

Property: \_\_\_\_\_ Unit: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Please list all household members (including expected additions and/or live-in aide):

	Name	Household Relationship	Marital Status	Birthdate	SS Number	Student?	If Yes, Full-Time or Part-Time?
1		Head				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Current address(es): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) moved in to current address(es): \_\_\_\_\_

If less than two years at current address, previous address: \_\_\_\_\_

Do you currently rent or own your home? **RENT** **OWN** **STAYING WITH FAMILY** **HOMELESS**

If you rent, list name and phone of landlord: \_\_\_\_\_

Unit size needed (number of bedrooms): \_\_\_\_\_ Date of expected move-in: \_\_\_\_\_

**TENANT INCOME**

Household Member	Source	Monthly Income
	Self-Employment or Business	
	Employment	
	Employment	
	Employment	

☐ No household members are employed (skip to next page)

**If any household member is currently employed, please complete employer information below:**

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

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**TENANT INCOME (continued)**

**If current employment duration is less than one year, please complete for previous employer:**

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person/Supervisor: \_\_\_\_\_

Wage or Salary: \_\_\_\_\_ per (circle): **HOUR WEEK TWO WEEKS SEMI-MONTH MONTH YEAR**

Date employment started: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Do you anticipate any additional future employment income such as obtaining a new job, receiving a promotion, or starting a new business? **YES NO**

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TENANT INCOME (continued)**

Household Member	Source	Monthly Income
	Social Security	
	Social Security	
	SSI/SSDI	
	SSI/SSDI	
	Periodic payments from trusts, annuities, inheritance, retirement funds/pensions, insurance policies, or lottery winnings	
	Public Assistance (e.g., AND, OAP, TANF) <i>Please <b>do not</b> include SNAP (food stamps).</i>	
	Military Pay	
	Unemployment Compensation	

☐ No household member receives any of the above income

How do you receive your Social Security/SSI/SSDI/Public Assistance benefit?

**Payee   Bank Account   Direct Express   N/A**

Household Member	Source	Monthly Income
	Child Support	
	Alimony	
	Educational Assistance	
	Cash Contributions or Gifts	
	Income from Real or Personal Property	
	Other:	
	Other:	

☐ No household member receives any of the above income

### TENANT ASSETS

Household Member	Account Type	Bank	Balance	Interest
	Checking			%
	Checking			%
	Savings			%
	Savings			%
	Cash on hand	_____		_____
	Direct Express or pre-paid debit card	_____		_____

☐ No household member has any of the above assets

Household Member	Account Type	Bank	Balance	Interest
	IRA/401k/Keogh/Pension			%
	IRA/401k/Keogh/Pension			%
	Real Estate			%
	Money Market or CD			%
	Stock/Bonds			%
	Trust			%
	Whole or Universal Life Insurance			%
	Other:			%
	Other:			%

☐ No household member has any of the above assets

## ADDITIONAL INFORMATION

Please list the name, driver's license number, and state license was issued for each household member age 18 and up:

Name	License Number	State of Issuance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has anyone in the household disposed of any assets (e.g., given a cash gift) with a value greater than \$1,000 for less than market value within the past two years? ☐ YES ☐ NO

Has any household member been convicted of a felony? ☐ YES ☐ NO  
If yes, list the HH member, crime, and date of conviction:

Is any household member under any obligation to register as a sex offender? ☐ YES ☐ NO

Has any household member ever filed for bankruptcy? ☐ YES ☐ NO  
If yes, list date discharged:

Has anyone in the household been exposed to bed bugs within the last five years? ☐ YES ☐ NO

*\*By signing this application, I authorize the owner, owner agent(s) or representative(s) to obtain documentation regarding possible exposure, and shall upon request make all of Resident's personal property available for inspection to confirm the absence of bed bugs.*

Do you have a rental assistance voucher such as Section 8? ☐ YES ☐ NO

Do you need a handicapped-accessible unit? ☐ YES ☐ NO

Does/Will anyone in the household require a live-in aide? ☐ YES ☐ NO

Does anyone in the household smoke/vape tobacco products or marijuana? ☐ YES ☐ NO

Do you expect any additions to the household (e.g. birth, new roommate) in the next 12 months? ☐ YES ☐ NO  
If yes, explain:

**ADDITIONAL INFORMATION (continued)**

**Animal(s)**

Do you have a pet or service animal? **YES NO** If yes, please complete below:

Type (cat/dog/etc): \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_

Type (cat/dog/etc): \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Name: \_\_\_\_\_

**Vehicle(s) or N/A**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



## DISCLOSURE AND SIGNATURES

I understand the application fee is a non-refundable payment for a credit and criminal check and processing charge of this Application and such sum is not a rental payment or security deposit. This amount will be retained by Landlord to cover the cost of processing the application as furnished by the Applicant, regardless if the Applicant is approved or denied. THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE LANDLORD TO EXECUTE A LEASE OR TO DELIVER POSSESSION OF THE DWELLING UNIT TO APPLICANT. THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY LANDLORD. Completed Applications will be reviewed on a first come, first served basis. An Application is not considered complete unless all necessary and required information is provided by Applicant, and Applicant has signed all necessary documents. Applicant is responsible for signing all required documents. Application fee: \$     per adult, 18+ years old. Holding Fee: **\$99** per unit. The holding fee will be refunded within 7 working days if: 1) if the Applicant withdraws the Application in writing within 72 hours of the date the Application is received by the Landlord, or 2) if the Application is denied. PLEASE NOTE: Applicant acknowledges that if they have omitted information or provided false information, and are later denied with the discovery of correct information, the holding fee is non-refundable. Landlord will notify Applicant of denial or acceptance in writing via email, or via phone if Applicant does not have an email address.

If the Application is accepted and Applicant fails to occupy the premises on the Move In Date (regardless if Applicant executes a lease or not), except for delay caused by Landlord, the holding fee amount will be retained by Landlord as liquidated damages for holding the Premises off the market. In such instance, Landlord will provide Applicant written notice of such application of funds within 30 days. If the delay in providing Applicant with this specific Premises is longer than seven (7) days, Applicant may terminate the lease by notifying Landlord in writing, and Landlord will refund all amounts less the application fee. If Landlord does not deliver possession of the Premises on or before the Move-In Date for any reason, Landlord shall not be liable to Resident for any damages whatsoever for failure to deliver possession on the Move-In Date.

If approved, Applicant shall have a continuing and on-going duty to update all information provided on the Application. Applicant acknowledges that Landlord may enter into a Lease in reliance on the information contained in Applicant's rental application and any and all other information provided to Landlord by Applicant. Applicant/Resident shall promptly notify Landlord in writing of any subsequent change in the information provided by Applicant on Applicant's application. If Applicant is approved, Landlord shall have the right to terminate Applicant's tenancy on a three day notice to quit: 1) if it is determined that Applicant provided false or misleading information on this Application, or 2) if the Application information is no longer correct, for example, Applicant is convicted of a sexual offense after moving into the Premises.

Landlord does not have a duty to verify, and does not represent or promise that it will verify, the accuracy or the answers provided in the Application of any applicant. Furthermore, Landlord has no duty, and expressly disclaims any obligation, to perform a criminal background check on each applicant. Landlord does not represent or guarantee that all residents have no prior criminal record or background.

Landlord's approval or denial of this Application is based on information provided by independent third parties. Landlord makes no representation as to the accuracy of the information that Landlord obtains from third parties in approving or denying this Application. Landlord hereby disclaims any liability for the accuracy of such information that Landlord obtains pursuant to Applicant's consent.





**DISCLOSURE OF BROKERAGE RELATIONSHIP, LEAD-BASED PAINT, AND ASBESTOS:** ("Broker" or "Agent" or "Landlord") and the Prospective Resident(s) referenced below have NOT entered into any Real Estate Brokerage Agency Agreement or Relationship. Resident understands and acknowledges that Broker is the agent for the property owner (Landlord), and Broker represents only the Landlord's interests in this transaction. The Owner (Landlord) of the property has granted to Broker the authority to manage and administer the Premises and Property and to enter into, administer and enforce provisions of this Application and any subsequent Lease that may result from the approval of this Application, and Broker is not considered an agent for the Resident/Applicant at any time for any reason. As a prospective Resident, you are a customer in this transaction. A customer is a party to a real estate transaction with whom the Broker has no brokerage relationship because such party has not engaged or employed the Broker, either as the party's agent or as the party's transaction-broker. If you desire representation, Broker recommends that you obtain either your own Broker or legal advice from an attorney.

Different brokerage relationships are available that include seller agency, landlord agency, buyer agency, tenant agency or transaction brokerage. The Colorado Real Estate Commission has a form setting forth the definitions of these working brokerage relationships (Form DD25). Upon request, Broker will provide the working definitions of the various brokerage relationships to you.

Lead Paint Disclosures Applicable: ☐ YES ☐ NO

Asbestos Disclosures Applicable: ☐ YES ☐ NO

*Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.*

I have read, I acknowledge and understand the information and disclosures provided to me above.

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Resident Printed Name	Signature	Date
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Resident Printed Name	Signature	Date
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Resident Printed Name	Signature	Date
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Resident Printed Name	Signature	Date
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Owner/Representative Printed Name	Signature	Date
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## RESIDENT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income, and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community and release all parties from liability for any damage that may result from furnishing such information to Landlord.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, credit/consumer report and history, criminal report and history, personal identity, employment, income, assets, and past/present rental history. I/We understand this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility as a qualified tenant.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

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Resident Printed Name	Signature	Date	Last 4 of SSN
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Resident Printed Name	Signature	Date	Last 4 of SSN
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Resident Printed Name	Signature	Date	Last 4 of SSN
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Resident Printed Name	Signature	Date	Last 4 of SSN
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Owner/Representative Printed Name	Signature	Date
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