

RENTAL APPLICATION

\$40 APPLICATION FEE

OFFICE: 513-713-1622

EMAIL: gahlterrace1@gmail.com

Notice: Co-Applicant must complete a separate rental application

YOU MUST SUBMIT COPY OF DRIVER'S LICENSE, 3 CURRENT PAY STUBS OR OTHER PROOF OF INCOME

The undersigned hereby makes application to rent unit number _____ located at GAHL TERRACE, beginning on _____, 20__ at a monthly rental rate of \$_____.

PLEASE TELL US ABOUT YOURSELF

FIRST/MIDDLE/LAST NAME: _____ Phone _____

Date of Birth _____ Social Security Number _____

Name of Co-Applicant _____

No. of Dependents (excluding co-applicant) _____

List name, age, date of birth and social security number of all occupants who will live in the apartment:

Pets (number and kind; if none, write "none") NO DOGS PERMITTED

PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST THREE YEARS (BEGINNING WITH MOST CURRENT)

CURRENT ADDRESS (INCLUDING ZIP & COUNTRY) _____

Month & year moved in _____ Rent paid \$ _____ Reason for leaving _____

Owner or Agent _____ Phone number _____

PREVIOUS ADDRESS (if within 3 years) _____

Month & year moved in _____ Rent paid \$ _____ Reason for leaving _____

Owner or Agent _____ Phone number _____

PREVIOUS ADDRESS (if within 3 years) _____

Month & year moved in _____ Rent paid \$ _____ Reason for leaving _____

Owner or Agent _____ Phone number _____

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

YOUR STATUS: Employed full time Employed part time Student Retired Unemployed

EMPLOYER: current or previous _____

Date Employed: _____ Employed as (position) _____

Supervisor _____ Supervisor's Phone _____

Address _____

Salary \$ _____ per _____. If employed by above less than 6 months, give name and

address of previous employer or school _____

If there are other sources of income you would like us to consider, please list income, source and person (banker, employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) CITY, STATE BRANCH TYPE OF ACCOUNT

1) _____

2) _____

CREDIT REFERENCES:

- 1) _____
- 2) _____
- 3) _____

Your driver's license number _____ State _____

Your Vehicle Make/Model _____ Color _____ Year _____ Tag No. _____ State _____

2nd Vehicle Make/Model _____ Color _____ Year _____ Tag No. _____ State _____

Other Vehicles _____

Have you or any proposed occupant ever:

- Filed for bankruptcy? no yes
- Been evicted? no yes
- Willfully or intentionally refused to pay rent when due? no yes
- Do you or any proposed occupant have any pending judgment or legal proceedings pending against you? no yes
 - If yes, explain _____

Please give any additional information which might help management evaluate this application: _____

How did you hear about our apartments? _____

If Management has any questions about this application, please give EMAIL/PHONE NUMBERS where you can be located:

EMAIL ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

I hereby agree to lease the above-described premises for the term and the conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$_____ of the earnest money deposit will be retained to offset the agent's cost, time and effort in processing my application.

I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted within _____ business banking days. Upon acceptance of this application, this deposit shall be retained and upon taking physical possession of the apartment, converted to a security deposit. When so approved and accepted within _____ days after said notice, I agree to execute a lease for _____ months or the deposit will be forfeited as liquidated damages. If this application is not approved and accepted by the owner or agent, the earnest money deposit will be refunded after applicant's check has cleared applicant's bank. The applicant hereby waives any claim for damages by reason of nonacceptance which the owner or his agent may reject without stating any reason for doing so.

I HEREBY AUTHORIZE GAHL PROPERTIES TO OBTAIN CONSUMER REPORTS, AND ANY OTHER INFORMATION IT DEEMS NECESSARY, FOR THE PURPOSE OF EVALUATING MY APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE.

The above information, to the best of my knowledge, is true and correct. This Application, upon execution of a Lease Agreement with GAHL PROPERTIES shall be incorporated into the Lease and made a part thereof.

Signature of Applicant _____ Date Signed _____

GAHL PROPERTIES IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS.

APPLICANT: DO NOT WRITE BELOW THIS LINE

DEPOSIT OF \$ _____ RECEIVED BY (NAME) _____ DATE _____

THIS APPLICATION FORM RECEIVED BY (NAME) _____ DATE _____

COPY OF DRIVER'S LICENSE OR PHOTO I.D. MADE BY (NAME) _____ DATE _____

Reference Verification Name	Reference Comments

Comments:

This application approved not approved by _____

Applicant Notified _____ Date Notified _____