

Alltrade Property Management Rental Application

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 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 **their (3) three most recent paystubs** and/or any award letters stating additional income
- 2. Applicant(s) provides Alltrade with picture identification for all persons over the age of 18
- 3. Applicant(s) signs and submits application

APPLICANT PERSONAL INFORMATION (all fields are required):

- 4. Applicant(s) pays the non-refundable application fee (\$35 standard fee, plus \$15 per additional adult/coapplicant).
 - 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	iying for:			
Apartment size pre	ference:		How did you hear a	bout us?
Were you referred	to Alltrade by a cu	rrent resident o	r community agency?	YES NO
If yes, please list the	e name of the person	on or agency tha	t referred you:	
First Name:		Middle:	Last	::
Gender: Male Femal		e Gende	erqueer/non-binary	Do not wish to disclose
Current Street Add	ress (city, state, zip	o):		
Marital Status:	Single	Married	Divorced Sep	arated
Have you ever used	d another name?	YES NO	If yes, please indicat	e name:
Date of Birth (mm/	dd/yyyy):	Social	Security Number:	
Mobile Phone:		Home Phone:		Work Phone:
Fmail [.]			Driver's Lice	ense #•



HOUSEHOLD MEMBER INFORMATION

Do you have a co-applicant, occupancy, or c	osigner/guarantor	to add to this application	n? YES NO
Anticipated change in family/occupancy size	e? YES	NO	
Anticipated change in number of students?	YES	NO	
If no , please move to the "Anticipated Incom	e" section of the ap	plication.	
If yes , please provide the requested information of 18 should be classified as a "Co-Applicant" as an "Occupant" in the "Applicant Type" field	and must be scree	• •	
Other Applicant 1			
Please add additional applicant, occupant, or	r co-signer informat	ion below. Please write N	I/A if not applicable.
Applicant Type/Relation to Applicant: Co-A	Applicant (over 18)	Occupant (under 18)	Co-signer/Guarantor
First Name: Mid	dle:	Last:	
Date of Birth (mm/dd/yyyy):	Social Security	Number:	
Gender: Male Female	Genderqueer/n	on-binary Do not v	vish to disclose
Full-Time Student? YES NO	Primary Phone:		
Email:		Driver's License #:	
Other Applicant 2 Please add additional applicant, occupant, or Applicant Type/Relation to Applicant: Co-A First Name: Mide	Applicant (over 18)	Occupant (under 18)	Co-signer/Guarantor
Date of Birth (mm/dd/yyyy):			
Gender: Male Female Full-Time Student? YES NO	Genderqueer/n	on-binary Do not v	
Email:	•		
Lindii.		Diver 3 Electise #.	
Other Applicant 3 Please add additional applicant, occupant, or	-		
Applicant Type/Relation to Applicant: Co-A		•	
First Name: Mid			
Date of Birth (mm/dd/yyyy):	Social Security	Number:	



Gender : Male		Female	Genderqueer/non-binary Do not wish to disclose
Full-Time Student?	YES	NO	Primary Phone:
Email:			Driver's License #:
Other Applicant 4			
Please add additional	applican	t, occupa	t, or co-signer information below. Please write N/A if not applicable.
Applicant Type/Relat	ion to Ap	plicant:	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor
First Name:			Middle: Last:
Date of Birth (mm/do	I/yyyy): _		Social Security Number:
Gender: Male		Female	Genderqueer/non-binary Do not wish to disclose
Full-Time Student?	YES	NO	Primary Phone:
Email:			Driver's License #:
		•	t, or co-signer information below. Please write N/A if not applicable.
Please add additional Applicant Type/Relat	ion to Ap	plicant:	t, or co-signer information below. Please write N/A if not applicable. Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last:
Please add additional Applicant Type/Relat First Name:	ion to Ap	pplicant:	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor
Please add additional Applicant Type/Relat First Name:	ion to Ap	oplicant:	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number:
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do	ion to Ap	pplicant:	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number:
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do	ion to Ap	Pemale	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone:
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do Gender: Male Full-Time Student?	ion to Ap	Pemale	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone:
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do Gender: Male Full-Time Student?	ion to Ap	Pemale	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone:
Please add additional Applicant Type/Relate First Name: Date of Birth (mm/do Gender: Male Full-Time Student? Email:	YES COME sent emp	Female NO	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone: Driver's License #:
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do Gender: Male Full-Time Student? Email:	YES COME sent empli	Female NO ployment cable.	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone: Driver's License #: and other income received by all household members. Please write N/A in the content of the co
Please add additional Applicant Type/Relat First Name: Date of Birth (mm/do Gender: Male Full-Time Student? Email: Please detail the preparticular question is Applicant Current Electrical	YES COME sent employment	Female NO ployment cable.	Co-Applicant (over 18) Occupant (under 18) Co-signer/Guarantor Middle: Last: Social Security Number: Genderqueer/non-binary Do not wish to disclose Primary Phone: Driver's License #: and other income received by all household members. Please write N/A in the second content of the secon
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^{*}Please remember to submit your (3) most current paystubs and/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	to report? YES NO
If yes, please complete information below. If no, please move t	to "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 an	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 a	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:
Supervisor/Contact:	Contact Phone:



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

<u>Additional Income Information</u>					
Please answer each of the questions below. W	rite N/A i	if not a	oplicable.		
Are you entitled to child support benefits?	YES	NO			
If yes, do you receive child support benefits?	YES	NO I	f yes, what monthly benefit?		
If no, what attempts are you making to collect	the entit	led chil	d support benefits (please explain)?		
Other sources of income not listed above (e.g.	Social Se	curity,	alimony, stipend, etc)?		
Please list contact, address and phone number	for any s	sources	listed above:		
Do you have any other income not listed?	YES	NO			
If yes, please list source:					
RESIDENCE HISTORY OF CURRENT A Current Residence Current Street Address (city, state, zip):					
Move in Date: Expected Mov					
Landlord Phone:					
Do we have permission to contact this landlor		YES			
If no, why?					
Monthly Rent Amount:			Is present rent up to date?	YES	NO
Monthly Utility Amount:			Are all utility payments up to date?	YES	NO
Length of residency:	Reasor	n for lea	aving:		
<u>Previous Residence</u>					
Current Street Address (city, state, zip):					
Move in Date: Move Out Dat					
Landlord Phone:	Landlo	rd Add	ress (city, state, zip):		
Monthly Rent Amount:	Reasor	n for lea	aving:		



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Current Street Address	(city, state, zip):	
Move in Date:	Move Out Date:	Landlord Name:
Landlord Phone:	Landlord Addres	s (city, state, zip):
Monthly Rent Amount:	Reason for leavi	ng:
<u>PETS</u>		
required at move in and		pets per unit. A \$200 non-refundable pet fee per pet is at per pet , as well. Please note that some properties do
If you have a pet or pets	, please fill out the information requested	d below.
<u>Pet #1</u>		
Туре:	Breed:	Size:
Color:		
<u>Pet #2</u>		
Туре:	Breed:	Size:
Color:		
OTHER INFORMAT	<u>ION</u>	
Vehicle Information (ir	ncluding company cars, motorcycles, e	<u>tc)</u>
State:	Make & Model:	Year:
Color:	License Plate #:	
State:	Make & Model:	Year:
Color:	License Plate #:	
State:	Make & Model:	Year:
Color:	License Plate #:	



<u>Emergency Contact</u>	
In case of emergency, please notify:	
Contact Name:	Relation to Applicant:
Street Address (city, state, zip):	
Home Phone:	Mobile Phone:
Reference #1 (no relation to applicants)	
Reference Name:	Reference Phone:
Reference Email:	How long have you known this person?
How do you know this person?	
Reference #2 (no relation to applicants)	
Reference Name:	Reference Phone:
Reference Email:	How long have you known this person?
How do you know this person?	
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	eviction filed against them? YES NO

If yes, please provide name(s) and details:

YES

If yes, please provide name(s) and details:

NO



Has any signer ever been guilty of a felony?

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

PLEASE FORWARD ALL INFORMATION TO:

Date

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



Applicant Signature