

RENTAL APPLICATION FOR: _____ (Property Address & Apt. #)

Please return the completed Application to: **Housing Rentals LLC FAX 303-648-4921** rentals@housingrentalsllc.com

NOTE: Each Applicant, eighteen (18) years of age or older, who will be residing in the Premises, MUST fill out a SEPARATE Rental Application. If additional space is needed, please write on the back of the form.

Applicant's Name: _____ Date of Birth: _____ SS#: _____
Driver's License No.: _____ State: _____ Other Photo ID: _____
Phone: _____ Cell: _____ E-Mail: _____
Vehicle Make: _____ Year: _____ Color: _____ License Plate: _____ State: _____

If you are a full-time student, please complete the following:

Permanent Address: _____
Street Apt.# City State Zip
Mother's Name: _____ Email: _____
Mother's Address: _____
Street Apt.# City State Zip
Father's Name: _____ Email: _____
Father's Address: _____
Street Apt.# City State Zip

Emergency Contact (if other than Parents):

Name: _____ Relationship: _____
Address: _____ Phone: _____
Street Apt.# City State Zip

Other Occupants:

Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Who will be the Main Resident Contact Person: _____ Phone: _____

RESIDENT HISTORY – PLEASE COMPLETE FOR PAST 5 YEARS

Current Address: _____
Street Apt.# City State Zip Rental Dates
Landlord's/Manager's Name/If Dorm, R.A.'s Name Phone Rental Dates
Monthly Payment: _____ Reason for Moving: _____

Previous Address: _____
Street Apt.# City State Zip
Landlord's/Manager's Name/If Dorm, R.A.'s Name Phone Rental Dates
Monthly Payment: _____ Reason for Moving: _____

Previous Address: _____
Street Apt.# City State Zip
Landlord's/Manager's Name/If Dorm, R.A.'s Name Phone Rental Dates
Monthly Payment: _____ Reason for Moving: _____



BACKGROUND

If you answer "Yes" to any question, please explain below and on the back of form if more space is needed. **Have you ever:**

Been evicted from any leased premises? Yes _____ No _____

Broken a rental agreement? Yes _____ No _____

Filed for bankruptcy? Yes _____ No _____

Appeared before CU Student Conduct? Yes _____ No _____

Been charged with a violation in ANY Court, including Municipal Court, other than a traffic violation? Yes _____ No _____

Been convicted, pleaded guilty or no contest, received a deferred sentence, deferred prosecution, diversion, continued adjudication, continued petition, of any felony or misdemeanor? Yes _____ No _____

Are you registered or under consideration for registration as a sexual offender? Yes ____ No ____ If yes, where: _____

If yes, type of offense: _____

Are you currently facing prosecution for any misdemeanor or felony? Yes _____ No _____

Do you have a medical marijuana card? _____

EMPLOYMENT & FINANCIAL INFORMATION

Present Employer: _____ Position: _____

Business Address: _____ Work Phone: _____
Street City State Zip

Name of Supervisor: _____ Phone: _____ Employed Since: _____

Gross Monthly Income: _____ Additional Income: _____ Source: _____

Name of Bank: _____ Address: _____ Phone: _____

Checking Acct No.: _____ Savings Acct No.: _____

OTHER INFORMATION

Are you a student? Yes _____ No _____ If Yes, circle year in school at time of move-in: Soph. Junior Senior Graduate

List ANY other names you have used, including maiden name: _____

Do you require any special Accommodations? Yes _____ No _____

Do you smoke? Yes _____ No _____

Do you intend to have pets on the premises? Yes _____ No _____ If yes, how many? _____

Type/Breed: _____ Age: _____ Weight: _____ Color: _____

DEPOSIT AND FEES

I understand the application fee is a non-refundable payment for a credit, background and criminal check and processing fee for this Application and such sum is not a rental payment or security deposit. This amount will be retained by Owner/Agent regardless if the Applicant is approved or denied. Any false or misleading information or intentional omission will constitute grounds for rejection of the application. THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE OWNER/AGENT TO EXECUTE A LEASE OR TO DELIVER POSSESSION OF THE DWELLING UNIT TO APPLICANT. THE RENTAL AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY OWNER/AGENT.

I understand the deposits and fees to be: Non-Refundable Application Fee: \$ 25 _____ Other: \$100 deposit _____

All monies deposited with Owner/Agent, less the non-refundable application fee, will be refunded within seven (7) business days if the Application is denied. Owner/Agent will notify Applicant of acceptance or denial via phone, fax, email and/or mail. If the Application is accepted and the Applicant fails to sign the Lease within 7 calendar days of notification of acceptance of the Application, the deposited amount may be retained by Owner/Agent as liquidated damages. If Applicant is accepted as a resident and enters into a lease agreement, this document shall become part of the lease.



