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RENTAL APPLICATION PROCESS

We are happy to show any available rental properties. If you would like to apply for tenancy at a property that you have previewed, please complete the attached Rental Application along with the Tenant Release and Consent form.

A rental application is required from each adult person to be named in the lease. Married couples may provide one combined application.

Once these items are received, your Credit Score will be reviewed and your references will be contacted. This information is used to qualify prospective tenants.

Keep in mind that applications do not guarantee availability of rentals. All rentals are subject to satisfactory credit, employment, and personal references.

**ALTITUDE PROPERTY MANAGEMENT
APPLICATION FOR RENTAL**

Date: _____

Address Applying for: _____

Name: _____ Date of Birth: _____

Social Security # _____ Driver's License State/#: _____

Phone #: _____ Cell Phone#: _____

Email: _____

Other Occupants: _____

Number of Pets: _____ Breed(s): _____

Do you or other occupants smoke? _____

Current Address: _____

How Long: _____ Monthly Rent: _____ Phone #: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

Previous Address: _____

How Long: _____ Monthly Rent: _____ Phone #: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

Applicant's Employer: _____ Phone #: _____

Employer's Address: _____

Salary: \$ _____ Position: _____ How Long: _____

Other Income: \$ _____ Source: _____

Automobile Information: Make: _____ Model: _____ Year: _____

License # _____ State: _____

Person to contact in case of emergency: _____

Address: _____ Phone: _____

Personal References:

Name: _____ Phone# _____

Address: _____

Name: _____ Phone# _____

Address: _____

Landlord References:

Name: _____ Phone# _____

Address: _____

Name: _____ Phone# _____

Address: _____

Have you leased with us before? _____

Have you ever had a tenancy terminated? _____

Have you ever been evicted? _____

If yes to any of the above, please explain: _____

Applicant represents that all information provided in this application is true and to the best of their knowledge and will become part of applicant's lease agreement. Any misrepresentation of the information contained herein shall be justification for immediate termination of applicant's lease agreement. Applicant understands that delivery of a lease to the undersigned for signature shall be construed as an acceptance of this application while such lease shall not be binding upon the owner (Lessor) until it has been executed on the owner's (Lessor's) behalf and the undersigned. The applicant understands that a credit check may be performed.

Applicant's Signature: _____ Date: _____

Applicant's signature: _____ Date: _____

FOR OFFICE USE ONLY

Accepted: _____ Date: _____

Rejected: _____ Date: _____

Comments:

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby

authorize _____, (employer or other source) to release without liability, information regarding my/our employment, income, and/or assets to Altitude Property Management, LLC (Owner's Agent), for the purposes of verifying information provided as part of my/our application for rental property.

INFORMATION COVERED

I/we understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, employment, income, assets, and medical or child care allowances. I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and present employers

Welfare Agencies (including State Unemployment Agencies, Retirement Systems, Public Housing Agencies)

Veterans Administration

Previous landlords

Social Security Administration Banks & other financial institutions

Support & Alimony providers Medical & child care providers

CONDITIONS

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 I/we can prove incorrect

SIGNATURES

Head of household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: This general consent may not be used to request to request a copy of a tax return. If needed, IRS form 4506, "Request for copy of Tax Form", must be prepared and signed separately.

