

# The Legends at Indian Springs

## Rental Criteria

Effective 1-11-04, Revised 2-26-09

Welcome to our community! In order to reside in our community, we require each applicant to meet certain rental criteria. Before you complete a Rental Application, we encourage you to review these requirements to determine if you are eligible.

All applicants must complete a separate rental application. Married couples may submit a single application.

- A. INCOME - Monthly combined income for all applicants may be THREE (3) times the monthly rent. Verification can include pay stubs, written verification by an employer, bank statements, statements from accountants, tax returns, etc.
- B. RENTAL HISTORY - Applicant must have a minimum of Twelve (12) months satisfactory rental history or proof of home ownership. If a first time renter, an additional deposit or a co-signer may be required.
- C. CREDIT HISTORY - Applicant's credit history will be obtained through TransUnion credit sourcing. Various scoring methods may be used to determine acceptance. Additional deposits, pre-paid rent or a cosigner may be required at the sole discretion of management.
- D. OCCUPANCY GUIDELINE - No more than Two (2) occupants per bedroom.
- E. CO-SIGNERS - May co-sign for the lease agreement but must submit a rental application and meet all rental criteria. A co-signer must have a monthly combined income of Five (5) times the amount of rent.
- F. 18 YEARS AND OLDER - All adults to occupy an apartment must go through the application process unless the parent will be occupying the apartment with an adult child.
- G. RENTER'S INSURANCE - Must be obtained on each apartment.
- H. PETS - Only DOGS and CATS are permitted within the following guidelines:
  - Size limit of 60 lbs.
  - The additional pet deposit/fee must be paid in full.
  - A separate Pet Agreement must be signed.
  - Management reserves the right to reject certain aggressive breeds of dogs including, but not limited to:
    - Pit Bulls
    - Rotweilers
    - German Shepherds
    - Huskies
    - Doberman Pincher
    - Chows
  - Only Two (2) pets per apartment.
  - Animals used for disability assistance are not considered pets under this policy.
- I. FALSE INFORMATION - Any falsification of information on the application will automatically disqualify the applicant and all deposits and application monies will be forfeited.
- J. CANCELLATION OF APPLICATION - If the applicant finds it necessary to cancel a move-in, the security deposit will be refunded provided the cancellation takes place within 24 hours after leasing the apartment. The application fee will be forfeited.

This company and this community does not discriminate on the basis of race, color, religion, sex, national origin, handicap or familial status.

11000 Indian Legends Drive • Louisville, KY 40241 • (502) 412-6004 • Fax (502) 412-6088

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# The Legends at Indian Springs

## Application for Rental

PLEASE PRINT CLEARLY. COMPLETE ALL INFORMATION.

Today's Date \_\_\_\_\_ Expected Move In Date \_\_\_\_\_ Bldg. # \_\_\_\_\_ Apt.# \_\_\_\_\_ Scheduled Rent \_\_\_\_\_

Concessions Offered \_\_\_\_\_ Roommate (Name) \_\_\_\_\_

Garage \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Washer/Dryer \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Length of Lease \_\_\_\_\_

Pets \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

Applicant's Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Spouse's Name (Last, First, Middle) \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

How did you learn of us? \_\_\_\_\_ Have you ever been evicted? If so, please explain. \_\_\_\_\_

List names & ages of other occupants \_\_\_\_\_

Applicant's Drivers License Number and State \_\_\_\_\_ Spouse's Drivers License Number and State \_\_\_\_\_

Emergency Contact Name & Relationship \_\_\_\_\_ Area Code/Phone Number \_\_\_\_\_

### RESIDENTIAL HISTORY

Current Address (If less than 2 yrs. complete next section) \_\_\_\_\_ Move-in date \_\_\_\_\_ Exp. Move-out date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Street Address & Apt. # (No. P.O. Boxes) \_\_\_\_\_ Own or Rent? \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Current Landlord/Mtg. Co. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ If renting are you leaseholder? \_\_\_\_\_ Current Landlord Phone # \_\_\_\_\_

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**RESIDENTIAL HISTORY CONT.**

Prey. Address (Complete if less than 2 years at current add.)	Move-in date	Move-out date	Reason for leaving
Street Address & Apt. # (No. P.O. Boxes)	Own or rent?	Monthly payment	Prev. landlord or mtg. co.
City, State, Zip Code	If renting, were you leaseholder?		

**APPLICANT'S EMPLOYMENT HISTORY**

Applicant's Current Employer	Pos./Job Title	AreaCode/Phone#	_____ to _____ Employment dates
Address (Street, City, State, Zip)	Gross Mth. Pay	Supervisor	Reason for leaving
Applicant's Previous Employer	Pos./Job Title	AreaCode/Phone#	_____ to _____ Employment dates
Address (Street, City, State, Zip)	Gross Mth. Pay	Supervisor	Reason for leaving

**SPOUSE'S EMPLOYMENT HISTORY The Legends Application for Rental page 3**

Spouse's Current Employer	Pos./Job Title	Area Code/Phone#	_____ to _____ Employment dates
Address (Street, City, State, Zip)	Gross Mth. Pay	Supervisor	Reason for leaving
Spouse's Previous Employer	Pos./Job Title	Area Code/Phone#	_____ to _____ Employment dates
Address (Street, City, State, Zip)	Gross Mth. Pay	Supervisor	Reason for leaving

**OTHER SOURCES OF INCOME**

Sources	Frequency	List amount	Examples: Child Support
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**SIGNATURE(S)**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Spouse's Signature Date

Applicant submits herewith a non-refundable payment in the amount of \$ **50** [effective 1-1-05] for credit check and processing charge. If application is not approved, said sum will be retained by management to cover the cost of processing this applications. Any false information will constitute grounds for rejection of application. Management or its agent is hereby expressly authorized to verify the accuracy and correctness of the statements connected herein, to communicate with applicant's employers and creditors and to procure such other information which management or agent may require to evaluate this application. NOTE: Application must be signed on both sides before it can be processed by management.

**GOOD FAITH STATEMENT**

A good faith deposit in the amount of \$ **250** is submitted with this application. If the application is approved, this good faith deposit can be applied toward payment of applicant's security deposit of \$ **250** non-refundable cleaning fee of \$ **0** non-refundable administrative fee of \$ **0** which are due prior to taking possession of the apartment and applicant agrees to execute management's usual rental agreement on or before occupancy date set out in this application. If for any reason management rejects this application, the good faith deposit submitted herewith will be refunded in full to applicant within 10 days.

Applicant may cancel this application by written notice within **24** hours and receive a full refund of the good faith deposit. If applicant cancels this application after **24** hours, or fails to execute management's usual rental agreement, or refuses to occupy the premises on the agreed upon date, the good faith deposit will be held until management can determine if it has incurred any expenses or rent loss due to this cancellation. These costs will be deducted from this deposit.

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

\_\_\_\_\_  
Spouse's Signature Date

# The Legends at Indian Springs

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following has applied for an apartment within our community. In order to determine his/her eligibility, verification of employment must be obtained. Please complete this form and fax back to (502) 412-6088.

Thank you for your time.

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

Social Security #: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Salary: \_\_\_\_\_

Person providing information:

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

Position: \_\_\_\_\_

Management or its agent is hereby expressly authorized to verify the accuracy and correctness of statements connected herein, to communicate with applicants' employers and creditors and to procure such other information which management or agent may require evaluating this application. Any false information will constitute grounds for rejection of application.

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

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# The Legends at Indian Springs

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following has applied for an apartment with out community. In order to determine his/her eligibility, rental verification must be obtained. Please complete this form and fax back to 502-412-6088. Thank you.

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

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

Dates of Residency: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_

# Late Charges: \_\_\_\_\_

# NSF checks: \_\_\_\_\_

Any Complaints? \_\_\_\_\_

Was Proper Notice Given? \_\_\_\_\_

Condition of Apartment: \_\_\_\_\_

Person Giving Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Management or its agent is hereby expressly authorized to verify the accuracy and correctness of the statements connected herein, to communicate with applicants' employers and creditors and to procure such other information which management or agent may require evaluating this application. Any false information will constitute grounds for rejection of application.

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

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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