



# COLORADO APARTMENT ASSOCIATION



(RENTAL PROPERTY ADDRESS)

## RENTAL APPLICATION

					Apt. #	Date of App.	Date of Occup.
--	--	--	--	--	--------	--------------	----------------

Name (Occupant):	Soc. Sec. #:	Date of Birth:
------------------	--------------	----------------

Name (Co-Occupant):	Soc. Sec. #:	Date of Birth:
---------------------	--------------	----------------

Persons under 18 years of age (all persons over 18 must be on lease):

Present Address: Street	Apt. #:	City:	State:	Zip:	Home #:( )	Work #:( )
-------------------------	---------	-------	--------	------	------------	------------

Community / Landlord Name & Address:	Day #:( )	Night #:( )	Dates of Residence:	Rent Paid:
			From: To:	

Previous Address: Street	Apt. #:	City:	State:	Zip:	Home #:( )	Work #:( )
--------------------------	---------	-------	--------	------	------------	------------

Community / Landlord Name & Address:	Day #:( )	Night #:( )	Dates of Residence:	Rent Paid:
			From: To:	

Present Employer: Company:	City/State:	Main #:( )	Position:	Date Hired:	Gross Income:
----------------------------	-------------	------------	-----------	-------------	---------------

Previous Employer: Company:	City/State:	Main #:( )	Position:	Date Hired:	Date Left:	Gross Income:
-----------------------------	-------------	------------	-----------	-------------	------------	---------------

Present Employer: Company:	City/State:	Main #:( )	Position:	Date Hired:	Gross Income:
(Co-Occupant)					

Previous Employer: Company:	City/State:	Main #:( )	Position:	Date Hired:	Date Left:	Gross Income:
(Co-Occupant)						

Vehicles: Make:	Year:	VIN#:	License# / State:	Drivers License# / State:
(1)				

Make:	Year:	VIN#:	License# / State:	Drivers License# / State:
(2)				

Auto Loan: Bank:	City / State:	Branch:	Loan#:	Phone #:( )
------------------	---------------	---------	--------	-------------

Checking Account: Bank:	City / State:	Branch:	Account#:	Check #	Phone #:( )
-------------------------	---------------	---------	-----------	---------	-------------

Credit Cards: (1) Issued:	(2) Issued:	(3) Issued:	(4) Issued:
---------------------------	-------------	-------------	-------------

Emergency Contact: Name:	Street:	Apt. #:	City:	State:	Zip:	Home #:( )	Work #:( )
--------------------------	---------	---------	-------	--------	------	------------	------------

### Please answer the following questions:

- Do you require any special accommodations? \_\_\_\_\_ If so, what type? \_\_\_\_\_
- Do you own an animal? \_\_\_\_\_ Is it a guide or service dog? \_\_\_\_\_ If yes, what type? \_\_\_\_\_ Weight: \_\_\_\_\_
- Have you ever been evicted from a place of rental? \_\_\_\_\_ If yes, when? \_\_\_\_\_
- Do you owe any unpaid rent? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
- Have you ever violated a lease, rental agreement, or regulations at a former place of rent? \_\_\_\_\_
- Have you ever been charged with a misuse or abuse to any rental property? \_\_\_\_\_
- Have you ever been convicted of a crime other than a Motor Vehicle Violation? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### RELEASE

This is to inform you that as a part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your landlord, employer, others with whom you are acquainted, a credit check, and criminal report. We hereby agree, in the event of the approval of this rental application, to execute a lease in accordance with the terms set forth in this rental application and my/our rental liability shall commence on THIS DATE \_\_\_\_\_, pursuant to the terms of the lease. The applicant understands that approval of this application is conditional upon the information supplied in the above mentioned consumer report meeting lease criteria. Owner and/or agent for the owner may refuse possession of the above mentioned accommodations because of any derogatory information contained in the consumer report. We have read the foregoing and certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf, and any errors in this application may be used by the owner and/or agent to terminate the lease at any time.

### DEPOSIT AND RECEIPT

Applicant hereby deposits the amount of \$ \_\_\_\_\_ This amount will be refunded within 7 working days if the applicant is not accepted as a resident by the date of \_\_\_\_\_, or if the applicant withdraws this application in writing by 5:00 p.m. on \_\_\_\_\_ If the applicant is accepted and resident does not enter into a lease agreement within 72 hours of notification of acceptance, then the amount deposited shall be retained as liquidated damages for holding the apartment off the market. If applicant does enter into a lease agreement, then the deposit shall be applied to the security deposit required under the lease. If applicant is accepted as a resident and enters into a lease agreement, then this document shall become part of the lease. If the landlord determines that any information contained herein is FALSE or MISLEADING, then, at the landlord's option, the lease shall be voidable upon 3 days notice. If there is an application processing fee, it is nonrefundable.

Date:	Signature of Applicant:	Date:	Signature of Applicant:
-------	-------------------------	-------	-------------------------