

## RENTAL APPLICATION

**\$50 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 \$\_\_\_\_\_. Maximum occupancy: 1 bdsm: 2 people 2 bdsm:4 people

**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
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1) _____			
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2) _____			
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CREDIT REFERENCES:

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Your driver's license number \_\_\_\_\_ State \_\_\_\_\_

Your Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_

2<sup>nd</sup> 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:

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This application ☐ approved ☐ not approved by \_\_\_\_\_

Applicant Notified \_\_\_\_\_ Date Notified \_\_\_\_\_