____
Wages: Hourly \$ _____ OR Annual \$ _____
Number of weeks employed in a year: _____
Amount of tips, commissions, other \$ _____/week, \$ _____/month, \$ _____ year
Title, Position or Type of Work: _____

#### ***(Manager/Supervisor)***

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willfully false statements of misrepresentation to any department or agency of the U.S. or any matter within its jurisdiction.**