

HOW TO QUALIFY



Each occupant 18 years of age and older **must** complete an application. **All leaseholders must** <u>individually</u> **meet the screening criteria.**

THE FOLLOWING ITEMS ARE REQUIRED TO ACCEPT AND PROCESS A PEPZEE RENTAL APPLICATION:

- **✓** \$50 NON-REFUNDABLE Fee for Each Occupant
 - Certified Funds Only (Money Order, Cashier's Check, etc.) NO CASH
- ✓ Acceptance partially based on credit
- ✓ Verifiable rental history and no evictions in the past two years.
- ✓ Employed minimum 6 months with current employer
- ✓ Must bring home 3X the rent in a month
- ✓ Background check:
 - No current offenses or warrants (Traffic not included)
 - Felony Conviction At least 2 years old
 - Felony Drug Trafficking At least 10 years old
 - Felony Drug Possession At least 2 years old
 - **Domestic Violence** At least 2 years old
 - Violent Felony At least 10 years old
 - Sex Offenders At least 10 years old. Must notify community, abide by rules/laws
- **✓** Valid photo identification required
- ✓ Proof of Income
 - Last 60 days Paystubs and most recent W2
 - SSI/SSDI Applicants must provide benefit letter dated in the last 30 days
 - 1099 Applicants Must provide: Current Contract, Previous Year 1099 & 2 Months of Bank Statements
- ✓ **Application must be filled out completely**
 - Write N/A or cross it out if an item does not apply to you
 - Incomplete applications <u>will</u> result in delay or denial



Scan here to view Available Rentals

X

I HAVE READ AND AKNOWLEDGE THE ABOVE INFORMATION

DATE

EQUAL HOUSING OPPORTUNITY. LANDLORD MAKES THIS HOUSING AVAILABLE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS DISABILITY (HANDICAP), MILITARY STATUS, OR ANCESTRY.

PEPZEE REALTY RENTAL APPLICATION

Fax to 937-275-0003, email to <u>info@pepzee.com</u>, or bring in to 1013 N Main St, Dayton, OH 45405 Please allow 3-5 business days to process application

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t Us?			
pZee Website □ Sign	n □ Flyer	□Zillow/Trulia/Hotpads	
partments.com Wo	rd of Mouth □ C	Other	
		<u>_</u>	
theck all that apply an	d describe)		
	· ·		
	□Other	<u></u>	
	<u> </u>		
Middle		Last Name·	
Nituale Date of Birth:	SS #	!	
Dutt of Birtin	Cell #:(·	
Apt:	City:	State: Zip: _	
	LL Phone #:	: ()	
	City:	State:Zip:	
Lease Ends	: <u> </u>	# of Bedrooms:	
Apt:	City:	State: Zip:	
1	LL Phone #:	<u> </u>	
	City:	State: Zip:	
Month /Year	Moved Out:	# of Bedrooms:	
Δnt·	City	State: 7in:	
Apւ	ory LL Phone #•		
	City:	State: Zin:	
Month /Year	Moved Out:	# of Bedrooms:	
		Initiala	
Time:		minais.	
Time:_ Issuing Agency			
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OTHER OCCUPANTS OVER 18 YEARS OLD THAT WILL BE LIVING AT THE ADDRESS:

		Name:				
Relation:			:			
Name:		Name:				
Relation:		Relation	:			
Name:		Name:				
Relation:		Relation	Relation:			
What Kind of Pets do you have	`	• 0	Only*			
Where you live now do you no	av (circle Yes	or No): Heat Yes No	Electric Yes No Water Yes No			
Is utility service in your name		<i>'</i>				
Gas Co:	Electric Co	:	_Water Co:			
Vehicles That Will Be Parke	d At Address	•				
			Color:			
			Color:			
			Color:			
Personal References (no rela	•	Dhanad)			
			_)Years Known:			
Address			1 cars known			
Name:		Phone:()			
Address:			Years Known:			
Closest Living Relative:						
		Phone:()	Relationship:			
In Case of Emergency Conta	et·					
_ ·		Phone:()	Relationship:			
_ ·			Relationship:			
Address:						
Name:Address:Physician for Emergency:						

Initials Date

JOB HISTORY

Current				
Employer:		_Supervisor	••	
Employer:Address:	City:		State:	Zip:
Telephone: ()_	Position:			
Start Date (Month/Year)				
Monthly Income After Taxes: \$				
•				
Second/Previous (Circle One)				
		Supervisor	·•	
Employer:Address:	City:		State:	Zip:
Telephone: ()	Position:			
Start Date (Month/Year)	End Date (1	Month/Year)		
Monthly Income After Taxes: \$,		
Reason for leaving				
<u> </u>				
Third/Previous (Circle One)				
Employer:		Supervisor	••	
Address: Telephone: ()	City:	1	State:	Zip:
Telephone: ()	Position:			r
Start Date (Month/Year)	End Date (1	Month/Year)		
Monthly Income After Taxes: \$,		
Reason for leaving				
<u> </u>				
Other Sources of Current Income (SSI, SSDI, F	Food Stamps, (OWF, Child S	upport, Pen	sion, etc):
			-	
(must show proof of this income to be included)				
Financial References:				
Bank Name				
Do you have a checking account?	Savi	ngs account	?	
,		C		
Payee Information:				
Contact Name:				
Phone: ()				

1. If this Application is accepted, do you have If No, how much do you have now? \$_		ent and deposit?	? Yes	No
 When do you want to move? Now Have you ever filed bankruptcy? Y Have you had <u>any</u> criminal convictions w Have you <u>EVER</u> been served an eviction? 	1st of Month es No ithin the last 10 ye			ou were
renting? Yes No 6. Have you ever willfully or intentionally re 7. Have you ever changed your name? Y If your answer is "yes" to any of the above q	es No		Yes	No
Explanation of Questions 4-7:				
I have re-examined the information which that it is true and complete. I understand to this application shall be grounds for reeviction.	that providing fa	lse or incomple	ete infor i	mation
By signing this application, I agree to: 1. Sign the Owner/Agent's Lease Agreemen acceptance of this application;	t and any related a	ddendums with	in 30day	s of
2. Pay my Security Deposit with a certified of 30 days of the acceptance of this application.		eck, or money	order wit	hin
3. Pay the first monthly rental installment wi order prior to receiving keys or taking occ		k, cashier's che	ck, or m	ney
4. I will have the appropriate utilities turned (Utilities must be in leaseholder's name.)	on before receiving	g keys or taking	g occupai	ncy
(PLEASE INTIAL) Electric	Gas	Water		
Applicant Signature:		Date:		
		1	全	

EQUAL HOUSING OPPORTUNITY

Authorization to Release Information

To Whom It May Concern:

I do hereby authorize <u>PepZee Realty and/or its agents</u> to obtain information concerning my past and present credit, rental or employment history. I hereby authorize any of the following sources including but not limited to: (1) credit reporting agencies, (2) public or privately owned utility companies, (3) governmental housing agencies, and (4) current or past landlords, employers, physicians or creditors, to release any said information to the above named party. I hereby release any of the above sources, their officers, agents, or employees from any liability for damages of any kind whatsoever, whether caused by negligence or not, which may at any time result to me by reason of compliance with the above mentioned inquires, which may include the answering of specific questions and the giving of any information concerning my present or past record.

Additionally, I give the above-named party permission to copy and submit this form as needed for the purpose of processing my rental application or to continue to get information for credit collections.

Name:	
Date of Birth:	Last Four Digits of SS #:
Address:	
Applicant Signature:	Date: