

Cheryl & Co.

Property Management, LLC

201 West 3rd Street, Suite 106; Rifle, CO 81650

Phone: 970-625-4450

Agency Disclosure Cheryl & Co. Property Management, LLC are agents of the Owner/Landlord

INSTRUCTIONS FOR FILLING OUT LEASE APPLICATION:

- **An Application must be completed and returned PRIOR to scheduling a viewing of a property**
- **Copy of ID is required for all adults that are on the application**
- **ALL individuals over the age of 18 must complete an application**
- **Please read directions thoroughly**
- **Fill out application completely. Incomplete applications will not be accepted**
- **Write legibly. If we cannot read your application, we will be unable to process it.**
- **Make sure there are no scratch outs on the application, as this is a legal document**
- **Please be sure to sign and date the last page: If you do not, we will not process the application, even for a viewing of any available units.**
- **Please complete, scan and email to Monique.speakman@yahoo.com**

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RESIDENTIAL LEASE APPLICATION

Desired Rental Property Address: _____

Term of Rental: () Month to Month () Lease from _____ to _____

THIS SECTION FOR LANDLORD USE ONLY

Tenant Obligation Prior to Occupancy		CONTRACT CHECKLIST
First Month's Rent	\$	Current Landlord Contact-Timely Remittance
Security Deposit	\$	() Yes () No
Pet Deposit	\$	Current Employer Verified:
Application Fee	\$	() Yes () No
Credit Report Fee	\$	Credit Report Determination
Other (Specify)	\$	() Yes () No
		Income Verified (pay stub, employer, etc.)
TOTAL	\$	() Yes () No

Desired Date of Move in: ____ / ____ / 20____

Unit Type: () 1 Br () 2 Br () 3 Br () Other (specify): _____

1. Applicant Information:

Name (Full Legal Name): _____

Email Address: _____

Social Security Number: _____ - _____ - _____ DOB: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Driver's License / ID Number: _____ State: _____

Name of Occupants and Relationship to Applicant:

Name: _____ Relationship: _____ DOB: : ____ / ____ / ____

Name: _____ Relationship: _____ DOB: ____ / ____ / ____

Name: _____ Relationship: _____ DOB: : ____ / ____ / ____

Applicant / Occupant Vehicle(s):

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:

Name & Address: _____

Phone #: _____ Fax #: _____ Supervisor name: _____

Email: _____

Length of Employment: Begin _____ Still Employed? (Check one) ____ Yes ____ No

PREVIOUS EMPLOYER:

Name & Address: _____

Phone #: _____ Fax #: _____ Supervisor name: _____

Email: _____

Length of Employment: Begin _____ Still Employed? (Check one) ____ Yes ____ No

RENTAL HISTORY:

Current Address: _____ City: _____ State: _____ Zip Code: _____

Dates lived at this address: From _____ To _____

Reason for leaving: _____

Landlord/Manager: _____

Landlord/Manager Phone: _____ Fax: _____

Email: _____

Previous Address: _____ City: _____ State: _____ Zip Code: _____

Dates lived at this address: From _____ To _____

Reason for leaving: _____

Landlord/Manager: _____

Landlord/Manager Phone: _____ Fax: _____

Email: _____

Income:

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income From Other Sources (average): \$ _____

Total Gross Monthly Income \$ _____

Credit and Financial Information:

Bank and Financial Accounts

Checking Institution Name: _____ Branch: _____ Acct# _____

Miscellaneous: (Check Appropriate Answer)

Do you have pets? Yes No

If yes, Describe: Type: _____ Breed: _____

***Note:** There may be additional fees and/or deposits required for pets housed on premises.

In addition, specific rules and regulations regarding pets may apply.

Do you smoke? Yes No

Have you ever been evicted? Yes No (If yes, explain below)

Have you ever been convicted of a felony? Yes No (If yes, explain below)

Have you ever filed bankruptcy? Yes No (If yes, explain below)

Explanation: _____

Applicant Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Applicant Emergency Contact Information:

Contact in Emergency (name): _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____

2. CO-Applicant Information:

Name (Full Legal Name): _____

Email Address: _____

Social Security Number: _____ - _____ - _____ DOB: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Driver's License / ID Number: _____ State: _____

Name of Occupants and Relationship to Co-Applicant:

Name: _____ Relationship: _____ DOB: : ____ / ____ / ____

Name: _____ Relationship: _____ DOB: ____ / ____ / ____

Name: _____ Relationship: _____ DOB: : ____ / ____ / ____

Co-Applicant / Occupant Vehicle(s):

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

Year: _____ Make: _____ Model: _____ Color: _____ License Plate # _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:

Name & Address: _____

Phone #: _____ Fax #: _____ Supervisor name: _____

Email: _____

Length of Employment: Begin _____ Still Employed? (Check one) ___ Yes ___ No

PREVIOUS EMPLOYER:

Name & Address: _____

Phone #: _____ Fax #: _____ Supervisor name: _____

Email: _____

Length of Employment: Begin _____ Still Employed? (Check one) ___ Yes ___ No

RENTAL HISTORY:

Current Address: _____ City: _____ State: _____ Zip Code: _____

Dates lived at this address: From _____ To _____

Reason for leaving: _____

Landlord/Manager: _____

Landlord/Manager Phone: _____ Fax: _____

Email: _____

Previous Address: _____ City: _____ State: _____ Zip Code: _____

Dates lived at this address: From _____ To _____

Reason for leaving: _____

Landlord/Manager: _____

Landlord/Manager Phone: _____ Fax: _____

Email: _____

Income:

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income From Other Sources (average): \$ _____

Total Gross Monthly Income \$ _____

Credit and Financial Information:

Bank and Financial Accounts

Checking Institution Name: _____ Branch: _____ Acct# _____

Miscellaneous: (Check Appropriate Answer)

Do you have pets? _____ Yes _____ No

If yes, Describe: Type: _____ Breed: _____

***Note:** There may be additional fees and/or deposits required for pets housed on premises.

In addition, specific rules and regulations regarding pets may apply.

Do you smoke? _____ Yes _____ No

Have you ever been evicted? _____ Yes _____ No (If yes, explain below)

Have you ever been convicted of a felony? _____ Yes _____ No (If yes, explain below)

Have you ever filed bankruptcy? _____ Yes _____ No (If yes, explain below)

Explanation: _____

Co-Applicant Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Co-Applicant Emergency Contact Information:

Contact in Emergency (name): _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____

I hereby certify and affirm that all information provided above is true and correct. I fully understand that my lease or rental agreement may be terminated if I have made any false, misleading, or incomplete statements in this application. I hereby authorize verification of all information provided in this application, including financial and credit information, via credit bureaus and/ or contact with current, and previous employers, landlords, and personal references and criminal background. Application fees are non refundable.

Applicant

Date

Co-Applicant

Date