

St. Clair Lofts

Rental Application

A. Applicants Name: _____ S.S. # _____ D.O.B. _____

Marital Status: Married Single Divorced Separated

Age: _____ Male Female

B. Spouse Name: _____ S.S.
_____ D.O.B. _____

C. Present Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____

Other Occupants of the Apartment:

Name	Birthdate	Relationship
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Name	Birthdate	Relationship
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Please Give Your Employment History

A. Company Name: _____ Address: _____ City: _____ Zip: _____
Company Phone: _____ Position Title: _____

Employed From _____ to _____ Annual Salary _____
Supervisor Name: _____

B. Company Name: _____ Address: _____ City: _____ Zip: _____
Company Phone: _____ Position Title: _____

Employed From _____ to _____ Annual Salary _____
Supervisor Name: _____

Co-Applicant Employment History

A. Company Name: _____ Address: _____ City: _____ Zip: _____
Company Phone: _____ Position Title: _____

Employed From _____ to _____ Annual Salary _____
Supervisor Name: _____

Please Give Your Residence History for Past 3 Years

A. Street Address: _____ City: _____ State: _____ Zip: _____

Apartment Name or Landlord Name: _____

Their Address: _____ City: _____ State: _____ Zip: _____

35 S. St Clair Street
Dayton, Ohio 45402
Phone (937) 222-9750 Fax (937) 222-9751

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Phone: (____) _____ Lived there from _____ to _____ Rental Amount: _____
Reason for Moving: _____

B. Street Address: _____ City: _____ State: ___ Zip: _____
Apartment Name or Landlord Name: _____
Their Address: _____ City: _____ State: ___ Zip: _____
Phone: (____) _____ Lived there from _____ to _____ Rental Amount: _____
Reason for Moving: _____

C. Street Address: _____ City: _____ State: ___ Zip: _____
Apartment Name or Landlord Name: _____
Their Address: _____ City: _____ State: ___ Zip: _____
Phone: (____) _____ Lived there from _____ to _____ Rental Amount: _____
Reason for Moving: _____

GENERAL INFORMATION

Your Drivers License # _____ State _____
Spouses Drivers License # _____ State _____

PLEASE LIST ALL AUTOMOBILES

1. Year: _____ Make: _____ Model: _____ Color: _____ Plate # _____
2. Year: _____ Make: _____ Model: _____ Color: _____ Plate # _____

Has applicant, spouse, or any other proposed occupant ever:

Filed for bankruptcy? No Yes Been evicted? No Yes

Willfully or intentionally refused to pay rent when due? No Yes

Had a criminal record? No Yes If yes, explain _____

Been arrested for drug usage or trafficking in drugs? No Yes

If yes, explain _____

Do you own any pets? No Yes If yes, what kind? _____

In Case of Emergency, please notify:

Name: _____ Relationship _____ Phone :(____) _____

Doctor: _____ Hospital: _____ Phone :(____) _____

Acknowledgement

I/We do hereby consent to and authorize any representative of Oberer Management Services to obtain verify and exchange information on any reports concerning me as are maintained by, but not limited to: city, county, state, federal law enforcement agencies, credit reporting agencies, present and/or past employers, present and/or past residences. I understand that any information obtained may be considered by Oberer Management Services is their sole discretion, as a factor in decisions they make, with respect to the apartment/house for which I am applying.

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Furthermore, I hereby release and hold harmless agents, owners, and affiliates of, but not limited to: their officers, director, employees, agents, law enforcement agencies, credit reporting agencies, past and/or present employers, present and/or past residences, its officers and employees that shall provide information to Oberer Management Services , upon request, from and against any and all crimes, demands, suits, or expenses arising from or related to the content, validity or handling of said reports.

I/We hereby certify that the information contained in this application for lease is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I/We understand that this is an application for an apartment and does not constitute a lease agreement in whole or part.

I/We hereby acknowledge a Non-refundable Application Fee of \$35.00 to be used in the processing of this application.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

APPLICANT PLEASE DO NOT WRITE BELOW

Deposit of \$ _____ Received by: _____ Date: _____

Application form received by: _____

This application has been () Approved () Denied

Reason Denied: _____

Security Deposit Agreement

Date: _____

Received from _____ as security deposit for apartment _____ in the amount of _____.

- 1) Release of the security deposit is subject to the following provisions
 - a) The lease will have expired on the respective apartment
 - b) A written notice of intent to vacate must be given full thirty days prior to vacating
 - c) No damage to property beyond normal wear and tear
 - d) Entire apartment including range, refrigerator, bathroom, closets, and cupboards must be clean
 - e) All keys returned
 - f) No unpaid late charges, delinquent rents, or other outstanding charges
 - g) All debris rubbish and discards placed in proper containers

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- h) Forwarding address left with management
- 2) **\$75.00 OF THE SECURITY DEPOSIT IS A NON REFUNDABLE ADMINISTRATIVE FEE.**
- 3) The labor cost and materials for cleaning repairs and replacement beyond normal wear and tear based on the apartment check out inspection will be deducted from the security deposit.
- 4) The security deposit will be returned in the form of a check and mailed to the forwarding address provided by you. The check will be addressed to all the lease signers.
- 5) **If a tenant cancels after depositing a security deposit on an apartment and has been approved for tenancy the security deposit will be forfeited.**

I HAVE READ AND UNDERSTAND THE ABOVE

_____	_____	_____	_____
Applicant	Date	Applicant	Date
_____	_____		
Agent	Date		

PLEASE NOTE:
PAYMENT OF DEPOSIT DOES NOT ASSURE APPLICANT OF AN APARTMENT IF APPLICANT SHOULD BE REJECTED THE DEPOSIT WILL BE REFUNDED IN FULL.