COLORADO APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

RENT	START DATE	AGENT			
APPLICANT INFORMATION					
FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #		
HOME PHONE			EMAIL		
SS	,				
	СІТҮ	STATE	ZIP		
DATE OUT	LANDLORD NAME		LANDLORD PHONE		
REASON FOR LEAVING					
SS					
	CITY	STATE	ZIP		
DATE OUT	LANDLORD NAME		LANDLORD PHONE		
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BACKGROUND INFORMATION					
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?			
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.				
Do you smoke? □ Yes □ No	Been convicted of a crime? If yes, please provide Type of Offense, County, and State.				
VEHICLE INFORM	ATION				
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE		
2. MAKE & MODEL		YEAR	LICENSE NO. & STATE		
OTHER VEHICLES					
OTHER INFORMA	TION				
HOW DID YOU HEAR ABOU	T THIS PROPERTY?				
PLEASE INCLUDE ANY OTH	IER INFORMATION YOU BELIEVE WOULD HELP TO EVALUA	TE THIS APPLICATION			
I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.					
I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of					
verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period					
of time to receive additional, detailed information about the nature and scope of this investigation.					
(Signed/Applicant)	Date				

Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that the landlord may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

- Equifax, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
- Trans Union, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800
- Experian (TRW), Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742
- On-Site Manager, Inc., 2465 Latham Street, Floor 3, Mountain View, CA 94040, (877) 222-0384