RENTAL APPLICATION

\$50 APPLICATION FEE

OFFICE 513-733-5660 Email: manager@powellsgardenapartments.com

Notice: Co-Applicant must complete a separate rental application

	The state of the s		BS OR OTHER PROOF OF INCOME* ells LLC, beginning on, 20
at a monthly rental rate of \$			
PLEASE TELL US ABOUT YOUR	SELF		
FIRST/MIDDLE/LAST NAME			Phone
Date of Birth	Social Security Number		
NT CO 1 1' '	Social Security Ivainoof _		
No. of Dependents (excluding co-applic			
List name, age, date of birth and social			
Pets (number and kind; if none, write "r	none") NO DOGS PERMITT	ED	
PLEASE GIVE US YOUR RESIDE (BEGINNING WITH MOST CURF			
CURRENT ADDRESS (INCLUDING	ZIP & COUNTRY)		
Month & year moved in	Rent paid \$	Reas	on for leaving
Owner or Agent			ne number
PREVIOUS ADDRESS (if within 3 year			
Month & year moved in	Rent paid \$	Reas	on for leaving
			ne number
PREVIOUS ADDRESS (if within 3 year			
Month & year moved in	Rent paid \$	Reas	on for leaving
			ne number
PLEASE GIVE US YOUR EMPLO	YMENT INFORMATION		
YOUR STATUS: Employed full to EMPLOYER: Current or Date Employed: Supervisor	previous Employed as ((position)	
Address			
			above less than 6 months, give name and
address of previous employer or school If there are other sources of in	come you would like us to cor confirmation. You do NOT h	nsider, please list in	
Amount \$ Source _			
PLEASE LIST YOUR BANK AND	CREDIT REFERENCES		
YOUR BANK(S) CIT	Y, STATE	BRANCH	TYPE OF ACCOUNT

CREDIT REFERENCES:					
1)					
2)					
3)					
Your driver's license number					
Your Vehicle Make/Model	Color	Year	Tag No		
2 nd Vehicle Make/Model			Tag No		
Other Vehicles					
Have you or any proposed occupant ever:					
 Filed for bankruptcy? 				☐ no	☐ yes
• Been evicted?				☐ no	☐ yes
 Willfully or intentionally refused to pay it 	rent when due?			☐ no	☐ yes
• Do you or any proposed occupant have a	ny pending judgment or	legal proceedings p	ending against you?	☐ no	☐ yes
o If yes, explain					
How did you hear about our apartments?					
EMAIL ADDRESS:					
DAY PHONE:	EVENI	NG PHONE:			
I hereby agree to lease the above-described premise payable the first day of each month in advance. A application, I warrant that all statements above set not a true statement of facts, \$ of the eapprocessing my application.	as an inducement to the of the forth are true; however	owner of the propert , should any stateme	y and to the agent to a nt made above be a m	accept this nisreprese	s ntation or
I hereby deposit \$ as earnest money to banking days. Upon acceptance of this application apartment, converted to a security deposit. When a lease for months or the deposit will by the owner or agent, the earnest money deposit hereby waives any claim for damages by reason of for doing so.	n, this deposit shall be root so approved and accept be forfeited as liquidated will be refunded after appropriate the contractions of the contraction of the contrac	etained and upon taked within	ting physical possessi days after said notice oplication is not appro- cleared applicant's ba	on of the e, I agree to oved and ank. The	o execute accepted applicant

I HEREBY AUTHORIZE <u>Powells LLC</u> 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 Approvells LLC shall be incorporated into the Lease and made a part thereof.	plication, upon execution of a Lease Agreement with					
Signature of Applicant	Date Signed					
<u>Powell LLC</u> IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOI BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RE						
APPLICANT: DO NOT WRITE BELOW THIS LINE						
DEPOSIT OF \$ RECEIVED BY (NAME) THIS APPLICATION FORM RECEIVED BY (NAME) COPY OF DRIVER'S LICENSE OR PHOTO I.D. MADE BY (NAME)	DATE					
Reference Verification Name Reference Co	omments					
This application \square approved \square not approved by						
This application □ approved □ not approved by Applicant Notified	-					

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