



## HOW TO QUALIFY



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

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

- ✓ **\$49 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.**
- ✓ **Minimum 6 months of steady employment**
- ✓ **Must bring home 2.75X 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 will result in delay or denial



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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 [info@pepzee.com](mailto: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 Us?**

- Craigslist       PepZee Website       Sign       Flyer       Zillow/Trulia/Hotpads  
 Agency       Apartments.com       Word of Mouth       Other \_\_\_\_\_  
PepZee Tenant Referral \_\_\_\_\_

Why are you moving? (Check all that apply and describe)

- More space \_\_\_\_\_       1st Apt \_\_\_\_\_  
 Trouble w/Landlord \_\_\_\_\_       Downsizing \_\_\_\_\_  
 Relocating \_\_\_\_\_       Other \_\_\_\_\_

**APPLICANT:**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Maiden Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Home #:** (\_\_\_\_) \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

**CURRENT ADDRESS:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ LL Phone #: (\_\_\_\_) \_\_\_\_\_  
LL Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Month/Year Moved In: \_\_\_\_\_ Lease Ends: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Rent per month: \$ \_\_\_\_\_

**PREVIOUS ADDRESS:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ LL Phone #: (\_\_\_\_) \_\_\_\_\_  
LL Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Month/Year Moved In: \_\_\_\_\_ Month /Year Moved Out: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Rent per month: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**PREVIOUS ADDRESS:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ LL Phone #: (\_\_\_\_) \_\_\_\_\_  
LL Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Month/Year Moved In: \_\_\_\_\_ Month /Year Moved Out: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
Rent per month: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Office Use Only: Date: _____ Time: _____ Initials: _____	
ID Type _____	Issuing Agency _____ ID Name _____
ID Address _____	
Issue Date _____	Expiration Date _____ ID Number _____

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

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

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

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

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

How many total occupants will reside at the residence? \_\_\_\_\_

\*Occupants are 12 Months and Older\*

Is ANY occupant a smoker? Yes or No

This includes any form - tobacco, marijuana, vapes, ETC.

What Kind of Pets do you have (describe): **\*Pets are by Agreement Only\***

\_\_\_\_\_  
\_\_\_\_\_

Where you live now do you pay (circle Yes or No): **Heat** Yes No **Electric** Yes No **Water** Yes No

Is utility service in your name? Yes No If not, in whose name are the utilities?

Gas Co: \_\_\_\_\_ Electric Co: \_\_\_\_\_ Water Co: \_\_\_\_\_

**Vehicles That Will Be Parked At Address:**

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Year & Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Year & Make: \_\_\_\_\_ Color: \_\_\_\_\_

**Personal References (no relatives):**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Closest Living Relative:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Physician for Emergency:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**JOB HISTORY**

**Current**

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Start Date (Month/Year)** \_\_\_\_\_  
**Monthly Income After Taxes:** \$ \_\_\_\_\_

**Second/Previous (Circle One)**

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Start Date (Month/Year)** \_\_\_\_\_ **End Date (Month/Year)** \_\_\_\_\_  
**Monthly Income After Taxes:** \$ \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_

**Third/Previous (Circle One)**

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Start Date (Month/Year)** \_\_\_\_\_ **End Date (Month/Year)** \_\_\_\_\_  
**Monthly Income After Taxes:** \$ \_\_\_\_\_  
**Reason for leaving** \_\_\_\_\_

**Other Sources of Current Income (SSI, SSDI, Food Stamps, OWF, Child Support, Pension, etc):**

\_\_\_\_\_ Monthly: \$ \_\_\_\_\_  
\_\_\_\_\_ Monthly: \$ \_\_\_\_\_  
\_\_\_\_\_ Monthly: \$ \_\_\_\_\_  
\_\_\_\_\_ Monthly: \$ \_\_\_\_\_

(must show proof of this income to be included)

**Financial References:**

**Bank Name** \_\_\_\_\_  
**Do you have a checking account?** \_\_\_\_\_ **Savings account?** \_\_\_\_\_

**Payee Information:**

**Contact Name:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_

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?      Yes      No
  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:**

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**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 \_\_\_\_\_

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: \_\_\_\_\_