RENTAL APPLICATION office Hours: 9am-4:30pm Contact us: (502) 352 - 2424

Print legibly, if we cannot read the information, your application can neither be verified nor approved. One person per application, all adults expected to be on the lease during this tenancy must apply separately. The non-refundable submission fee is \$30 per application, to be paid in cash or money order. If not local, PayPal is accepted at wrpulliam@gmail.com or by Venmo at @Rick-Pulliam. If the prospective tenants are married, they must each submit an individual application and pay the application fee. An application is only considered complete once the following information has been submitted: Copy of Driver's license, copy of Social Security card, proof of income (three recent consecutive pay stubs – award/offer letters), and the application itself with the application fee paid.

FULL NAME:	DOB:	DLN:	Lic.Plate #:	Make:		
PHONE:	SSN:	EMAIL:		Color:		
URRENT ADDRESS:		PREVIOUS	ADDRESS:			
CITY: State:	Zip:	CITY:	State:	<u>Zip</u> :		
ANDLORD'S NAME: ANDLORD'S PHONE:		LANDLORD	LANDLORD'S NAME: LANDLORD'S PHONE:			
		LANDLORD'				
PATES OF TENACY:	/ /	DATES OF T	ENACY: /			
MONTHLY RENT:		MONTHLY F	RENT:			
REASON FOR LEAVING?		<u>*EME</u>	*EMERGENCY CONTACT INFO (NON-RESIDENT)*			
s your name currently on the lease? Y N		NAME:		Address:		
CURRENT EMPLOYMENT AND De. Proof of income must be procome. If you need assistance	INCOME VERIFICATION: *(rovided. AWARD LETTERS, SOCIA submitting income, please of	L SECURITY BENEFITS, SCHOOL GRAN	ITS AND DISABILITY BENEFITS AR	E ALL CONSIDERED WHEN CALCULAT		
CURRENT EMPLOYMENT AND De. Proof of income must be procome. If you need assistance accompany NAME:	INCOME VERIFICATION: *(rovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN Call (502) 352-2424.	ITS AND DISABILITY BENEFITS AR ADDITIONAL RE	imes what the monthly rent v		
CURRENT EMPLOYMENT AND De. Proof of income must be procome. If you need assistance: COMPANY NAME: ADDRESS:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN call (502) 352-2424. *List the na	ITS AND DISABILITY BENEFITS AR ADDITIONAL RE	imes what the monthly rent versions when calcular states and the monthly rent versions when calcular states are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent version are states as a second control of the mo		
CURRENT EMPLOYMENT AND DOE. Proof of income must be procome. If you need assistance of COMPANY NAME: ADDRESS: DATE OF HIRE:	INCOME VERIFICATION: *(rovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN Call (502) 352-2424. *List the na	ITS AND DISABILITY BENEFITS AR ADDITIONAL RE	imes what the monthly rent versions when calcular states and the monthly rent versions when calcular states are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent versions are states as a second control of the monthly rent version are states as a second control of the mo		
CURRENT EMPLOYMENT AND De. Proof of income must be pr NCOME. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN Call (502) 352-2424. *List the na	ADDITIONAL RE	imes what the monthly rent vertice and considered when calcular sides of the considered when calcular sides of the considered when calcular sides of the c		
CURRENT EMPLOYMENT AND DOE. Proof of income must be procome. If you need assistance of COMPANY NAME: ADDRESS: DATE OF HIRE:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN call (502) 352-2424. *List the na * LIST THE I photo of the an	ADDITIONAL RE ADDITIONAL RE AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN ANIM ANIM AMERICAN AMERICAN	imes what the monthly rent very limit in the monthly rent very limit. SIDENTS reople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 non-		
CURRENT EMPLOYMENT AND De. Proof of income must be pr NCOME. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN call (502) 352-2424. *List the na * LIST THE I photo of the an	ADDITIONAL RE ADDITIONAL RE AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN ANIM ANIM AMERICAN AMERICAN	imes what the monthly rent very second or the monthly rent ver		
CURRENT EMPLOYMENT AND De. Proof of income must be procome. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE: SUPERVISOR'S NAME:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIA submitting income, please of	Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN call (502) 352-2424. *List the na * LIST THE I photo of the an	ADDITIONAL RE ADDITIONAL RE AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN AND MAME OF ANY ANIM AMERICAN ANIM ANIM AMERICAN AMERICAN	imes what the monthly rent very limit in the monthly rent very limit. SIDENTS reople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 non-		
CURRENT EMPLOYMENT AND DOE. Proof of income must be procome. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE: SUPERVISOR'S NAME: SUPERVISOR'S PHONE: GROSS MONTHLY INCOME:	INCOME VERIFICATION: *(Generally, we look for applica L SECURITY BENEFITS, SCHOOL GRAN call (502) 352-2424. *List the na * LIST THE I photo of the an	ADDITIONAL RE AMES and ages of ALL other parents and ages of ALL o	imes what the monthly rent versions what the monthly rent versions when calculat SIDENTS eople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 nonnn, and rent will increase by \$25.00.		
CURRENT EMPLOYMENT AND De. Proof of income must be pr NCOME. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE: SUPERVISOR'S NAME: SUPERVISOR'S PHONE: GROSS MONTHLY INCOME:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIAl submitting income, please of	*List the na refundable pe	ADDITIONAL RE AMES and ages of ALL other parents and ages of ALL o	imes what the monthly rent versions what the monthly rent versions when calculat SIDENTS eople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 nonnn, and rent will increase by \$25.00.		
CURRENT EMPLOYMENT AND De. Proof of income must be pr NCOME. If you need assistance: COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE: SUPERVISOR'S NAME: SUPERVISOR'S PHONE: GROSS MONTHLY INCOME:	INCOME VERIFICATION: *(ovided. AWARD LETTERS, SOCIAl submitting income, please of	* LIST THE I photo of the an refundable per list the dates (o	ADDITIONAL RE AMES AND NAME OF ANY ANIM ADDITIONAL RE AMES AND	imes what the monthly rent versions what the monthly rent versions when calculat SIDENTS eople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 nonnn, and rent will increase by \$25.00.		
CURRENT EMPLOYMENT AND De. Proof of income must be procome. If you need assistance and the procome must be procome. If you need assistance and the procome must be procome. If you need assistance and the procome must be procome. COMPANY NAME: ADDRESS: DATE OF HIRE: EMPLOYER PHONE: YOUR TITLE: SUPERVISOR'S NAME: SUPERVISOR'S PHONE: GROSS MONTHLY INCOME: PERSONAL HISTORY: If a Been asked to move out or every contraction of the procome must be procome.	INCOME VERIFICATION: *Covided. AWARD LETTERS, SOCIAl Submitting income, please of the submitted income, please of the sub	* LIST THE I photo of the an refundable pe	ADDITIONAL RE AMES and ages of ALL other p BREED AND NAME OF ANY ANIM A mimal must be submitted with app at deposit required before move in or best estimate) on which the atal agreement or lease?	imes what the monthly rent versions what the monthly rent versions when calculat SIDENTS eople expected to occupy unit: AL EXPECTED TO OCCUPY UNIT: lication, no exceptions. \$250.00 nonnn, and rent will increase by \$25.00.		

DATE: _____

APPLICANT SIGNATURE: ___

FULL DEPOSIT READY? Y N DESIRED MOVE IN DATE:_____

PRG RENTAL APPLICATION office Hours: 9am-4:30pm Contact us: (502) 352 - 2424 Space provided for any additional information you wish to submit

APPLICANT SIGNATURE:	DATE:	FULL DEPOSIT READY? <u>Y</u> N	DESIRED MOVE IN DATE: