



# Gettysburg Square

35 Gettysburg Square Road

Ft. Thomas, KY 41075

Phone 859-781-2886 Fax 859-572-2262

www.gettysburgsquare.com Contact us at: myhome@gettysburgsquare.com

## RENTAL APPLICATION

The undersigned hereby makes application to rent unit number \_\_\_\_\_.  
Located at \_\_\_\_\_.  
Beginning \_\_\_\_\_ 20\_\_\_\_, at a monthly rental rate of \$ \_\_\_\_\_.  
For the term of \_\_\_\_\_ months.

### PERSONAL INFORMATION

Date of application: \_\_\_\_\_

First, Middle & Last Name: \_\_\_\_\_ email address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Names of Co-Applicants (Names & Dates of Birth):  
\_\_\_\_\_

All other occupants (Names & Dates of Birth):  
\_\_\_\_\_

### RESIDENTIAL INFORMATION

**Current Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ (CIRCLE ) RENT OWN

Landlord's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ (CIRCLE) RENT OWN

Landlord's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



# GETTYSBURG SQUARE

## BANKING INFORMATION

Bank Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

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## EMPLOYMENT AND INCOME INFORMATION

Status: CIRCLE ONE    Full time    Part time    Retired    Student    Unemployed

Present Income \$ \_\_\_\_\_ per \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Current Position: \_\_\_\_\_ Dates of Employment: from: \_\_\_\_\_ to: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Current Position: \_\_\_\_\_ Dates of Employment: from: \_\_\_\_\_ to: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

If student, please list school: \_\_\_\_\_

Other Income Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_

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## ADDITIONAL INFORMATION

Have you ever:	Filed for bankruptcy?	Yes	No
	Been evicted from tenancy?	Yes	No
	Willfully refused to pay rent when due?	Yes	No
	Been convicted of a felony?	Yes	No

If you answered yes to any of the above, please explain: \_\_\_\_\_

Do you have any pets?    Yes    No    Type: \_\_\_\_\_

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## VEHICLE INFORMATION

Number of vehicles: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag#: \_\_\_\_\_ State: \_\_\_\_\_

# GETTYSBURG SQUARE

## EMERGENCY CONTACT INFORMATION (NOT RESIDING WITH YOU)

In case of an emergency, please notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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## APPLICATION AGREEMENT

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rent is to be payable on the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true: however, should any statements made above be a misrepresentation or not a true statement of facts, \$30 of the earnest money will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$50.00 as earnest money and a non-refundable \$30.00 application fee. If I cancel my application after 72 hours of this day, I forfeit the earnest money of \$50.00. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to pay the balance of the security deposit and move in within 15 days after being notified of acceptance and receiving confirmation that the apartment is vacant. If I do not move in, the deposit will be forfeited as liquidated damages in payment of the agent's time and effort in processing my inquiry and application. Including making necessary investigation of my credit, character, and reputation. Signing this application is hereby waiving any claim for damages by reason of non-acceptance which the owner or his agent may reflect without stating any reason for doing so. If my application is declined, I understand that I will be refunded the \$50 earnest money within 30 days of application denial. The earnest money will be sent via mail.

## RELEASE

**I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEW WITH MY EMPLOYER, CREDITORS, LANDLORDS, NEIGHBORS, FRIENDS, AND OTHERS WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES, BUT IS NOT LIMITED TO, INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, INCOME, AND MODE OF LIVING. I FURTHER UNDERSTAND THAT THE INFORMATION CONTAINED IN THIS APPLICATION MAY BE RELEASED TO APPROPRIATE GOVERNMENTAL ENTITIES, INCLUDING LAW ENFORCEMENT, AS REQUESTED OR REQUIRED BY LAW. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE OF THIS INVESTIGATION.**

**The above information, to the best of my knowledge is true and accurate. Application signing must be witnessed by a Gettysburg Square Apartments Representative or Notary Public.**

Full Name of Applicant Full (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gettysburg Square Representative: \_\_\_\_\_ Date: \_\_\_\_\_