

**JONAH MITCHELL PROPERTY MANAGEMENT**  
102 Lake Street Nicholasville, Kentucky 40356  
(859) 887-8870 Office / (859) 806-8873, (859) 396-3432 Cell / (859) 885-8066 Fax  
[rentals@jonahmitchell.com](mailto:rentals@jonahmitchell.com) / [www.jonahmitchellpm.com](http://www.jonahmitchellpm.com)

**APPLICATION**

Thank you for applying with Jonah Mitchell Property Management Company. Please provide us with all the information requested below. Incomplete information will only delay the processing. **Each co-resident must submit a separate application.**

**Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT**

Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Income \_\_\_\_\_ Additional Income \_\_\_\_\_

Make & Model of Car (s) Color (s) \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ License Plate # (s) \_\_\_\_\_

**Current Address:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent or Own \_\_\_\_\_

Dates \_\_\_\_\_ Monthly Amount \_\_\_\_\_ Landlord/Lender \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Previous Address:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent or Own \_\_\_\_\_

Dates \_\_\_\_\_ Monthly Amount \_\_\_\_\_ Landlord/Lender \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Current Employer:**

Name/Co. \_\_\_\_\_ Address \_\_\_\_\_ Employment Dates \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Other Income \_\_\_\_\_

**Previous Employer:**

Name/Co. \_\_\_\_\_ Address \_\_\_\_\_ Employment Dates \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

**LIST OTHERS WHO WILL RESIDE IN UNIT ON A PERMANENT BASIS:**

Full Name	Soc. Sec. #	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Any other telephone numbers for spouse or other tenant:** \_\_\_\_\_

**Relatives/Emergency Contacts:**

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

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

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

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

City/State: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you ever been delinquent in payment of your rental payment or a defendant in a forcible detainer (Eviction) lawsuit or defaulted (Fail to perform) any obligation of a rental agreement or lease? Yes \_\_\_\_\_ or No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you ever been convicted of or pled guilty or "no contest" to a felony? Yes \_\_\_\_\_ or No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

**Pet Information:**

Do you have a pet or pets? \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**NOTE: Keeping of pets require consent of management, payment of applicable fees, and execution of Pet Addendum. Handicapped assistance animals are an exception.**

I hereby understand and agree, that the \_\_\_\_\_ **application fee cash or Money Order** for verifying this application is not a deposit or rent, and will not be applied to any rent or deposits/fees due, or refunded, even if this application is declined for any reason.

I hereby understand and agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my rental liability shall commence on \_\_\_\_\_ 20\_\_\_\_\_, pursuant to terms of the lease. That, upon approval, if I fail to sign the lease and/or pay agreed rental, Escrow/Damage Deposit, or other required charges as shown in this rental application. The \$ \_\_\_\_\_ holding fee accompanying this application shall be retained by landlord as liquidated damages and I agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I failed to perform as stated above after approval. I understand that the above holding fee accompanying this application is non-refundable after three (3) days.

MANAGEMENT and/or agent for OWNER reserve the right to reject this application and to refuse possession of the above-mentioned accommodation upon which the holding fee shall be refunded.

I have read the forgoing, certify that the information herein is TRUE and CORRECT that this application is submitted for purpose of inducing approval of this application in my behalf.

**BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE AGENT OF THE MANAGEMENT TO VERIFY THIS INFORMATION REFERENCES, AND CREDIT RECORDS AND ALSO, LAW ENFORCEMENT RECORDS. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE AGREEMENT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
DATE

**Upon application approval, you have 48 hours to submit your deposit and sign your lease in order to hold the property.**

## Employment Verification Form

**Applicant: Please ONLY sign and date the bottom of this form**

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

How long at current position: \_\_\_\_\_

Is this position full-time or part-time? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

If part-time, how many hours per week? \_\_\_\_\_

Is this position temporary? \_\_\_\_\_

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I hereby authorize and request my employer to furnish the above information, which is necessary in determining eligibility for housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Rental Verification Form**

**Applicant: Please ONLY sign and date the bottom of this form**

Applicant's Name: \_\_\_\_\_

Address of unit rented: \_\_\_\_\_

Dates applicant rented from you:

From: \_\_\_\_\_ To: \_\_\_\_\_ Has applicant given proper notice to vacate? \_\_\_\_\_

Will applicant be breaking their lease agreement? \_\_\_\_\_ How many people resides/resided with applicant? \_\_\_\_\_

What is/was applicant's rent? \_\_\_\_\_ Is/Was the resident receiving subsidized housing assistance? \_\_\_\_\_

If yes, what type? \_\_\_\_\_

1. Rent payment:

a. Is/Was applicant current on rent? \_\_\_\_\_

b. Has applicant ever been late paying rent? \_\_\_\_\_

c. If late, how often? \_\_\_\_\_

d. Have you ever begun eviction proceedings for non-payment? \_\_\_\_\_

e. Did applicant ever have NSF payment? \_\_\_\_\_

2. Caring for the unit:

a. Did the applicant ever damage rental unit or common areas? \_\_\_\_\_

b. If so, did applicant pay for the damages? \_\_\_\_\_

c. Will/Did you keep any of the security deposit? \_\_\_\_\_

3. General:

a. Does/Did applicant permit persons other than those on the lease to live in the unit? \_\_\_\_\_

b. Does/Did applicant interfere with the rights and quiet enjoyment of other residents? \_\_\_\_\_

c. Does/Did applicant create any physical or social hazards to the unit or to other residents? \_\_\_\_\_

d. Has applicant ever given you any false information? \_\_\_\_\_

e. Would you rent to this applicant again? \_\_\_\_\_

f. If not, why? \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Landlord

I hereby authorize and request my landlord to furnish the above information which is necessary in determining eligibility for the housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date