

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

Application fee disclosure: The amount of this fee represents the actual expense CHERYL & CO. PROPERTY MANAGEMENT LLC incurs per perspective 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

Term of Ne	ntal: () Month to Month ()	Lease from to
	THIS SECTION FOR LAI	NDLORD USE ONLY
Tenant Obligation Prior to Occupancy		CONTRACT CHECKLIST
First Month's Rent	\$	Current Landlord Contact-Timely Remittant
Security Deposit	\$	() Yes () N
Pet Deposit	\$	Current Employer Verified:
Application Fee	\$	() Yes () N
Credit Report Fee Other (Specify	\$	Credit Report Determination () Yes () N
other (specify		Income Verified (pay stub, employer, etc.)
TOTAL	\$	() Yes () N
1. Applicant Information: Name (Full Legal Name):		r () Other (specify):
Email Address:		
Social Security Number:	-	DOB://
Home Phone:	Wo	ork 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 #
	Model:	Color: License Plate #
Year: Make:		
	Model:	Color: License Plate #
	Model: EMPLOYMENT	
Year: Make:	EMPLOYMENT	T HISTORY:
Year: Make: CURRENT EMPLOYER: Name & Address:	EMPLOYMENT	T HISTORY:
Year: Make: CURRENT EMPLOYER: Name & Address:	EMPLOYMENT	T HISTORY:
Year: Make: CURRENT EMPLOYER: Name & Address: Fax #:	EMPLOYMENT	T HISTORY: pervisor name:
Year: Make: CURRENT EMPLOYER: Name & Address: Phone #: Fax #: Email:	EMPLOYMENT	T HISTORY: pervisor name:
Year: Make: CURRENT EMPLOYER: Name & Address: Fax #: Phone #: Fax #: Email: Length of Employment: Begin PREVIOUS EMPLOYER:	EMPLOYMENT Sup Sup Still Employed? (Check or	T HISTORY: pervisor name:
Year: Make: CURRENT EMPLOYER: Name & Address: Fax #: Email: Fax #: Length of Employment: Begin PREVIOUS EMPLOYER: Name & Address:	EMPLOYMENT Sup Still Employed? (Check or	T HISTORY: pervisor name: ne) Yes No

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

RENTAL HISTORY:

Dates lived at this address: From	Current Address:	City:_		State:	Zip Code:
Landlord/Manager:	Dates lived at this address: From	_To			
Email:	Reason for leaving:				
Email:	Landlord/Manager:				
Previous Address: City: State: Zip Code:	Landlord/Manager Phone:	Fax:			_
Dates lived at this address: From	Email:				
Reason for leaving:	Previous Address:	City:		State:	Zip Code:
Landlord/Manager:	Dates lived at this address: From	_ To			
Landlord/Manager Phone: Fax:	Reason for leaving:				
Email:	Landlord/Manager:				
Income: Gross Monthly Employment Income Before Deductions: \$	Landlord/Manager Phone:	Fax:			_
Gross Monthly Employment Income Before Deductions: \$	Email:				
Gross Monthly Income From Other Sources (average): \$ Total Gross Monthly Income	Income:				
Total Gross Monthly Income Credit and Financial Information: Bank and Financial Accounts Checking Institution Name:	Gross Monthly Employment Income Before Deductions:	: \$_		_	
Credit and Financial Accounts Checking Institution Name:	Gross Monthly Income From Other Sources (average):	\$		_	
Bank and Financial Accounts Checking Institution Name:	Total Gross Monthly Income	\$		_	
Checking Institution Name:	Credit and Financial Information:				
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 supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supplications. Applicant Emergency (name): Relationship: Relationship: Relationship: Phone: Relationship: Relationship: Phone: Relationship: Relationship: Phone: Relationship: Phone: Relationship: Phone: Relationship: Phone: Phone: Relationship: Phone: Phone: Phone: Phone: Phone: Phone: Phone:	Bank and Financial Accounts				
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 suppose to pour 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: Relationship: Address: Phone: Relationship: Address: Phone: Known this reference how long? Name: Relationship: Address: Phone: Known this reference how long? Relationship: Address: Phone: Relationship: Address: Phone: Relationship: Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Checking Institution Name:	В	ranch:		
If yes, Describe: Type:	Miscellaneous: (Check Appropriate Answer)				Provide only last 4 numbers
*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 suppose 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? Phone: Relationship: Address: Phone: Known this reference how long? Phone: Relationship: Address: Phone: Known this reference how long? Relationship: Address: Phone: Relationship: Address: Phone: Relationship: Address: Phone: Relationship: Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Do you have pets? Yes No				
In addition, specific rules and regulations regarding pets may apply. Attach ESA Health Care Provider letter for emotional supposition of the provided petter for emotion of the provided petter forest petter for emotion of the provided petter for emotion of the	If yes, Describe: Type: Bre	ed:			
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:	In addition, specific rules and regulations rega Do you smoke? Yes No	arding p	pets may apply. Att	•	
Have you ever filed bankruptcy?YesNo (If yes, explain below) Explanation:					
Explanation: Applicant Personal References: Name: Relationship: Known this reference how long? Relationship: Address: Phone: Known this reference how long? Phone: Known this reference how long? Phone: Known this reference how long? Phone: Address: Phone: Known this reference how long? Phone: Contact in Emergency Contact Information: Contact in Emergency (name): Relationship:				elow)	
Applicant Personal References: Name:					
Name:	Explanation:				
Address: Phone: Known this reference how long? Name: Relationship: Address: Phone: Known this reference how long? Name: Relationship: Address: Phone: Enough this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Applicant Personal References:				
Known this reference how long? Relationship: Address: Phone:	Name: Relation:	ship:			
Name:	Address:	Ph	one:		
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:	Known this reference how long?				
Known this reference how long? Relationship: Address: Phone: Known this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Name: Relation:	ship:			
Known this reference how long? Relationship: Address: Phone: Known this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Address:	Ph	one:		
Address: Phone: Known this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Known this reference how long?				
Known this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:	Name: Relation:	ship:			
Known this reference how long? Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:					
Applicant Emergency Contact Information: Contact in Emergency (name): Relationship:					
	Applicant Emergency Contact Information:				
	Contact in Emergency (name):		Relationship:		
Emergency Contact Address: Phone:	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 C	Co-Applicant:				
Name:	Rela	ationship:	DOB:://		
Name:	Rela	ationship:	/ DOB://		
Name:	Rela	ationship:	////		
Co-Applicant / Occupant Vehicle(s):					
Year: Make:	Model:	Color:	License Plate #		
Year: Make:	Model:	Color:	License Plate #		
Year: Make:	Model:	Color:	License Plate #		
	<u>EMP</u>	LOYMENT 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		
	<u>R</u>	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 Befor	re Deductions: \$				
Gross Monthly Income From Other Source	es (average): \$				
Total Gross Monthly Income	\$				

Bank and Financial Accounts							
Checking Institution Name:	Branch:	Acct#					
Miscellaneous: (Check Appropriate Answer)		Trovide only last roar names to					
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 suport animal Do you smoke? Yes No							
Have you ever been evicted? Yes No (If yes, e	xplain below)						
Have you ever been convicted of a felony? Yes	No (If yes, explain below)						
Have you ever filed bankruptcy? Yes No (If yes, e	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 Da	ate						

Date

Co-Applicant

Credit and Financial Information: