



# LEASE APPLICATION



It is illegal, pursuant to the Ohio Fair Housing Law, Division (H) of Section 4112.02 of the Revised Code and the Federal Fair Housing law, 42 U.S.C.A. 3601, as amended, to refuse to sell, transfer, assign, rent, lease, sublease or finance housing accommodations, refuse to negotiate for the sale or rental of housing accommodations, or otherwise deny or make unavailable housing accommodations because of race, color, religion, sex, familial status as defined in section 4112.01 of the Revised Code, ancestry, military status as defined in that section, disability as defined in that section, or national origin or to so discriminate in advertising the sale or rental of housing, in the financing of housing, or in the provision of real estate brokerage services.

**APPLICATION for occupancy of 3810 Adair**. Application submitted to: Agent, Property Manager or its owner(s). Deliver or mail to: Application will be processed upon receipt of paperwork and payment (cash) Listing agent, Peggy Rahe. Phone (937) 361-9599 email: Homes@RaheTeam.com.. Non-refundable fee must be paid before this form is processed of \$75 per person over the age of 18 who will occupy this residence. Each resident signs their own lease application. Only exception over 18 is a student in school. PROOF required .

## APPLICATION STATUS CONTACT INFORMATION:

**Where do you prefer, we contact you to communicate status concerning your application?**

Cell number: \_\_\_\_\_ home number: \_\_\_\_\_ office number: \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>ND</sup> occupant: \_\_\_\_\_ their cell number: \_\_\_\_\_

How many years do you wish to lease this house? \_\_\_\_\_ Are you military \_\_\_\_\_ civilian \_\_\_\_\_ WPAFB contractor \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Green Card? \_\_\_\_\_ Other authorized documentation: \_\_\_\_\_

If you are not a US Citizen your employer must vouch for the lease provide Employer contact: and more documentation.

Name \_\_\_\_\_ phone \_\_\_\_\_ company \_\_\_\_\_

If Military your Commanding Officer Name: \_\_\_\_\_

Commander's phone: \_\_\_\_\_ email: \_\_\_\_\_

By submitting this application, I authorize the investigation of related facts and the exchange of reports regarding this application with credit reporting agencies and others. If requested, I will be told the name and address of agencies being used.

**INSTRUCTIONS:** A response is required for each blank. Use N/A if not applicable. All residents 18 years of age, or older, must complete a separate application. Please print except for signature. Use full names and initials. If currently living with relatives then use their address as present address. Any statements or information that is false will immediately terminate lease or application. You will automatically lose any application fees, deposits or rents paid.

FILL OUT ENTIRE APPLICATION TO BE CONSIDERED.

### Please submit:

- Pay stubs from last 3 months
- Proof of any child support, SSI, SSD, or other forms of income
- Copy of current driver license
- Good phone numbers for past 3 landlords
- Good phone number for current employer(s)
- If self employed 2 years tax returns (page that shows income)

**APPLICANT GENERAL INFORMATION:**

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ SS # \_\_\_\_\_

List all your former names,nickname,married,birth name in full, including Initials used and dates used:

Your Email: \_\_\_\_\_ (Your email information is NOT shared)

Your Phone Numbers: Mobil: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

DRIVERS LICENSES: State issued \_\_\_\_\_ License Number \_\_\_\_\_ Exp: \_\_\_\_\_

**Please present your driver's licenses so we can take a cell phone scan with your application.**

TOTAL ANNUAL INCOME Last year: \$ \_\_\_\_\_

CURRENT JOB INCOME \$ \_\_\_\_\_ (Weekly / Monthly / Annual) \_\_\_\_\_

INCOME - OTHER THAN WORK \$ \_\_\_\_\_ (Weekly / Monthly / Annual) - SOURCES: \_\_\_\_\_

How long do you plan to stay at this property? \_\_\_\_\_

Do you plan to buy a home?  No  Yes, When: \_\_\_\_\_

**Check applicable boxes.** For any "Yes" answer, specify the date and provide additional details on the back of this page.

Have you ever been sued for bills? .....  No  Yes, Date: \_\_\_\_\_

Have you had a lawsuit against you, ever? .....  No  Yes, Date: \_\_\_\_\_

Have you ever filed for bankruptcy? .....  No  Yes, Date: \_\_\_\_\_

Are you planning on filing for bankruptcy? .....  No  Yes, Date: \_\_\_\_\_

Have you ever been charged with a felony? .....  No  Yes, Date: \_\_\_\_\_

Have you ever changed your name? .....  No  Yes, Date: \_\_\_\_\_

Did you do a debt consolidation loan? .....  No  Yes, Date: \_\_\_\_\_

Have you ever willfully refused to pay rent when due? .....  No  Yes, Date: \_\_\_\_\_

Have you ever been convicted for dealing or manufacturing illegal drugs? .....  No  Yes, Date: \_\_\_\_\_

Have you ever been served an eviction notice or been asked to vacate a property?  No  Yes, Date: \_\_\_\_\_

Name of your attorney \_\_\_\_\_ Attorney's Phone number: \_\_\_\_\_

**MARITAL INFORMATION:**

**MARITAL STATUS**  Single /  Married (date) \_\_\_\_\_ /  Divorced (date) \_\_\_\_\_ /  Separated (date) \_\_\_\_\_

Current Spouse's Name (first middle & maiden name if wife) \_\_\_\_\_

Former Spouse's Name (first middle last) \_\_\_\_\_

Former Spouse's current Phone \_\_\_\_\_ current email: \_\_\_\_\_

Former Spouses' complete address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**RENTAL HISTORY:**

If currently living with relatives, then use their address as present address.

**YOUR PRESENT ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_ Is present rent up to date?  Yes  No

Number of bedrooms rented \_\_\_\_\_ Reason for leaving current rental: \_\_\_\_\_

Have you given notice?  Yes  No Have you been asked to leave?  Yes  No

CURRENT LANDLORD: NAME: \_\_\_\_\_ ADDR: \_\_\_\_\_

LANDLORD CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ LANDLORD'S PHONE NO: \_\_\_\_\_

Do you pay the following where you currently live - check No or Yes for each:

**Gas:**  No  Yes      **Electric:**  No  Yes      **Water:**  No  Yes      **Lawn cutting:**  No  Yes  
**Landscape:**  No  Yes      **Trash:**  No  Yes

Name and address utilities are in (gas / electric / water): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**PAST ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PAST LANDLORD: \_\_\_\_\_ ADDR: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ LANDLORD'S PHONE NUMBER: \_\_\_\_\_

Why did you leave this address? \_\_\_\_\_

**PAST ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PAST LANDLORD: \_\_\_\_\_ ADDR: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ LANDLORD'S PHONE NUMBER: \_\_\_\_\_

Why did you leave this address? \_\_\_\_\_



**OCCUPANTS** how many people will occupy this property part time or full time? \_\_\_\_\_

Names & Birthdates of all people who will be residing in this property: (write PT part time next to name if not full time)

- 1. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
- 2. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
- 3. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
- 4. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
- 5. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_
- 6. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**Does any occupant smoke?**  No  Yes **NOTE: this is classified as a NON-SMOKING PROPERTY of any kind**



**AUTOMOBILES:**

#1 Model/Color \_\_\_\_\_ State \_\_\_\_\_ License Plate #1 \_\_\_\_\_

Lien Holder \_\_\_\_\_ City & State \_\_\_\_\_

#2 Model/Color \_\_\_\_\_ State \_\_\_\_\_ License Plate #2 \_\_\_\_\_

Lien Holder \_\_\_\_\_ City & State \_\_\_\_\_



**EMPLOYMENT:**

Your current employer: \_\_\_\_\_ Address: \_\_\_\_\_

City State and Zip: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone number \_\_\_\_\_

Work hour's \_\_\_\_\_ How long have you been with this employer? \_\_\_\_\_

What is your continued employment probability with this employer? \_\_\_\_\_



Previous employer: \_\_\_\_\_ Address: \_\_\_\_\_

City State and Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone number \_\_\_\_\_



Previous employer: \_\_\_\_\_ Address: \_\_\_\_\_

City State and Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone number \_\_\_\_\_

**APPLICANT'S REFERENCES:**

A sibling in OHIO? \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address \_\_\_\_\_

Other Relative Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address \_\_\_\_\_

Friend in OHIO: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

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

Other Non-Relative Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

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

Your Mother's Maiden Name: \_\_\_\_\_ Spouse's Mother's Maiden Name \_\_\_\_\_

Who to notify for emergency: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Your Doctors name: \_\_\_\_\_ Phone \_\_\_\_\_

**No PETS ARE PERMITTED to OCCUPY this PROPERTY.....**

It is understood that a rental application fee of \$75.00 per occupant 18 or over is collected to pay for the investigation and that this fee is NOT refundable. Application form is not considered submitted until \$75.00 application fee is received. Possible checks include bad tenant, criminal, credit or any other permissible checks by law.

If approved, landlord will collect a separate security deposit. Security deposit is held until tenant vacates property and all rental agreement conditions have been met. If you do not respond immediately upon lease application acceptance, property manager, owner or its agent will assume you no longer wish to proceed with this property to lease and will be free to lease to next applicant(s).

Once you have been approved and paid your security deposit, first month's rent must be paid before move in can start. If you decide not to take the property for any reason once lease agreement is signed, there are no refunds for the any fees. You may also be subject to damages such as loss of rents and expense to re-rent said property.

**PETS:**

Do you have pets  No  Yes

NOTE: PETS are not permitted to visit or live at this property

If you are found to harbor pets or pet sitting without formal pre-approval in writing, you are considered to have a pet on the property without permission which is grounds for immediate eviction and loss of Security Deposit. **No vicious breeds or mix of vicious dogs are ever allowed on this property**

# To Whom It May Concern

UNDERSIGNED APPLICANTS AUTHORIZE ANY PERSON OR FIRM TO RELEASE INFORMATION CONCERNING THEIR CREDIT AND PAYMENT HISTORY UPON PRESENTATION OF THIS FORM OR A PHOTO COPY OF THIS FORM, AT ANY TIME.

I hereby authorize Dayton Rental Homes – Rahe Team or their agents, owners or representatives to obtain information concerning my past, current and future credit, rental and employment history, and to answer any questions in the future. 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) government housing (4) current and past landlords, employers or creditors to release any said information to the above named party.

I hereby authorize release of any of the above sources, their officers, agents or employees from any liability for damages of any kind whatsoever, either caused by negligence or not, which may at any time result in a decision not to rent this property now or in the future by reason of compliance with the above-mentioned inquiry, which may include the answering of specific questions and the giving of information concerning my (applicant and co-applicants) present or past record.

Additionally, I give the above party and their agent/owner/lender permission to copy and submit this form as needed for the purpose of processing my rental application, lease, lease option or rent to own and to continue to get information for credit collections when occupying property in the future.

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Applicant

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Date signed

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Applicant's date of birth

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Applicants social security

Print Your Full Name Here and all names you have used in the past, married nicknames, alias etc:

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[www.DaytonRentalHomes.com](http://www.DaytonRentalHomes.com)



## Authorization for Release of Information

**Purpose:** Dayton Rental Homes – Rahe Team will use this authorization and the information obtained with it to administer and enforce rules and policies related to the rental property owned and/or managed by the above-named organization.

**Authorization:** I authorize the above-named organization and its manager/employees or owner to obtain information about me or my family that is pertinent to the rental of property, periodic reviews during the term of the lease, and subsequent to the term, if collection efforts are required for any monies owed pertaining to the rent of this property.

### Information collected and covered-inquiries may include but are not limited to:

- Handicapped assistance expenses
- Medical expenses
- Child care expenses
- Criminal activity
- Credit history
- Social security numbers
- Residences and rental history
- Identity and marital status
- Family composition
- Employment/income/pensions/assets
- Federal/state/tribal/local benefits

**Computer Matching Notice & Consent:** I agree that the above-named organization may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or any local agencies.

Government agencies include but are not limited to: Police departments, FBI, US Post office personnel management, US Social Security Agencies, State Welfare and Food Stamp agencies and Department of Defense. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purposes as stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Dayton Rental Homes – Rahe Team or their authorized agents.

\_\_\_\_\_  
Applicant



\_\_\_\_\_  
Date signed