

Cabana Royal Arms Apartments

Page 1

Application for Residency

(Every additional live-in resident over the age of 18 as of the lease commencement date must submit a separate application and sign the lease)

Date of Application _____ Desired Date of Occupancy _____ Lease Term _____
Type of Apartment Wanted _____ Apartment # _____ How did you hear about us? _____

APPLICANT

Full Name (Last) _____ (First) _____ (MI) _____ (Suffix) _____ Date of Birth _____
Social Security Number _____ Driver's License #/State _____ Marital Status _____ Gender _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____
Email Address _____

LIST OTHERS WHO WILL RESIDE IN APARTMENT

(MAXIMUM OCCUPANCY ALLOWS NO MORE THAN 2 PERSONS PER BEDROOM)

Full Legal Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY INFORMATION (please include at least 5 years of prior residences)

Present Address: _____ Apt # _____ County _____ Monthly Payment \$ _____
City _____ State _____ Zip _____ Rent or Own? _____ Dates: From _____ To _____
Landlord/Lender Name _____ Landlord/Lender Phone Number _____

Previous Address: _____ Apt # _____ County _____ Monthly Payment \$ _____
City _____ State _____ Zip _____ Rent or Own? _____ Dates: From _____ To _____
Landlord/Lender Name _____ Landlord/Lender Phone Number _____

Previous Address: _____ Apt # _____ County _____ Monthly Payment \$ _____
City _____ State _____ Zip _____ Rent or Own? _____ Dates: From _____ To _____
Landlord/Lender Name _____ Landlord/Lender Phone Number _____

EMPLOYMENT INFORMATION (please include at least 2 years of employment)

Current Employer:

Name _____ Address _____ Position _____
City _____ State _____ Zip _____ Phone _____ Gross Monthly Salary \$ _____
Employment Date: From _____ To _____ Supervisor Name _____ Phone _____

Previous Employer:

Name _____ Address _____ Position _____
City _____ State _____ Zip _____ Phone _____ Gross Monthly Salary \$ _____
Employment Date: From _____ To _____ Supervisor Name _____ Phone _____

OTHER INCOME:

Type of Income	Source/Bank	Gross Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____

Relative/Emergency Contact (Not Residing With You):

- Name _____ Relationship _____
Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____
- Name _____ Relationship _____
Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____



PETS: type / Breed

Gender

Weight

Color

Name

Any unanswered "yes" or "no" questions shall result in the denial of your application.

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony or misdemeanor which involves drugs and/or violence? _____ Yes _____ No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense? _____ Yes _____ No

Have you or any member of your household ever been listed on a registry of sexual offenders? _____ Yes _____ No

Have you or any member of your household ever been evicted or asked to move out? _____ Yes _____ No

Have you or any member of your household ever declared bankruptcy? _____ Yes _____ No

Have you or any member of your household ever been sued for damage to rental property? _____ Yes _____ No

Have you or any member of your household ever willfully or intentionally refused to pay rent? _____ Yes _____ No

Have you or any member of your household ever broken a rental agreement or lease? _____ Yes _____ No

"I understand that the \$40 application fee is non-refundable."

"I hereby authorize Cabana Royal Arms Apartments LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with rental or lease of a residence for which application was made. Applicant agrees to execute the Landlord's standard Lease Agreement prior to taking occupancy. The deposit, listed hereon, is acknowledged as a non-interest bearing deposit (and is not a rental payment) to be retained by lessor for the duration of the applicant's occupancy of said apartment. **From the time this application/deposit is submitted, applicant has 24 hours to cancel this application and receive the \$300 deposit back.** If the applicant should fail to cancel this application or refuse to occupy said apartment after 24 hours has lapsed, the entire deposit shall be retained by Owner as liquidated damages.

I hereby expressly release Cabana Royal Arms Apartments LLC, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Lessee understands that the giving of false information or tendering a bad check may, at Lessor's option, break and void any subsequent lease."

Initial box once you have read and understand the above statement



Applicant's Signature _____ Date _____ Time _____

CRA Agent's Signature _____ Date _____ Time _____

CANCELLATION OPTION:

Applicant's Signature / Date / Time

It has been less than 24 hours, and I choose to Cancel this Application,
I will receive my initial deposit back.

____ Approved ____ Disapproved ____ Approved w/ _____
Signature / Date / Time

Monthly Rent

Apartment Rent _____

Pet Rent _____

Other Fee _____

Total _____

Application Fee/Security Deposit/Move-In Specials**\$300 Deposit****\$40 Non-Refundable Application Fee for each application****\$200 Non-Refundable Pet Deposit Per Pet****\$10 Monthly Pet Rent Per Pet 2 PETS MAX**Bank: First State FinancialAcct #: 00818836

SECURITY DEPOSIT/REFUND AGREEMENT

I, the undersigned, understand that the \$40 application fee is a non-refundable. I, the undersigned, also understand that from the time this application/deposit is submitted, that I have 24 hours to cancel my application and receive the \$300 deposit back. If I should fail to cancel my application before the 24 hours has lapsed, the entire deposit shall be retained by Cabana Royal Arms Apartments, LLC as liquidated damages.

Apartment Number: _____ Pending Move-In Date: _____

Applicant's Signature: _____ Date: _____

CRA Agent's Signature: _____ Date: _____

SATELLITE DISHES

I, the undersigned, understand prior to signing a lease contract with Cabana Royal Arms Apartments, LLC, must contact any satellite dish provider to inquire as to reception in the area I will be moving to. Many locations do not get reception.

Please keep in mind that there are only specific areas that a satellite dish installation is permitted for that apartment location. To find out more information prior to your decision on a satellite dish, please call the leasing office at (859) 277-0131 to speak to a leasing consultant regarding the proper installation locations at your new residence.

Apartment Number: _____ Pending Move-In Date: _____

Applicant's Signature: _____ Date: _____

CRA Agent's Signature: _____ Date: _____



RESIDENT SCREENING & SELECTION PROCESS

Thank you for applying with our community. Cabana Royal Arms Apartments supports The Fair Housing Act as amended, prohibiting discrimination in housing based on race, creed, color, religion, sex, national origin, sexual orientation, gender identity, handicap or familial status.

The following qualifications standards will be required from every prospective resident.

CONFIDENTIALITY

Cabana Royal Arms Apartments, LLC maintains a strict policy of confidentiality and privacy for our applicants and residents. We do not discuss information on application with anyone other than the applicant or resident. In addition we do not discuss individual credit reports with an applicant. If you would like to discuss or dispute any information contained in your credit report, you will need to contact the consumer-reporting agency in which the report was derived. We will provide you with the name and address of that consumer-reporting agency upon written request.

- **Incomplete, inaccurate or falsified information will be grounds for a decline response regarding your rental application or termination of your tenancy if discovered after the tenancy commences.**
- **Any applicant that has been convicted by a court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be declined.**
- **Any Individual whose tenancy may constitute a direct threat to the health or safety of an individual, or whose tenancy would result in physical damage to the property of others will be declined.**

OCCUPANCY POLICY

Occupancy is based on the number of bedrooms in an apartment. 2 persons are allowed per bedroom. Applicant agrees that no more than the number of persons listed herein shall occupy the premises.

APPLICATION PROCESS

*To initiate the application process, forms of identification will be required. Acceptable forms of positive identification include: a valid, state-issued driver's license, state-issued photo identification card, government issued photo identification, a valid passport or one of the U.S. Immigration and Naturalization Service (INS) document listed below. Valid INS forms accepted: Form I-551 Permanent Resident Card [Alien Registration Receipt Card], Form I-668 Temporary Resident Card, Form I-688A Employment Authorization Card, Form I-94 Arrival Departure Record or INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above.

An Application for Residency must be completed for each applicant who will be living in the apartment and who has reached the age of majority under state law, which in most states is 18 years or older. All occupants 18 years of age or older will be required to complete an application, even if they are living with a parent or legal guardian, and sign the lease agreement. Required with application is a \$300.00 deposit, plus \$40.00 (non-refundable) application fee for each application. This would also apply for Co-signer applications. From the time this application/deposit is submitted, applicant has 24 hours to cancel this application to receive the \$300.00 deposit back. **Applicant understands that the \$40 application fee is non-refundable and applications can take approximately 72 hours pprocess – longer if the application is incomplete or if information provided is difficult to verify. If the application is incomplete and Cabana Royal Arms Apartments, LLC does not receive the correct/completed documents needed within 72 hours, this application will be denied.**

Each applicant will be required to qualify individually. If any applicant in household is denied, all members of household will be denied.

Approved applications remain in good standing for a period of thirty (30) days from the approval date. If the lease is not signed and/or the applicant fails to occupy an apartment within the viable time period, the application must be re-submitted for verification and approval and a new application fee must be paid.

CONSUMER CREDIT REPORT: Credit history is described as, but not limited to the following:

- a. The absence of credit shall not adversely affect an applicant
- b. The address that appears on the credit report must match the rental application or discrepancy verified.
- c. All monies owed to prior landlords must be paid in full
- d. Medial related credit and/or student loans will be excluded from the credit qualifications
- e. Personal bankruptcy will require 6 months positive credit history reestablished after the bankruptcy has been closed, paid or discharged, or a guarantor or a deposit in the amount of one month's rent plus the original deposit in addition to a 12month rental history not exceeding 4 times late. Any suit pending, tax lien not remedied, civil judgment, or repossession of material or personal property required a guarantor or the increased deposit with extended rental history.
- f. Bankruptcies must be closed, paid, and/or discharged. No guarantor or large deposit will be accepted for bankruptcy suits still pending included Chapter 13.
- g. Foreclosure of real estate requires a positive payment history prior to the initiation of the foreclosure and a security deposit equal to one month's rent.
- h. Negative credit exceeding 20% of total verified credit (rating of 4 and above) or collections exceeding \$500 will require a guarantor or the increased deposit with extended rental history.
- i. An I-20 or DS-20-19 or ITIN number will be accepted in lieu of a social security number. WRITTEN DOCUMENTATION REQUIRED.

RENTAL HISTORY

Required proper notice must be given to current landlord.

Minimum of six (6) months verifiable residence history is required. No negative rental history (current or post) will be accepted. Negative rental history (current or past) is described as, but not limited to the following:

- a. Any documented breach of lease agreement unless documentation of proven negligence on the management/owner(s) is provided. Breach of lease is any violation of the lease agreement.
- b. No forcible detainer (eviction) on record at any time.

Note: If you have rented with Cabana Royal Arms Apartments, LLC as a resident or occupant and had a forcible detainer filed, lease termination or an unresolved or outstanding balance, your application will be rejected

- c. No more than four (4) rental payments in previous twelve (12) months resulted in late pays or NSF's.
- d. First time renters: the absence of rental history shall not adversely affect an application with 6 months employment and income verification, meeting the requirements.
- e. Applicants providing a I-20 or DS-20-19 or ITIN number, are waived of rental history only if he/she is a first-time renter.



CRIMINAL POLICY

- A conviction, guilty or no-contest plea for a felony in the category of offenses against persons, weapons, sex crimes, drug (delivery, intent to sell or manufacturing), arson or other extensive property damage will be grounds for denial.
- A conviction, guilty or no-contest plea for a felony not in the above categories (excluding traffic convictions) Or; a misdemeanor involving sex crimes or physical violence offenses against person or drug conviction within the last 10 years of disposition, release or parole will be grounds for denial.
- A conviction, guilty or no-contest plea for any other misdemeanor (excluding traffic convictions) within the last 10 years of disposition, release or parole will be grounds for denial.
- A person with multiple misdemeanor charges, regardless of nature, could be grounds for denial.
- A person currently listed as a sex offender will be denied.
- **Pending charges for any of the above will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate unit is still available, the processing of the application will be completed again. No unit will be held awaiting resolution of pending charges.**
- **A person with any active warrants will be grounds for denial.**

INCOME/EMPLOYMENT VERIFICATION:

Total combined monthly income of all qualified applicants must be at least three (3) times the amount of the monthly rental rate.

- Unemployed:** If currently unemployed, the following documents must be presented and verified: last year's tax return indicating income meeting the income requirements and a savings account balance equal to six (6) month's rent.
- Employed 6 months or less:** Prospective residents must be employed by the same employer for no less than six (6) months. If employed less than six (6) months, a savings account balance equal to six (6) month's rent must be verified.
- Recently Hired/Currently Employed:** Should a prospect have recently changed employment, they must have six (6) months prior verifiable employment with the same employer, as well as, current verifiable employment.
- Self Employed/Retired/Disabled:** If self-employed, retired, or disabled, the applicants must provide either photocopies of tax papers from previous year, financial statement from certified public accountant, photocopies of three most recent bank statements showing proof of ability to pay rent for the term of the lease or meet the income requirements as listed in item #1.
- Child Support/Alimony:** Prospective resident that receives court order child support and/or alimony, must provide court decree to prove income.
- Additional Income:** Students loans will be considered as income and will be included to qualify. Recent graduates with first full-time employment or military personal will have six (6) months requirement waived.

All employment used to meet income criteria will be verified, including salary amount, start date and length of employment. We must be able to document all income.

NOTES:

*Non-U.S. Citizens who have entered the United States legally are eligible to apply for residence. In order to qualify, the individual(s) must provide the necessary documentation to verify their legal status and satisfy the rental criteria as listed above.

** Based on the final results of applicant screening, one or more of the following may be required:

- An additional security deposit (due upon move-in)
- Prepayment of entire lease term (due upon move-in)
- Proof of housing debt paid in full / proof of utility debt paid in full prior to move-in
- Additional information – such as; as result of negative criminal history may require additional proof
- A qualified lease Co-Signer

*****Co-Signer:** A co-signer will be accepted for applicants whose income, credit, length of employment, and length of rental history does not meet the qualifications.

Co-signers must apply, pay the applicable non-refundable screening fee, and meet all criteria. Criteria is as follows:

- Excellent credit
- No negative rental / mortgage history
- Total gross income to equal five (5) times the market rent.

Co-signers must sign an addendum to the rental/lease agreement acknowledging their fiscal responsibilities. Co-signers DO NOT have right of possession, meaning they are not given keys to the apartment and are not allowed access to the property's amenities.

*****Security Deposit:** based on factors obtained during the screening process. The required additional deposits may start at 1 months rent. Security deposit(s) must be paid in full prior to move-in. No payment arrangements are allowed. Security deposits are refundable after vacating the property pending any amounts owing the property for delinquent rent or balances owing, liquidated damages for improper notice, damages to the apartment or property caused by the resident or household, unpaid utilities, excessive cleaning, excessive wear & tear, any other amounts owed to the property, owner, or management as specified in the rental agreement or lease and addendums as allowed by law.

**Pet Deposits are refundable as long as no damages and must be paid in full prior to move-in. See Pet Addendum for more details (part of your lease/rental agreement).

DISABLED ACCESSIBILITY

Cabana Royal Arms Apartments, LLC allows existing premises to be modified at the full and complete expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition. Cabana Royal Arms Apartments, LLC requires:

- The applicant to seek the landlord's written approval before making modifications.
- Reasonable assurance (in writing) that the work will be performed in a workmanlike manner.
- Names of qualified contractors that will be used.
- Appropriate building permits and the required licenses must be available or inspections by the landlord.

I (WE) HAVE READ THE ABOVE AND UNDERSTAND THE CRITERIA FROM WHICH MY (OUR) APPLICATION WILL BE APPROVED.

Applicant's Signature

Date



CRIME FREE LEASE AGREEMENT

In consideration of the execution or renewal of a lease of the leased apartment identified in the lease, Owner and Resident agree:

1. Neither Resident, nor any member of the Resident's household or guests or other persons affiliated with Resident, shall engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture sell, distribute, or use of any illegal substance, including any controlled substance (as defined in Section 102 of the Controlled Substance Act {21 U.S.C.8002}).
2. Neither Resident, nor any member of Resident's household or guests or other persons affiliated with Resident, shall engage in any act intended to facilitate any criminal activity, including but not limited to drug-related criminal activity, on or near the said premises.
3. Neither Resident, nor any member of Resident's household or guests or other persons affiliated with Resident, shall permit the leased apartment to be used for, or to facilitate, criminal activity, including but not limited to drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or otherwise.
4. Neither Resident, nor any member of Resident's household or guests or other persons affiliated with Resident, shall engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of an illegal substance, including any controlled substance, as defined in state or local law, at any locations, whether on or near the Cabana Royal Arms Apartments premises, or otherwise.
5. Neither Resident, nor any member of Resident's household or guests or other persons affiliated with Resident, shall engage in any illegal activity, including prostitution, criminal street gang activity, threatening of intimidating, assault, including but not limited to the unlawful discharge of firearms, on or near Cabana Royal Arms Apartments, or in any breach of the lease agreement that jeopardizes the health, safety, and welfare of the Cabana Royal Arms Apartments, LLC or management, their respective agents or employees, or of any other resident, or involving imminent or actual serious property damage as defined in applicable state or local law.
6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATIONS OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A single violation of any provision of this added addendum shall be deemed a serious violation and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for termination of the lease under KRS 383.660, unless otherwise provided by law, proof of violation be a preponderance of evidence.
7. **Resident shall be responsible for any and all damage caused to the apartment, property or grounds due to a violation of any provisions of this Addendum. Such damages shall include, but not be limited to, costs of repair and restoration of the apartment, property or grounds, fines that may be imposed as a result of illegal activity, court costs and attorney fees incurred with respect to any matter related to any activity which could be deemed a violation of this Addendum, any diminution of value or income to the premises due to a violation of this Addendum, and any other damages of costs incurred by Cabana Royal Arms Apartments, LLC as a result of a violation of this Addendum.**
8. In case of conflict between the provisions of this addendum and any other provision of the lease, the provisions of the addendum shall govern.
9. The LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Cabana Royal Arms Apartments, LLC and Resident.

Applicant's Signature

Date

CRA Agent's Signature

Date

Cabana Royal Arms Apartments

Pet Application

Please use separate sheet for each pet. Must provide all information below and signature is required for completion.

Name of Applicant/Pet Owner: _____

Home/Cell Phone Number: _____

Work Phone Number: _____

Pet Information:

Type of Pet: _____ Is This A Mixed Breed? YES NO

Breed Description: _____

Coloring and/or specific markings: _____

Approximate Age: _____ Weight: _____ Spayed/Neutered? YES NO

Resident's Current Address ***required***

Address: _____

Name of landlord or resident manager: _____ Phone Number: _____

Resident's Past Address ***required***

Address: _____

Name of landlord or resident manager: _____ Phone Number: _____

Pet Reference ***required***

Name of Veterinarian: _____ Phone Number: _____

REQUIRED

Please attach a recent photo of your pet

***Photo must be of the FACE/HEAD and
must be CLEAR**

By signing below, I confirm that the information provided is TRUE, and hereby authorize verification of any and all information listed. I further understand, and agree to the provisions and rules determined by the PET POLICIES portion of my application packet. I further understand and agree, that management reserves the right to approve or deny any pet at their discretion.

Signature of Pet Owner Date

CRA Agent's Signature Date

OFFICE USE ONLY

Approved/Denied: _____ Approved/Denied Date: _____

Approved/Denied By: _____

Cabana Royal Arms Apartments

Pet Application

Please use separate sheet for each pet. Must provide all information below and signature is required for completion.

Name of Applicant/Pet Owner: _____

Home/Cell Phone Number: _____

Work Phone Number: _____

Pet Information:

Type of Pet: _____ Is This A Mixed Breed? YES NO

Breed Description: _____

Coloring and/or specific markings: _____

Approximate Age: _____ Weight: _____ Spayed/Neutered? YES NO

Resident's Current Address ***required***

Address: _____

Name of landlord or resident manager: _____ Phone Number: _____

Resident's Past Address ***required***

Address: _____

Name of landlord or resident manager: _____ Phone Number: _____

Pet Reference ***required***

Name of Veterinarian: _____ Phone Number: _____

REQUIRED

Please attach a recent photo of your pet

***Photo must be of the FACE/HEAD and
must be CLEAR**

By signing below, I confirm that the information provided is TRUE, and hereby authorize verification of any and all information listed. I further understand, and agree to the provisions and rules determined by the PET POLICIES portion of my application packet. I further understand and agree, that management reserves the right to approve or deny any pet at their discretion.

Signature of Pet Owner

Date

CRA Agent's Signature

Date

OFFICE USE ONLY

Approved/Denied: _____

Approved/Denied Date: _____

Approved/Denied By: _____

Required Identification Forms (Non-U.S. Citizen)

To initiate the application process, forms of identification will be required.

One form of positive identification from each section is acceptable.

Section 1

REQUIRED: ONE OF THE FOLLOWING IN SECTION 1

Valid State-Issued Driver's License

Valid State-Issued Photo Identification Card

Section 2

REQUIRED: ONE OF THE FOLLOWING IN SECTION 2

Government Issued Photo Identification

Valid Passport

Section 3

REQUIRED: ONE OF THE U.S. IMMIGRATION AND NATURALIZATION SERVICE (INS) DOCUMENT LIST BELOW IN SECTION 3

One of the U.S. Immigration and Naturalization Service (INS) document list below

Form I-551 Permanent Resident Card [Alien Registration Receipt Card]
(form includes photo and fingerprint)

Form I-668 Temporary Resident Card (form includes photo and fingerprint)

Form I-688A Employment Authorization Card (form includes photo and fingerprint)

Form I-94 Arrival-Departure Record (form does not include photo or fingerprint)

Supplemental Rental Application for Non-U.S. Citizens
*Each co-resident and each occupant 18 years old and over who is not a U.S. citizen
must submit a separate application.
Spouses may submit a joint application.*

We are requesting you to fill out this Supplemental Rental Application because you have indicated that you are not a U.S. citizen. We are asking all applicants who are not U.S. citizens to fill out this form. We are committed to compliance with fair housing laws and do not discriminate based on race, color, religion, sex, national origin, handicap or familial status. The purpose of this form is:

1. to give you the option to furnish information about an emergency contact person for you in your home country;
2. to verify that you are lawfully in the United States;
3. to determine whether your right to be in the U.S. expires during your Lease Contract term; and
4. to enable us to better cooperate with government officials in the performance of their duties, when requested.

We don't anticipate sharing this Supplemental Application with anyone except government officials who might inquire about you.

ABOUT YOU	YOUR SPOUSE
Your full name (<i>exactly as on any card or document issued by U.S. Immigration and Naturalization Service</i>): _____ _____ _____ Your place of birth. Please indicate the city, state (region, province, etc.) and country: _____ _____ _____ Country or countries of which you are a citizen (<i>list all</i>): _____ _____ _____ Approximately how long have you been in the United States? Years: _____ Months: _____ Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when and what country or countries (<i>list all</i>): _____ _____ _____ Person in your home country whom we may contact in event of an emergency (<i>optional</i>). Name: _____ Relationship: _____ Mailing address: _____ _____ Email address: _____ Phone: _____ Please check the U.S. Immigration and Naturalization Service (INS) document that entitles you to be in the United States: <input type="checkbox"/> Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card number: _____ <input type="checkbox"/> Form I-688 Temporary Resident Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-688A Employment Authorization Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-94 Arrival-Departure Record (form does not include photo or fingerprint). Expiration date: _____ Form number: _____ <input type="checkbox"/> INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above. <i>If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below.</i> Country issuing your passport: _____ Your passport number: _____ Expiration date: _____ Do you have a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> student <input type="checkbox"/> work <input type="checkbox"/> visitor <input type="checkbox"/> other (<i>specify</i>): _____ _____ Visa expiration date: _____	Your full name (<i>exactly as on any card or document issued by U.S. Immigration and Naturalization Service</i>): _____ _____ _____ Your place of birth. Please indicate the city, state (region, province, etc.) and country: _____ _____ _____ Country or countries of which you are a citizen (<i>list all</i>): _____ _____ _____ Approximately how long have you been in the United States? Years: _____ Months: _____ Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when and what country or countries (<i>list all</i>): _____ _____ _____ Person in your home country whom we may contact in event of an emergency (<i>optional</i>). Name: _____ Relationship: _____ Mailing address: _____ _____ Email address: _____ Phone: _____ Please check the U.S. Immigration and Naturalization Service (INS) document that entitles you to be in the United States: <input type="checkbox"/> Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card number: _____ <input type="checkbox"/> Form I-688 Temporary Resident Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-688A Employment Authorization Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-94 Arrival-Departure Record (form does not include photo or fingerprint). Expiration date: _____ Form number: _____ <input type="checkbox"/> INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above. <i>If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below.</i> Country issuing your passport: _____ Your passport number: _____ Expiration date: _____ Do you have a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> student <input type="checkbox"/> work <input type="checkbox"/> visitor <input type="checkbox"/> other (<i>specify</i>): _____ _____ Visa expiration date: _____

We may ask to make a photocopy of any of the INS documents checked above and, if needed, your passport and visa.

Applicant's signature _____

Spouse's signature _____

Date _____

OTHER OCCUPANTS AND RESIDENTS
Names of all persons under 18 and other adults who will occupy the unit.

OTHER OCCUPANT/RESIDENT Your full name (exactly as on any card or document issued by U.S. Immigration and Naturalization Service): _____ _____	OTHER OCCUPANT/RESIDENT Your full name (exactly as on any card or document issued by U.S. Immigration and Naturalization Service): _____ _____
Your place of birth. Please indicate the city, state (region, province, etc.) and country: _____ _____	Your place of birth. Please indicate the city, state (region, province, etc.) and country: _____ _____
Country or countries of which you are a citizen (list all): _____ _____	Country or countries of which you are a citizen (list all): _____ _____
Approximately how long have you been in the United States? Years: _____ Months: _____	Approximately how long have you been in the United States? Years: _____ Months: _____
Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when and what country or countries (list all): _____ _____	Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when and what country or countries (list all): _____ _____
Person in your home country whom we may contact in event of an emergency (optional). Name: _____ Relationship: _____ Mailing address: _____ _____	Person in your home country whom we may contact in event of an emergency (optional). Name: _____ Relationship: _____ Mailing address: _____ _____
Email address: _____ Phone: _____	Email address: _____ Phone: _____
Please check the U.S. Immigration and Naturalization Service (INS) document that entitles you to be in the United States: <input type="checkbox"/> Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card number: _____ <input type="checkbox"/> Form I-688 Temporary Resident Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-688A Employment Authorization Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-94 Arrival-Departure Record (form does not include photo or fingerprint). Expiration date: _____ Form number: _____ <input type="checkbox"/> INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above.	Please check the U.S. Immigration and Naturalization Service (INS) document that entitles you to be in the United States: <input type="checkbox"/> Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint). Card number: _____ <input type="checkbox"/> Form I-688 Temporary Resident Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-688A Employment Authorization Card (form includes photo and fingerprint). Expiration date: _____ Card number: _____ <input type="checkbox"/> Form I-94 Arrival-Departure Record (form does not include photo or fingerprint). Expiration date: _____ Form number: _____ <input type="checkbox"/> INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above.
If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below. Country issuing your passport: _____ Your passport number: _____ Expiration date: _____ Do you have a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> student <input type="checkbox"/> work <input type="checkbox"/> visitor <input type="checkbox"/> other (specify): _____ _____ Visa expiration date: _____	If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below. Country issuing your passport: _____ Your passport number: _____ Expiration date: _____ Do you have a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> student <input type="checkbox"/> work <input type="checkbox"/> visitor <input type="checkbox"/> other (specify): _____ _____ Visa expiration date: _____

We may ask to make a photocopy of any of the INS documents checked above and, if needed, your passport and visa.



EMPLOYMENT VERIFICATION

APPLICANT SIGN AND DATE ONLY

TO: (Name & address of employer)

Date: _____

RE: _____

Applicant Name (print)

XXX-XX-

Social Security Number

I hereby authorize the release of my employment information requested below.

Signature of Applicant

Date

The individual named directly above has applied to rent an apartment at ***Cabana Royal Arms Apartments***. In order for the individual to become eligible we must verify employment and income. The individual has authorized above your release of the requested information. The information provided will be used only for purpose of determining the individual's eligibility for housing. The information provided will remain confidential and private and used for said purpose only. Your prompt response is crucial and greatly appreciated.

FAX TO: 859-276-4276

Cabana Royal Arms Management

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Employee Job Title: _____

Presently Employed: ____ Yes ____ No Date of Employment: From _____ To _____

Current Wages/Salary: \$_____ (circle one) per: hourly weekly bi-weekly semi monthly monthly yearly other

Average # of regular hours per week: _____ Year-to-date earnings: \$_____ through ____/____/____

Overtime Rate: \$_____ per hour _____ Average # of overtime hours per week _____

Shift Differential Rate: \$_____ per hour _____ Average # of shift differential hours per week _____

Commissions, bonuses, tips, other: \$_____ (circle one) per: hourly weekly bi-weekly semi monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the lay off period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer's Title

Employer (Company) Name & Address

Telephone #

RENTAL VERIFICATION

APPLICANT SIGN AND DATE ONLY

Date: _____

Applicant Name (print)

XXX-XX-
Social Security Number

I hereby authorize release of the information requested below for my rental address at:

Street City State Zip

Signature of Applicant

Date

The individual named directly above has applied to rent an apartment at ***Cabana Royal Arms Apartments***. The information provided will remain confidential and private and used for said purpose only. Your prompt response is crucial and greatly appreciated.

FAX TO: 859-276-4276

Cabana Royal Arms Management

TO BE COMPLETED BY LANDLORD ONLY

Are you a relative or friend of the applicant? _____ If so, please describe relationship: _____
Current Landlord ☐ Previous Landlord ☐ Other ☐ Does (Did) the Applicant have a lease? ☐ Yes ☐ No
Was the lease fulfilled? ☐ Yes ☐ No Has/Was proper notice given before moving? ☐ Yes ☐ No
Dates of Tenancy: From _____ To _____ Rent Amount: \$ _____ Does/Did applicant pay rent on time? ☐ Yes ☐ No
If applicant has/had paid late, how many days late? _____ How often? _____
Has the applicant ever have NSF checks? ☐ Yes ☐ No If yes, how many? _____
Does the applicant currently owe a debt to your property? ☐ Yes ☐ No If yes, how much is owed? _____
If yes, what is the debt for? ☐ Delinquent rent ☐ Damages ☐ Other _____
Have (had) you ever begun the eviction process with this applicant? ☐ Yes ☐ No If yes, was the client evicted? ☐ Yes ☐ No
If yes, when was the eviction final? _____
Has (had) the applicant, family member, and/or guest cause any damages to the unit beyond ordinary wear and tear? ☐ Yes ☐ No
If yes, what where the damages: _____
If yes, what was the cost of repairs? \$ _____ Did the applicant pay this? ☐ Yes ☐ No
Will (did) you keep any security deposit? ☐ Yes ☐ No If yes, how much? \$ _____
Does (did) the applicant permit persons other than those on the lease to live there? ☐ Yes ☐ No
Has (had) the applicant, family members and/or guest(s) damaged or vandalized the common areas? ☐ Yes ☐ No
If yes, did the applicant pay for these damages? ☐ Yes ☐ No
Does (did) the applicant, family members and/or guest(s) interfere with the rights and quiet enjoyment of anyone? ☐ Yes ☐ No
If yes, please describe: _____
Does (did) the applicant have any pets in the unit? ☐ Yes ☐ No Is (was) pets authorized? ☐ Yes ☐ No
Is (was) there evidence of infestation of roaches, bedbugs, fleas, etc.? ☐ Yes ☐ No Comment _____
Does (did) the applicant have a guarantor (co-signer)? ☐ Yes ☐ No
Would you rent to this applicant again? ☐ Yes ☐ No
If no, please explain: _____

Signature of Person Verifying Residency

Date

Please Print Name of person completing this form

Title of Person Verifying

Property Name

Phone Number