

ST. JAMES PLACE APARTMENTS

SRO LTD.

169 Deweese St.

Lexington, KY 40507

Phone (859) 252-6642

FAX (859) 252-3162

Name: _____

Application Processing Checklist

(The following items must be completed for residency)

- Complete and submit application
- Paid \$28.00 fee for Police Report (Police Report done on-site)
- 2 Forms of Identification - (One MUST be a government-issued photo ID)

- Application "Date and Time Received" Logged
- Meet All Requirements of Resident Selection Policy

- Verification of Income - (Must attach current Award Letter if SS, SSI, or Retirement, or third party verification from your employer)(Cannot make more than \$31,319.00 annually)

- TB Skin Test - (No more than 30 days old) (Health Dept., or your Physician)

- Receive Application Approval – Housing Management

- Pass a Drug Test - (Performed on-site immediately prior to move-in)

- Security Deposit - \$50.00
- Rent – \$400.00 Monthly (Prorated if partial month)
- Sign Lease (Move-In Day) Initial Term: 6 Months



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APPLICATION FOR HOUSING

Date Received: ____/____/____

Time Received: ____:____ AM__ PM__

ANY QUESTIONS NOT APPLICABLE TO YOU, PLEASE MARK "NA", LEAVE NO BLANK LINES

CHECK ONE:

RACE: White ____ Black ____ Hispanic ____ Asian ____ Other (Specify) _____

How Did You Hear About Us: Hope Center Catholic Action Salvation Army

Parole Officer Case Worker Other _____
(Circle One)

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

DATE of BIRTH: ____/____/____ AGE: ____ SS#: ____/____/____

FULL-TIME STUDENT? Yes [] No []

ARE YOU A VETERAN? Yes [] No []

PHONE: () _____ - _____ CELL: () _____ - _____

WORK: () _____ - _____ OTHER:() _____ - _____

LANDLORD/OWNERSHIP HISTORY:

Homeless: ____ Yes ____ No

Most Recent Address: (Circle One)

Hope Center Street Friend Relative Other

Street Address: _____

City: _____ State: _____ Zip: _____



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Why Do You Want/Need To Move?: _____

Are You Being Evicted? If so, why?: _____

Previous Address: _____ City _____ State _____ ZIP _____

Landlords Name: _____ Phone () _____ - _____

Own: _____ Rent: _____ Yrs at Previous Residence: _____

Why Did You Move? _____

EMPLOYMENT & INCOME SOURCES:

Your Employer; _____ Position: _____

Address: _____ City: _____ State: _____ ZIP _____

How Long Employed? _____ Supervisor's Name: _____

Phone () _____ - _____ Fax () _____ - _____

Gross Monthly Income (before any deductions) \$ _____

(If you have a second employer, please provide same information asked for above for second employer.)

OTHER SOURCES OF MONTHLY INCOME:

SOURCE:

MONTHLY AMOUNT:

_____ \$ _____

_____ \$ _____



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CREDIT REFERENCES: (LIST ALL MONTHLY PAYMENTS):

Car Loan \$ _____ Visa \$ _____ MasterCard \$ _____ Furniture \$ _____

Other (Type): _____ \$ _____

Other (Type): _____ \$ _____

Have you filed Bankruptcy in the last seven (7) years? _____ Yes _____ No

If yes When & Type _____

Have you ever been evicted? _____ Yes _____ No If yes, Why: _____

Landlord's Name: _____

ASSETS: (Note: We must have copies of your most recent statements for any accounts.)

Checking Account? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Savings Account? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Stocks or Bonds? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Certificates of Deposit? _____ Yes _____ No

If yes, Where: _____ Acct No. _____ Average Bal. \$ _____

Other forms of Capital Investment? _____ Yes _____ No

If yes, type?: _____ Value? \$ _____

Do you own real estate*? _____ Yes _____ No

If yes, Complete Address of Property: _____

*This includes mobile home, house that you own with spouse, etc.



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ASSETS (CONT.)

Have you sold any Real Estate in the past two (2) years? _____ Yes _____ No

Have you disposed of any other asset within the past two (2) years? ? _____ Yes _____ No

Do not include if involved in foreclosure, bankruptcy, or if disposed of for less than market value.

EMERGENCY CONTACT: In case of emergency, contact:

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Relationship to You: _____

PHONE: () _____ - _____ CELL: () _____ - _____

WORK: () _____ - _____ OTHER: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

CRIMINAL HISTORY:

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, What and When? _____

Have you been convicted of a drug related offense? _____ Yes _____ No

If Yes, What and When: _____



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OTHER INFORMATION:

Vehicles That Will Be Kept on Premises:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No: _____ Registration Expiration Date: _____

Insurance Company: _____ Policy No.: _____

Insurance Expiration: _____

Insurance Company Phone No.: () _____ - _____

Drivers License No: _____ Expiration: _____

Please provide copies of your registration and insurance card. We may contact your insurance company to confirm insurance.

St. James Place has a "no pets" policy, with the exception of reasonable accommodation for a certified "service" animal, which performs a "service" for a handicapped person and is prescribed by a physician.

Have you been prescribed a "service" animal by a physician for a disability?

_____ Yes _____ No If yes, what type: _____

I hereby affirm that the answers to the foregoing questions are true and correct, and that I have not knowingly withheld any facts or circumstances which would, if disclosed, affect this application unfavorably. I hereby specifically authorize St. James Place Apartments to complete both a credit check and police check and make any other inquiries necessary to verify the information given in this application.

Applicant Signature



