



RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

Non-Refundable Fee to “SmartMove”: \$40.00

Property Address: _____

Type: (circle) **HOUSE** or **APARTMENT** **Rent Amount:**\$_____ **Deposit Amount:**\$_____

Pets? (circle) **YES** or **NO** **Smoking Allowed?** No

TENANCY: Type/Length: 1- year

LANDLORD'S DETAILS

Name: Hometown Property Services, Lisa Bikki, Broker/Owner

Address: 1141 N 25th. Street, Unit C, Grand Junction, Colorado, 81501

Telephone: Lisa Bikki (970) 270-3573 or Leslie Kent, Licensed PA 970-270-0213

E-Mail: HTPService@gmail.com **Website:** HometownPropertyService.com

PLEASE PRINT LEGIBABLE, IF WE ARE NOT ABLE TO READ THE CONTENT, IT WILL TAKE THAT MUCH LONGER TO APPROVE YOUR APPLICATION.

APPLICANT DETAILS

Full Name: _____ **DOB:** _____

SSN: _____ **Driver's License No.** _____

Phone: _____ **E-Mail:** _____

1. Other Occupants? Yes No

If Yes, Describe:

2. Pets? Yes No

If Yes, Describe:

3. Vehicles? Yes No

If Yes, Describe:

4. Ever Been Convicted of a Crime? Yes No

If Yes, Describe:

5. Ever Filed for Bankruptcy? Yes No

If Yes, Describe:

6. Ever Been Evicted? Yes No

If Yes, Describe:

7. Do you Smoke? Yes No

CURRENT EMPLOYMENT

Company: _____ Supervisor: _____

Email: _____ Phone: _____

Occupation/Title: _____ How Long? _____

Gross Income: \$ _____ (From Prior Year Tax Filing)

Street Address: _____ City: _____ State: _____

PREVIOUS EMPLOYMENT

Company: _____ Supervisor: _____

Email: _____ Phone: _____

Occupation/Title: _____ How Long? _____

Gross Income: \$ _____)

Street Address: _____ City: _____ State: _____

CURRENT RESIDENCE

Type (Apt, Home, Condo): _____
Rent Amount: \$ _____/Month
Street Address: _____
City: _____ State: _____ Zip: _____
How long at this Address? _____ Current Lease Expiration Date: _____
Desire for Moving? _____

CURRENT LANDLORD

Name: _____ Phone: _____
Address: _____
Phone: _____ E-Mail: _____

PREVIOUS RESIDENCE

Type (Apt, Home, Condo): _____
Rent Amount: \$ _____/Month
Street Address: _____
City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____

PREVIOUS LANDLORD

Name: _____
Address: _____
Phone: _____ E-Mail: _____

FINANCIAL INFORMATION

Bank: _____ Account # _____

Branch Location _____ Type: Checking Savings

Bank: _____ Account # _____

Branch Location _____ Type: Checking Savings

PERSONAL REFERENCES

1. Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

2. Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

3. Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

EMERGENCY CONTACTS

1. Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

2. Full Name: _____ Relationship: _____

E-Mail: _____ Phone: _____

I hereby certify that I am at least 21 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant's Name (print) _____

Applicant's Signature _____ **Date** _____