ST. JAMES PLACE APARTMENTS
SRO LTD.
169 Dewees 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 $27.00 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 $29,459 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 – $385.00 Monthly (Prorated if partial month)
[ ] Sign Lease (Move-In Day) Initial Term: 6 Months
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:________
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:

_________________________________________ $________________________

_________________________________________ $________________________
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.
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:_________________________________________________________________
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
CRIMINAL BACKGROUND CHECK
CONSENT AND AUTHORIZATION

I do hereby give St. James Place Apartments or any of its agency permission to disclose, orally or in writing, the results of this background check to the employer or the designated authorized recipient. I have read this authorization and give full consent without reservation for a background check to be conducted on me. I do hereby release, hold harmless and indemnify St. James Place Apartments and all persons or agencies involved in reporting information about me from any claims or damages resulting in information provided by those agencies.

PLEASE PRINT ALL INFORMATION CLEARLY

______________________________________________________________________________
*First Name   *Middle Name   *Last Name   *Suffix

_____________________________________________________
Date       Signature

Date of Birth:_________________ Social Security No.:________________________________________

Current Address:________________________________________________________

City: ____________________________ State: _____ Zip Code: ______

Driver’s License Number   State Issued   Sex   Race