

<u> Alltrade Property Management Rental Application – Tax Credit Properties</u>

Thank you for your interest in renting from Alltrade! We so look forward to providing you with quality affordable housing. Please see below for a few important details about our standard tax credit application process.

The following steps are required before your application can be considered complete and processed:

- 1. Applicant(s) provides Alltrade with a copy of (6) six consecutive months of bank statements
- 2. Applicant(s) provides Alltrade with **(6)** six consecutive statements of <u>any</u> source of income (i.e. Social Security, SSI, Check Stubs)
- 3. Applicant(s) provides Alltrade with picture identification for all persons over the age of 18
- 4. Applicant(s) provides Alltrade with social security card(s) for all Household members
- 5. Applicant(s) signs and submits application
- 6. Applicant(s) pays the non-refundable application fee (\$15 per applicant)

APPLICANT PERSONAL INFORMATION (all fields are required):

- a. Applicant(s) may pay applicant fee in the form of a money order or certified funds made out to the legal property owner.
- b. Applicant(s) may pay application fee over the phone or in person at an Alltrade office by credit card or ACH. Please note the ACH payments are free to the applicant and have instant approval while credit card payments have a 3.5% processing fee and delay the screening process up to 72 hours to ensure funds clear.

If you have any questions at all about the application process, please contact the Alltrade corporate office at 502-562-1985 and an Alltrade team member will be happy to assist you.

→ Please note that you can also apply online at https://alltradeproperties.com ←

| Property/Unit App | olying for: | | | | | |
|------------------------------------------------|-------------------------|-------------|-------------------------|-------------------------------|------------|-------------------------|
| | | | | | | out us? |
| Were you referred to Alltrade by a current res | | | ident or | community a | gency? | YES NO |
| If yes, please list th | ne name of the perso | on or age | ncy that | referred you: | | |
| First Name: | | Middle | Middle: L | | Last: | |
| Gender: M | ale Femal | Female Geno | | lerqueer/non-binary Do n | | Do not wish to disclose |
| Current Street Add | dress (city, state, zip | o): | | | | |
| Marital Status: | Single | Marrie | d | Divorced | Sepa | rated |
| Have you ever used another name? | | YES | NO | If yes, please indicate name: | | |
| Date of Birth (mm/dd/yyyy): | | Social S | | Security Number: | | |
| Mobile Phone: | | _ Home | Home Phone: Work Phone: | | | Work Phone: |
| Email: | | | | Drive | er's Licer | nse #: |



HOUSEHOLD MEMBER INFORMATION

| Please add additional a Applicant Type/Relation First Name: Date of Birth (mm/dd/ Gender: Male Full-Time Student? Email: | yyyy):Fen | Middle: _ S nale G | Genderqueer/n | Number: | Do not w | ish to disclose | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|-----------------|--------------|------------------|--------------------|
| Applicant Type/Relation First Name: Date of Birth (mm/dd/ Gender: Male Full-Time Student? | yyyy):Fen | Middle: _ S nale G | ocial Security Genderqueer/n rimary Phone: | Number: | Do not w | ish to disclose | |
| Applicant Type/Relation First Name: Date of Birth (mm/dd/ Gender: Male | 'yyyy): | Middle:S | ocial Security Genderqueer/n | Number: | Do not w | ish to disclose | _ |
| Applicant Type/Relation First Name: Date of Birth (mm/dd/ | yyyy): | Middle: _ S | ocial Security | Number: | | | _ |
| Applicant Type/Relation | | Middle: _ | | | | | |
| Applicant Type/Relation | | | | Last: | • | | |
| | n to Applica | iii. Co-Applic | | | , | | |
| Please add additional a | | nt. Co-Annlie | cant (over 18) | Occupant (ı | under 18) | Co-signer/Gu | arantor |
| | pplicant, occ | upant, or co-s | igner informat | tion below. Ple | ease write N | /A if not applic | cable. |
| Other Applicant 2 | | | | | | | |
| | | | | | | | |
| Email: | | | | | | | |
| Full-Time Student? | YES NO | | rimary Phone: | · | | | |
| Gender: Male | | | Genderqueer/n | | | | |
| Date of Birth (mm/dd/ | | | | | | | _ |
| First Name: | | | | | - | | |
| Applicant Type/Relation | | • | | | | | |
| Please add additional a | nnlicant occ | unant or co-s | igner informat | tion helow Pla | ase write N | /Δ if not applic | ahle |
| Other Applicant 1 | | | | | | | |
| of 18 should be classified as an "Occupant" in the | | | must be scree | ned, and anyo | one under th | e age of 18 sn | ouid be classified |
| If yes , please provide the | • | | • | | | | _ |
| | If no , please move to the "Anticipated Income" section of the application. | | | | | | |
| If no , please move to the | | uaents? | YES | NO | | | |
| Anticipated change in I | number of st | | | NO | | | |



| Date of Bi | rth (mm/dd/ | yyyy): _ | | Social Security I | Number: | | |
|----------------------|------------------------------|-----------|----------------|---------------------|-----------------|-----------------------------------------------------------------|--|
| Gender: | Male | | Female | Genderqueer/no | on-binary | Do not wish to disclose | |
| Full-Time | Student? | YES | NO | Primary Phone: | | | |
| Email: | | | | | Driver's Licens | se #: | |
| | | | | | | | |
| Other App | olicant 4 | | | | | | |
| Please add | l additional a | pplicant | , occupant, or | co-signer informati | on below. Plea | se write N/A if not applicable. | |
| Applicant | Type/Relatio | n to Ap | plicant: Co-A | pplicant (over 18) | Occupant (ur | nder 18) Co-signer/Guarantor | |
| First Name | e: | | Midd | lle: | Last: _ | | |
| Date of Bi | rth (mm/dd/ | /yyyy): _ | | Social Security N | Number: | | |
| Gender: | Male | | Female | Genderqueer/no | on-binary | Do not wish to disclose | |
| Full-Time | Student? | YES | NO | Primary Phone: | | | |
| Email: | | | | | Driver's Licens | se #: | |
| Applicant First Name | l additional a | on to Ap | plicant: Co-A | pplicant (over 18) | Occupant (ur | nse write N/A if not applicable. Inder 18) Co-signer/Guarantor | |
| Date of Bi | | | | | | | |
| | | | Female | • | • | Do not wish to disclose | |
| | Student? | | NO | | | | |
| Email: | | | | | Driver's Licens | se #: | |
| Please det | tail the presequestion is no | ent emp | able. | other income rece | ived by all ho | usehold members. Please write N/A if | |
| Source of | Income/Emp | loyer: _ | | | Current Occup | pation/Position: | |
| Employer | Address (city | , state, | zip): | | | Start Date: | |
| Monthly G | Gross Income | : | | | Monthly Net I | ncome: | |
| Supervisor/Contact: | | | | | Contact Phone: | | |



| *Please remember to submit your (3) most current paystubs ar | nd/or other income documents alongside this application. |
|-----------------------------------------------------------------|----------------------------------------------------------|
| | |
| Other Applicant Employment/Income | |
| Does any member of the household have no income? | YES NO |
| If yes, list adult member(s) with no income: | |
| Does anyone help you pay your bills? YES NO | |
| If yes, please list source: | |
| Do any other household members/co-applicants have income t | o report? YES NO |
| If yes, please complete information below. If no, please move t | o "Additional Income Information." |
| Other Applicant 1 | |
| Source of Income/Employer: | Current Occupation/Position: |
| Employer Address (city, state, zip): | Start Date: |
| Monthly Gross Income: | Monthly Net Income: |
| Supervisor/Contact: | Contact Phone: |
| *Please remember to submit your (3) most current paystubs ar | nd/or other income documents alongside this application. |
| | |
| Other Applicant 2 | |
| Source of Income/Employer: | Current Occupation/Position: |
| Employer Address (city, state, zip): | Start Date: |
| Monthly Gross Income: | Monthly Net Income: |
| Supervisor/Contact: | Contact Phone: |
| *Please remember to submit your (3) most current paystubs ar | nd/or other income documents alongside this application. |
| | |
| Other Applicant 3 | |
| Source of Income/Employer: | Current Occupation/Position: |
| Employer Address (city, state, zip): | Start Date: |
| Monthly Gross Income: | Monthly Net Income: |



Contact Phone:

Supervisor/Contact: _____

^{*}Please remember to submit your (3) most current paystubs and/or other income documents alongside this application.

| Please answer each of the questions below. W | rite N/A | if not | applicable. |
|---------------------------------------------------|-----------|---------|---------------------------------------------------|
| Are you entitled to child support benefits? | YES | NO | |
| If yes, do you receive child support benefits? | YES | NO | If yes, what monthly benefit? |
| If no, what attempts are you making to collect | the enti | tled ch | nild support benefits (please explain)? |
| | | | |
| Other sources of income not listed above (e.g. | Social Se | ecurity | , alimony, stipend, etc)? |
| | | | |
| Please list contact, address and phone number | for any | source | es listed above: |
| | | | |
| Do you have any other income not listed? | YES | NO | |
| If yes, please list source: | | | |
| | | | |
| <u>ASSETS</u> | | | |
| <u>Asset Disclosure</u> | | | |
| Has any member of your household sold or oth | nerwise (| dispos | ed of any asset during the past two years? YES NO |
| Do you have any assets to disclose? YES | NO | (if ye | es, please complete information requested below) |
| | | | |
| Asset 1 | | | |
| Account Number: | | | Value: |
| Asset Description (if a property, please disclose | e locatio | on): | |
| | | | |
| | | | |
| Asset 2 | | | |
| Account Number: | | | Value: |
| Asset Description (if a property, please disclose | e locatio | n): | |



<u>Additional Income Information</u>

CREDIT REFERENCES

| Please provide (3) three credit reference 1 | rences (credit car | ds, schools loans, car payment, mortgage payments, etc) below. | | | |
|---------------------------------------------|--------------------|----------------------------------------------------------------|--|--|--|
| Account Number: | | Company Name (Creditor): | | | |
| Monthly Payment: | | Current Balance: | | | |
| Judgements/Bankruptcy? YES | S NO | If yes, explain: | | | |
| <u>Credit Reference 3</u> | | | | | |
| Account Number: | | Company Name (Creditor): | | | |
| Monthly Payment: | | Current Balance: | | | |
| Judgements/Bankruptcy? YES | S NO | If yes, explain: | | | |
| <u>Credit Reference 2</u> | | | | | |
| Account Number: | | Company Name (Creditor): | | | |
| Monthly Payment: | | Current Balance: | | | |
| Judgements/Bankruptcy? YES | | If yes, explain: | | | |
| BANK REFERENCES | | | | | |
| Please provide (2) two bank referer | nces. | | | | |
| Bank Reference 1 | | | | | |
| Bank Name: | | Bank Address: | | | |
| Type of Account: CHECKING | SAVINGS | Account Number: | | | |

Average Balance: ______ Actual Interest Earned: _____



| <u>Bank Reference 2</u> | | | | | | | | |
|-----------------------------------|----------------------|--------------|-----------------|------------------------------------|-----|----|--|--|
| Bank Name: | | | Bank Addro | ess: | | | | |
| Type of Account: CHECKING SAVINGS | | | Account Number: | | | | | |
| Average Balance: | | | _ Actual Inte | rest Earned: | | | | |
| RESIDENCE HIST | ORY OF CURI | RENT AND P | REVIOUS LA | ANDLORD(S) | | | | |
| <u>Current Residence</u> | | | | | | | | |
| | | | | | | | | |
| | | | | Landlord Name: | | | | |
| Landlord Phone: | | Land | lord Address (| city, state, zip): | | | | |
| Do we have permissi | on to contact th | is landlord? | YES | NO | | | | |
| If no, why? | | | | | | | | |
| Monthly Rent Amou | nt: | | | Is present rent up to date? | YES | NO | | |
| Monthly Utility Amo | unt: | | Are | e all utility payments up to date? | YES | NO | | |
| Length of residency: | | Reas | on for leaving | : | | | | |
| <u>Previous Residence</u> | | | | | | | | |
| | | | | | | | | |
| | | | | Landlord Name: | | | | |
| Landlord Phone: | | | | city, state, zip): | | | | |
| Monthly Rent Amou | nt: | Reas | on for leaving | : | | | | |
| <u>Previous Residence</u> | | | | | | | | |
| Current Street Addre | ess (city, state, zi | p): | | | | | | |
| Move in Date: | Move | Out Date: | | Landlord Name: | | | | |
| Landlord Phone: | | Land | lord Address (| city, state, zip): | | | | |

Monthly Rent Amount: _____ Reason for leaving: _____



PETS

The standard Alltrade pet policy allows a maximum of (2) two pets per unit. A <u>\$250 refundable pet fee per pet</u> is required at move in and there is no monthly pet rent charge. Please note that some properties do deviatd from this standard policy or *may not allow pets at all*.

If you have a pet or pets, please fill out the information requested below.

| Breed: | Size: |
|-----------------------------|------------------------------------------------|
| | |
| | |
| Breed: | Size: |
| | |
| anv cars, motorcycles, etc) | |
| | Year: |
| e Plate #: | |
| | Year: |
| e Plate #: | |
| & Model: | Year: |
| e Plate #: | |
| | |
| | |
| | Applicant: |
| | |
| | & Model: & Model: & Model: & Plate #: |



| <u>Character Reference #1 (no relation to applicants)</u> | | | | | | |
|-----------------------------------------------------------|--------------------------------------------------------|--------------------------------------|--|--|--|--|
| Reference Name: | Reference Phone: How long have you known this person? | | | | | |
| Reference Email: | | | | | | |
| How do you know this person? | | | | | | |
| | | | | | | |
| Character Reference #2 (no relation to applicants) | | | | | | |
| Reference Email: | | ence Phone: | | | | |
| | | How long have you known this person? | | | | |
| How do you know this person? | | | | | | |
| | | | | | | |
| <u>Special Needs</u> | | | | | | |
| Does anyone in this household have special needs? | YES | NO | | | | |
| Are special living accommodations required? | YES | NO | | | | |
| | | | | | | |
| FINANCIAL INFORMATION | | | | | | |
| Please explain any "Yes" answer in the fields provided. | | | | | | |
| Has any signer ever been sued for bills? | YES | NO | | | | |
| If yes, please provide name(s) and details: | | | | | | |
| Has any signer ever been bankrupt? | YES | NO | | | | |
| If yes, please provide name(s) and details: | | | | | | |
| Has any signer ever broken a lease? | YES | NO | | | | |
| If yes, please provide name(s) and details: | | | | | | |
| Has any signer ever been sued for eviction or had an e | viction | filed against them? YES NO | | | | |
| If yes, please provide name(s) and details: | | | | | | |
| Has any signer ever been guilty of a felony? | YES | NO | | | | |
| If yes, please provide name(s) and details: | | | | | | |



I/we authorize Alltrade Service Solutions, LLC credit reports and background checks with my rental application. I understand that my credit report, background checks, and the information therein shall be used in compliance with State Law or Federal Law or Fair Credit Report Act or Equal Opportunity Law or appropriate regulations. I also understand that

I have the right to obtain a copy of my own credit report and background check and can dispute any information.

PLEASE FORWARD ALL INFORMATION TO:

The Leasing Office at the Property you are applying for

OR

Alltrade Property Management Headquarters

710 Barret Avenue Louisville, KY 40204

Phone: 502-562-1985 Email: info@alltradeproperties.com

