

SCREENING CRITERIA



Welcome to PepZee Realty! We're glad you have chosen to apply with us. We offer many different styles, sizes, areas, and price ranges. Our goal is to make sure you're happy and comfortable in your new home. Below are the guidelines to make this a success:

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

- \checkmark Good, verifiable rental history for at least the past two years. No evictions in the past two years.
- ✓ Employed minimum 6 months with current employer
- ✓ Must **NET** (bring home) 3X the rent in a month AND/OR
 - Receive another source of income (SSI, SSDI, pension, agency) AND/OR
 - Have an approved Payee
- ✓ Background check:
 - No current offenses or warrants (Traffic not included)
 - Felony Criminal At least 2 years old
 - Felony Drugs No drug dealing convictions whatsoever
 - Possession At least 2 years old
 - Domestic Violence At least 2 years old
 - Violent Felony At least 7 years old
 - Sex Offenders- At least 7 years old. Must notify community, abide by rules/laws

The following items are required to process an application:

- ✓ \$50 <u>NON-REFUNDABLE</u> Fee for Each Application
 - Certified Funds Only (Money Order, Cashier's Check, etc.) NO CASH
- ✓ Valid photo identification (IDs are for identification purposes only; we do not make a copy and they are not used in approval process.)
- ✓ Proof of Income for the last 60 days (you may also need to provide your W2)
 - Pay stubs for last 60 days, benefit letter dated in the last 30 days, SSI/SSDI statement
- ✓ Application must be filled out completely
 - Write N/A or cross it out if an item does not apply to you
 - Incomplete applications may result in delay or denial

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

Today's Date:						
Address(s) Applyin						
How Did You Hear A	-					
Craigslist	PepZee Website	🗆 Sign	□ Flyer		□Zillow/Trulia	/Hotpads
□ Agency	□ Apartments.com	\Box Word of	f Mouth	□ Other		
PepZee Tenant Referra	al					
Why are you moving	? (Check all that a	oply and de	scribe)			
□More space				pt		
Trouble w/Landlord				nsizing		
		□Other_				
APPLICANT:						
	М	iddle		Last	Name	
Maiden Name:	Middle: Date of Birth:					_
Home #: ()						
E-mail Address:						
CURRENT ADDRES						
		A nt:	City		State	7in:
Street: Landlord's Name:		<u>_</u> Apt	_City LL Phon	e #• (State	z.p.
Landlord's Name: LL Address:			<u>City:</u>			Zip:
Month/Year Moved In	i: Lea	se Ends:			# of Bedro	oms:
Rent per month: \$					_	
PREVIOUS ADDRE	CC.					
Street:		Δnt·	City		State	7in [.]
Landlord's Name:						
LL Address:			City:	<u> </u>	State:	Zip:
Month/Year Moved In	n:Mont	h /Year Mo	ved Out:		# of Bedroon	ns:
		Reason for Leaving:				
PREVIOUS ADDRE	55.					
Street:		_Apt:	_City:		State:	Zip:
Landlord's Name:				e #: (1
LL Address:						
Month/Year Moved In	n:Mont	h /Year Mo	ved Out:		# of Bedroon	ns:
Rent per month: \$						
Office Use Only						
ID Type	Issuing	Agency		ID Na	me	
ID Address						
Issue Date	Expirat	ion Date		_ ID Nu	umber	

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

Name:		Name	Name:			
Name: Relation:						
Name:		Name	e:			
Relation:		Relat	Relation:			
Name:		Name	Name:			
Relation:		Relat	ion:			
		· · · · · ·	ets are by Agreement Only*			
			o 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	l At Addres	SS:				
License Plate #:	State:	Year & Make:	Color:			
	State:Year & Make:Color:					
			Color:			
Personal References (no relat	tives):					
		Phone:)			
			Years Known:			
Name:		Phone:()			
Address:			Years Known:			
Closest Living Relative:						
		Phone:()	Relationship:			
In Case of Emergency Conta	ct:					
		Phone:()	Relationship:			
Address:						
Physician for Emergency:						
Name:		Teler	phone :()			
Address:		,				
			2 Page			

JOB HISTORY

Current				
Employer:		_Supervisor:		
Address:	City:		State:	Zip:
Telephone: ()	Position:			
Start Date (Month/Year)				
Monthly Income After Taxes: \$				
Second/Previous (Circle One)				
Employer:Address:		_Supervisor:		
Address:	City:		State:	Zip:
Telephone: ()	Position:			
Start Date (Month/Year)	End Date (N	Ionth/Year)		
Monthly Income After Taxes: \$				
Reason for leaving				
Third/Previous (Circle One)				
Employer:		Supervisor:		
Address:	City:		State:	Zip:
Telephone: ()	Position:			I ·
Start Date (Month/Year)	\overline{E} nd Date (N	Ionth/Year)		
Monthly Income After Taxes: \$		/_		
Reason for leaving				
Other Sources of Current Income (SSI, SSDI, 1	• ·	,	/	, ,
		Mo	nthly: \$	
	Monthly: \$			
		Mo	nthly: \$	
(must show proof of this income to be included)				
Financial References:				
Bank Name				
Do you have a checking account?	Savir	ngs 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? 1st of Month After 1st Now Other 3. Have you ever filed bankruptcy? Yes No 4. Have you **EVER** had any criminal convictions? Yes No 5. Have you **EVER** been served an eviction notice or been asked to vacate a property you were Yes renting? 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:**

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) DP&L	Vectren	Water	
Applicant Signature:		Date:	
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EQUAL HOUSING

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: