



Phone:(513) 422-9740  
Email: NicholasPlaceApartments@AOL.com

Street Address: 2759 Towne Blvd.,  
Middletown, OH 45044

## Rental Application

### Personal Information:

Applicant's Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
Interested In: 2 Bedroom 3 Bedroom Any  
Interested In: 1<sup>st</sup> Floor 2<sup>nd</sup> Floor 3<sup>rd</sup> Floor Any

Others to Reside in Apartment	Soc. Sec. No.	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Desired Move-In Date: \_\_\_\_\_ Best time to contact you AM PM  
Phone: \_\_\_\_\_ Do you have pets? \_\_\_\_\_ How many? \_\_\_\_\_  
Email: \_\_\_\_\_ List Type/Breed/Size \_\_\_\_\_

### Residence History:

#### Present Address

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Rent or Own \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Landlord/Lender \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

#### Previous Address

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Rent or Own \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Landlord/Lender \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Household Income: \$ \_\_\_\_\_ PER \_\_\_\_\_

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## LANDLORD VERIFICATION

Current Landlord or Previous Landlord (circle one)

To: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Regarding (your name): \_\_\_\_\_

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

Dates you resided there: From \_\_\_\_\_ To \_\_\_\_\_

**I hereby authorize the above named community to obtain any information requested and further agree to hold all parties harmless from any liability in the release of information.**

\_\_\_\_\_  
Applicant's Signature(s)

\_\_\_\_\_  
Date

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## FOR LANDLORD USE ONLY

A former/current resident of yours has applied for an apartment in our community. Please complete the information below and return it as quickly as possible. Thank you.

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Lease Term: From \_\_\_\_\_ To \_\_\_\_\_

Total Occupants in Household: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Amount of Monthly Rent: \$ \_\_\_\_\_. Was it paid on time: Yes \_\_\_\_\_ No \_\_\_\_\_

Was the resident ever under eviction for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Was/has proper notice been given to vacate? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what notice is required? \_\_\_\_\_ Days

Does this resident have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, have you had any problems or damages? \_\_\_\_\_

During residency were there any complaints in reference to this tenant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Is any money owed at this date? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount owed \$ \_\_\_\_\_

Has the tenant ever had a bedbug or other pest infestation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, \_\_\_\_\_ Bedbugs not eradicated (active infestation) \_\_\_\_\_ Bedbugs eradicated within last 3 months  
\_\_\_\_\_ Bedbugs eradicated more than 3 months ago \_\_\_\_\_ Other \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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## Employment Verification

**HUMAN RESOURCES:** Please fill in position, employment dates and annual income and fax back to us at (513) 422-9742. Thank you, Management.

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
(of person or department that can verify employment)

I hereby make an application for an apartment at Nicholas Place Apartments and certify that all of the information I have provided is correct and complete. I authorize the management or agents of Nicholas Place Apartments to contact any references and verify the information listed on this application. This includes obtaining information from this employment sheet.

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

## Below for Human Resources Verification

Position Held: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Signature: \_\_\_\_\_

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

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THIS PROPERTY WILL NOT DISCRIMINATE AGAINST ANY PERSON BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS, OR HANDICAP.

**THE FOLLOWING GUIDELINES WILL BE USED IN EVALUATING YOUR APPLICATION FOR RESIDENCY. ALL OF THE ITEMS BELOW MUST BE MET IN ORDER FOR YOUR APPLICATION TO BE APPROVED.**

1. Employment Verification: Must be able to verify job start and income. A pay stub may be required for proof of income.  
Self-Employment: The previous year's income tax return or a bank statement showing adequate cash collateral to cover rental expenses.
2. Financial Assistance: Social Security income and related assistance must have supporting documents if such income is to be included in gross income.
3. Income Requirements: Gross monthly income must be at least 3.5 times the amount of your apartment rent. Roommates gross monthly income must be 2.5 times the amount of your apartment rent each.
4. Rental History: Must provide previous and present full address with current phone numbers for landlord verifications.
5. Credit History: Applicant must have either no credit or good credit. Bad credit cannot be allowed.

**APPLICANT COULD BE REJECTED DUE TO, BUT NOT LIMITED TO, THE FOLLOWING REASONS:**

1. Falsification on any information on the application.
2. The name, address, and/or telephone number of the past and/or present landlord is not supplied.
3. Applicant does not supply one rental reference that can be verified.
4. Applicant is given a negative rental history.
5. Applicant is given a negative credit history.
6. Employment cannot be verified.
7. Applicant has a history of eviction.

Adverse public record or tenancy information was reported to us by \_\_\_\_\_

If you have any questions, you may contact them at \_\_\_\_\_

**I FULLY UNDERSTAND AND ACCEPT THESE QUALIFYING STANDARDS, AND HAVE TRUTHFULLY ANSWERED ALL QUESTIONS.**

\_\_\_\_\_  
**PROSPECTIVE RESIDENT**

\_\_\_\_\_  
**MANAGEMENT OR AGENT**

\_\_\_\_\_  
**PROSPECTIVE RESIDENT**

\_\_\_\_\_  
**DATE**