

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 <u>NON-REFUNDABLE</u> 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

✓ <u>Application must be filled out completely</u>

- 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





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 info@pepzee.com, or bring in to 1013 N Main St, Dayton, OH 45405 Please allow 3-5 business days to process application

Today's Date:							
Address(s) Applying for:	:						
How Did You Hear About							
□ Craigslist □ Pep	Zee Website	⊐ Sign	□ Fly	/er	□Zillow/Truli	a/Hotpads	
\Box Agency \Box Apa							
PepZee Tenant Referral							
Why are you moving? (Ch	neck all that ann	lv and d	lescribe)				
□More space				t Apt			
Trouble w/Landlord			\square \square \square \square \square	wnsizing			
Relocating				her			
-							
<u>APPLICANT</u> : First Name:	Mid	dlar		La	st Nomo.		
First Name: Maiden Name:	Nilu Data of Rir	ule		La:			
Home #: ()	Date of Dif		Coll #•(
E-mail Address:							
CURRENT ADDRESS:							
Street:	A	pt:	City:		State:	Zip:	
Landlord's Name:			LL Pł	none #: ()		
LL Address:			City:		State:	Zip:	
Month/Year Moved In:	Lease	Ends:			# of Bedro	oms:	
Rent per month: \$							
PREVIOUS ADDRESS:							
Street:	А	pt:	City:		State:	Zip:	
Landlord's Name:		P**	LL Pł	none #: ()	<u> </u>	
LL Address:			City:		State:	Zip:	
Month/Year Moved In:	Month	Year M	oved Out:		# of Bedroop	1 ms:	
Rent per month: \$							
PREVIOUS ADDRESS:		0					
Street:		nt·	City		State	Zin	
Landlord's Name:							
LL Address:			\underline{Citv}	10110π . () State:	7in.	
Month/Year Moved In:	Month	/Year M			# of Bedroo	<u></u>	
Rent per month: \$	Reason for Lea	ving.					
ττοπτ per monun. φ		., ing. <u> </u>					
Office Use Only: Date:	,	Гime:			Initials:		
ID Type							
ID Address							
Issue Date	Expiration Da	te		ID Nur	nber		
	1						1 Page

1013 N Main St Dayton, OH 45405 937-275-0001 info@pepzee.com www.pepzee.com Initials Date

OTHER OCCUPANTS OVER 18 YEARS OLD THAT WILL BE LIVING AT THE ADDRESS:

Name:			Name:			
Name:Relation:			Relation:			
Name:			Name:			
Name: Relation:			Name: Relation:			
How many total occupants wil *Occupants are 12 mont		e residence?				
What Kind of Pets do you have (describe): *I	Pets are by Ag	greement Only	y*		
Where you live now do you pay	(circle Yes	or No): Heat	Yes No Elec	ctric Yes No Water Yes No		
Is utility service in your name? Yes No						
Vehicles That Will Be Parked						
				Color:		
				Color:		
License Plate #:	State:	Year & Ma	ke:	Color:		
Personal References (no relat	ives):					
Name:		Pho	ne:()_			
Address:				Years Known:		
Name:		Pho	ne:()_			
				_Years Known:		
Closest Living Relative:						
8		Phone:	_)	Relationship:		
In Case of Emergency Contac	et:					
Name:		Phone:)	Relationship:		
Address:						
Physician for Emergency:						
Name:)		
Address:						
				2 Page		
1013 N Main St Dayton, OH 45405	5 ▲ 937-275-0	001 🔺 info@ne	epzee.com 🔺 wy			
		<u></u>		ww.pepzee.com Initials Date		

JOB HISTORY

Current					
Employer:	Supervisor: City:State:Zip:				
Address:	City:	Sta	ate:	Zip:	
Telephone: ()	Position:				
Start Date (Month/Year)					
Monthly Income After Taxes: \$					
Second/Previous (Circle One)					
Employer:		Supervisor:			
Employer: Address: Telephone:	City:	Sta	ate:	Zip:	
Telephone: ()	Position:			I	
Start Date (Month/Year)	End Date (N	/Ionth/Year)			
Monthly Income After Taxes: \$)			
Reason for leaving					
<u>8</u>					
Third/Previous (Circle One)					
Employer:		Supervisor:			
Address:	City.	SupervisionSt	ate:	Zip:	
Telephone: ()	Position			P'	
Start Date (Month/Year)	Fnd Date (N	/onth/Year)			
Monthly Income After Taxes: \$		(101101) 1 cu r)			
Reason for leaving					
Other Sources of Current Income (SSI, SSDI,	. Food Stamps. C	WF. Child Supr	oort. Pen	sion. etc):	
		Mont			
(must show proof of this income to be included)					
Financial References:					
Bank Name					
Do you have a checking account?	Savi	ngs account?			
5 6		6			
Payee Information:					
-					
Contact Name: Phone: ()					
1 none. (
				3 P a g e	
				9 1 4 6	

1. If this Application is accepted, do you have the first month rent and deposit? Yes No If No, how much do you have now? \$ 2. When do you want to move? Now 1st of Month After 1st Other 3. Have you ever filed bankruptcy? Yes No 4. Have you had **any** criminal convictions within the last 10 years? Yes No 5. Have you **EVER** been served an eviction notice or been asked to vacate a property you were renting? Yes No 6. Have you ever willfully or intentionally refused to pay rent when due? No Yes 7. Have you ever changed your name? Yes No If your answer is "yes" to any of the above questions, provide explanation below: **Explanation of Questions 4-7:**

I have re-examined the information which I have provided on this application, and I agree that it is true and complete. I understand that providing false or incomplete information on this application shall be grounds for rejection of my application and/or immediate eviction.

By signing this application, I agree to:

- 1. Sign the Owner/Agent's Lease Agreement and any related addendums within 30 days of acceptance of this application;
- 2. Pay my Security Deposit with a certified check, cashier's check, or money order within 30 days of the acceptance of this application;
- 3. Pay the first monthly rental installment with a certified check, cashier's check, or money order prior to receiving keys or taking occupancy.
- 4. I will have the appropriate utilities turned on before receiving keys or taking occupancy *(Utilities must be in leaseholder's name.)*

(PLEASE INTIAL) Electric	Gas	Water	
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Applicant Signature:

Date:



Authorization to Release Information

To Whom It May Concern:

I do hereby authorize **PepZee Realty and/or its agents** 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: