## **Rental Application**

1400 Sycamore Street, LLC Office: 1411 Sycamore St. Cincinnati, Ohio 45202 513-352-5811 Fax 513-823-2981

Please complete all applicable questions on this Application. Fields marked with \* are required. If any field does not apply to you, please type "N/A" rather than leaving it blank.

As of the date submitted, the undersigned hereby applies to rent the apartment residence located at 1400 Sycamore St., Cincinnati, Ohio 45202.

This Application pertains to:

Only Unit

Next available Unit 

Desired Move-in Date: \_\_\_\_\_, 2020.

In addition to monthly rent, if an Application is approved a Security Deposit is required to secure the unit which must be paid within seven (7) days after approval.

**Applicant Information** Applicant:

- \* First Name: \_\_\_\_\_\_ \* Middle Name: \_\_\_\_\_\_
- \* Last Name:\_\_\_\_\_

\* Social Security #:\_\_\_\_\_

Format: 555-55-5555 \* Telephone - Home:

Format: (555) 555-5555 \* Telephone - Work:

Format: (555) 555-5555

- \* Driver's License #:
- \* Driver's License State:
- \* Date of Birth:
- \* E-mail Address:

Applicant's Current Address:
* Number and Street:
Apartment:
* City:
* State:
* Zip:
* Landlord's Name:
* Landlord's Telephone:
* Landlord's Address:
* City:
* State:
· ZID.
* Month & Year Moved In:
* Rent per Month \$
* Number of Bedrooms Rented:
* Reason for Leaving:
* 1400 Sycamore Street, LLC has my permission to contact this landlord
If you do/did not have a Landlord, please explain why:
* Have you lived here for at least two years?
□ Yes
$\square$ No
Applicant's Previous Address: * Street:
Apartment:
* City:
* State:
* Zip:
* Landlord's Name:
* Landlord's Telephone:
* Landlord's Address:
* City:
* State:
* Zip:
* Month & Year Moved In:
* Rent per Month \$:
*

\* 1400 Sycamore Street, LLC has my permission to contact this landlord
 □ Yes

- No

Applicant's Education History:	
* Highest Level of Education Completed	
Applicant's Employment History:	
* Employer Name:	
* Supervisor:	
* Employer's Address:	
* City:	
* State:	
* Zip:	
* Phone:	
* Length of Time Employed (years/mon	nths)
* Position: () care in the project	)
* Monthly Position Income \$:	
* Other Source of Income:	
* Monthly Other Income \$:	
* Previous Employer (if current employment for less than two year	cs).
* Supervisor:	
* Employer's Address:	
* City.	
* City: * State:	
* Zip:	
* Phone:	
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<ul> <li>* Length of Time Employed (years/monestressing for the product of the product of</li></ul>	nths)

\* Issued By:

Vehicles:

\* Do you have any motor vehicles?

- Yes
- No

Do you require a parking space (additional fee will be assessed)?

- Yes
- No
- Pendleton On-Street Permit \$30/yr.
- Ziegler Underground Garage \$105/yr

Do you desire Ziegler Pool Membership (fee to Ziegler Pool only - membership app will be provided)?

- Yes
- Π No

Other Occupants:

\* Will you be occupying this property with anyone else?

- Yes
- Π No

\*Please name all other persons who will occupy the apartment on a regular, even if not continuous basis:

- \* First Name: \_\_\_\_\_
- \* Middle Name: \_\_\_\_\_
- \* Last Name:\_\_\_\_\_\_ \*Current Address \_\_\_\_\_\_ (number and street)
- \* City: \_\_\_\_\_
- \* State: \_\_\_\_\_
- \* Zip:\_\_\_\_\_

### Animals:

\* Will you be bringing a pet, service animal or companion animal?

- Yes
- No

\*Please describe any animal that will be with you in the apartment

\* Age: \_\_\_\_\_

- \* Breed or Species: \_\_\_\_\_
- \* Weight in Pounds:

Emergency Contact:

- \* Name: \_\_\_\_\_ \* Address: \_\_\_\_\_
- \* City:\_\_\_\_\_
- \* State: \_\_\_\_\_
- \* Zip:
- \* Phone: \_\_\_\_\_
- \* Relationship:

### **APPLICANT'S CERTIFICATIONS**

Please read and answer accurately:

\* Have you ever been convicted of any crime other than a minor traffic offense?

Yes

No 

\* Have you ever filed bankruptcy?

- Yes
- No

\* Have you ever been served an eviction notice or been asked to vacate a property you were renting?

Π Yes

No

\* Have you ever willfully or intentionally refused to pay rent when due?

- Yes
- No

\* Have you ever changed your Name?

- Yes
- Π No

\* Do you know of anything which may interrupt your income or an ability to pay rent?

 $\Box$  Yes

□ No

If your answer was "YES" to any of the above questions, please provide complete details below:

Thank you for choosing 1400 Sycamore Street, LLC. We appreciate your business!

Please Note: If you do rent from 1400 Sycamore Street, LLC there will be additional information needed upon signing lease.

By Submitting this Application you agree to the following:

I have examined the information which I have provided on this Application, and I agree that it is true and complete. Except as noted above, (1) I have never been, nor am I now being, dispossessed or evicted from any rental unit; (2) I have never broken or in any manner failed to honor a lease or rental agreement; and (3) I have no legal judgments against me. I understand that providing false or incomplete information on this Application shall be grounds for immediate eviction.

I understand that upon approval of this Application by 1400 Sycamore Street, LLC, I will be required to pay a deposit and that the owner will be reserving the selected property in my name and any cancellation by applicant will result in the application of the deposit to the Owner's lost rentals, if any. Should owner reject the Application, for any reason, I understand the security deposit will then be returned to me in full without interest. If paid, I have also been made aware that the \$40 application processing fee is non-refundable regardless of the outcome of my Application.

If my Application is approved, I agree to execute the Rental Agreement and any related addendums within 3 days of approval of this Application.

Upon preliminary approval of this Application, I will pay to Owner the sum of \$40.00 to obtain information concerning my past and present credit, rental history, employment history, and I agree to answer any questions in the future regarding their experience with me. 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, 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, caused by negligence or otherwise, which may at any time result to me by reason of compliance with the above-mentioned inquiry. This includes, but is not limited to, the answering of specific questions and any information provided concerning my present or past record.

Applicant:

[Date]

Signature

Print Name

When your Application is Complete, Mail or Fax it as Follows:

1400 Sycamore Street, LLC 1411 Sycamore St. Cincinnati, Ohio 45202 Fax: 513-823-2891

#### **Our Pledge to You**

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, and 42 U.S.C.A. 3601, 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. It is also illegal, for profit, to induce or attempt to induce a person to sell or rent a dwelling by representations regarding the entry into the neighborhood of a person or persons belonging to one of the protected classes.

#### 1400 Sycamore Street, LLC Office: 1411 Sycamore St. Cincinnati, Ohio 45202 513-352-5858 Fax 513-823-2981

# PRELIMINARY APPROVAL OF RENTAL APPLICATION AND REQUEST FOR THIRD-PARTY PROCESSING FEE

Applicant Information Applicant:

\* First Name: \_\_\_\_\_

- \* Middle Name:
- \* Last Name:\_\_\_\_\_

Your Application has been preliminarily approved, subject to further processing, including, without limitation, a third-party background check for which there is non-refundable fee of \$40.00.

Please return this page with your check or money order for \$40.00 payable to:

1400 Sycamore Street, LLC 1411 Sycamore St. Cincinnati, Ohio 45202

Your Application will be closed as discontinued if the processing fee is not returned within seven (7) business days.