

Fema Properties

P.O.Box 673

Prospect , Kentucky, 40059

Cell: 502-664-4444 Office: 502-458-7888 Fax: 502-459-1111

Rental Application

Applicant Information

| | | | |
|--------------------------|--------------------------|-----------|--|
| Name: | | E-Mail: | |
| Date Birth: | SSN: | Phone: | |
| Current Landlord Name: | | Phone: | |
| Current Address: | | | |
| City: | State: | ZIP: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Previous Landlord Name: | | Phone: | |
| Previous Address: | | | |
| City: | State: | ZIP: | |
| Owned Rented | Monthly payment or rent: | How long? | |

Employment Information

| | | | |
|---|-----------------|----------------|-----------|
| Current Employer: | | | |
| Employer Address: | | | How long? |
| Supervisor Name: | Phone: | Fax: | |
| City: | State: | ZIP: | |
| Position: | Hourly / Salary | Annual Income: | |
| Previous Employer: | | | |
| Address: | | | How long? |
| Supervisor Name: | Phone: | Fax: | |
| City: | State: | ZIP: | |
| Position: | Hourly / Salary | Annual Income: | |
| Name of a relative not residing with you: | | | |
| Address: | | | |
| City: | State: | ZIP: | Phone: |
| Relationship: | | | |

Co-Applicant Information, if for a joint lease

| | | | |
|--------------------------|--------------------------|-----------|--|
| Name: | | | |
| Date Birth: | SSN: | Phone: | |
| Current Landlord: | | Phone: | |
| Current Address: | | | |
| City: | State: | ZIP: | |
| Own Rent (Please circle) | Monthly payment or rent: | How long? | |
| Previous Landlord: | | Phone: | |
| Previous Address: | | | |
| City: | State: | ZIP: | |
| Owned Rented | Monthly payment or rent: | How long? | |

Co-Applicant Employment Information

| | | | |
|-------------------|-----------------|----------------|-----------|
| Current Employer: | | | |
| Employer Address: | | | How long? |
| Supervisor: | Phone: | Fax: | |
| City: | State: | ZIP: | |
| Position: | Hourly / Salary | Annual Income: | |

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Rental Application

Previous Employer:

Address:

Supervisor:

Phone:

Fax:

City:

State:

ZIP:

Name of a relative not residing with you:

Address:

City:

State:

ZIP:

Phone:

Relationship:

Please list your vehicle information here.

YEAR

MAKE

MODEL

TAG NUMBER

Please list 3 references, 1 being a family reference such as your mother or father

Name

Address

Phone

How long?

Other Loans, Debts, or Obligations

Description

Account No.

Amount

Other Assets or Sources of Income

Description

Amount per Month or Value

Please Answer The Following Questions:

1. Have you ever had an eviction filed against you or co-applicant: YES / NO
2. Have you ever filed bankruptcy in the last 5 years? YES / NO
3. Have you ever had any civil judgments against you or co-applicant: YES / NO
4. Have you ever been convicted of a felony? YES / NO
5. Have you ever had any complaints evolving disturbances? YES / NO
6. Have you ever moved or vacated without prior notice? YES / NO
7. Do you have any pets? YES / NO

*Answering yes to any of the above questions does not necessarily deny you from leasing an apartment with us.

I the applicant and or co-applicant below authorize Fema INC. To verify any information provided such as references, credit or other information contained on this application for the purposes of leasing an apartment. I also state the information on this application to be correct and true to the best of my knowledge. I understand if I provide false information on this application, my application may be denied. This application does not guarantee lease or rental of any apartment.

Signature of Applicant

Date

Signature of Co-Applicant, if for joint account

Date

Apartment applying for _____