

Creek View - Rental Application

Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

E-mail:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

Pets:

Amount of bedrooms needed:

Estimated rental period:

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

Co-applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

E-mail:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

Co-applicant Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

References

Name:

Address:

Phone:

I authorize the verification of the information provided on this form as well as a criminal background check. I have received a copy of this application. If a residence is currently unavailable, this application will be held on file and be treated in the order it was received.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

Dry Creek Subdivision, LLC
PO Box 1339
Hayden, CO 81639-1339
Tel: 970-846-4759
Email: creekviewhayden@gmail.com

RESIDENT VERIFICATION REQUEST

This part to be filled out by the Applicant

Current Landlord's Name or Management Company: _____
Phone Number: _____ Fax: _____
Attention: _____

To whom it may concern:

With this letter, I grant you permission to disclose the information requested below to Dry Creek Subdivision, LLC. I would appreciate the return of this document as soon as possible in order to complete the verification process on my new rental home. Thank you for your cooperation.

Resident's Name Resident's Signature Date

This part to be filled out by Applicant's Landlord or Management Company

Resident's Name: _____
Address: _____
Move in Date: _____ Move out date: _____
Lease Expiration Date: _____ Eviction: YES _____ NO _____
Lease Fulfilled: YES _____ NO _____
Proper Notice Given: YES _____ NO _____
Any pets: YES _____ NO _____ If "yes", What kind: _____
Monthly Rental Amount: \$ _____ Paid on time: Yes _____ NO _____
If "NO", how many times late: _____
Late Fees paid as agreed: YES _____ NO _____ ANY NSF's: YES _____ NO _____
Authorized Signature: _____
Title: _____

Please email completed form to creekviewhayden@gmail.com. If you have any questions please call us at (970) 846-4759

THANK YOU FOR YOUR COOPERATION!