

# **Cheryl&Co.**

## **Property Management, LLC**

120 W. 5th Street; 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 [frontdesk@cherylcopm.com](mailto:frontdesk@cherylcopm.com)

Application fee disclosure: The amount of this fee represents the actual expense CHERYL & CO. PROPERTY MANAGEMENT LLC incurs per prospective tenant. Any unused fee will be returned to the Tenant within twenty (20) calendar days using good faith efforts if applicable. The amount of this fee includes \$29.00 for personal information accreditation, a 3% fee charged by information provider, and remainder as a processing fee for CHERYL & CO. PROPERTY MANAGEMENT LLC

Applicant has the right to provide Cheryl&Co Property Management, LLC with a Portable Tenant Screening Report (PTSR) that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and 2) if Applicant provides Cheryl&Co Property Management, LLC with a PTSR, with said guidelines, they are prohibited from: a) charging Applicant a rental application fee; or b) charging Applicant a fee for Cheryl&Co Property Management, LLC to access or use the PTSR.

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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# \_\_\_\_\_  
Provide only last 4 numbers

**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. Attach ESA Health Care Provider letter for emotional support animal

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:**

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

Total Gross Monthly Income                      \$ \_\_\_\_\_

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Checking Institution Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct# \_\_\_\_\_  
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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**