

**THE RAWHIDE COMPANY, REALTORS®
LEASE APPLICATION**

(Incomplete/illegible applications will be rejected)

Check # _____ Cash _____ Amount \$ _____
Date/Time Received _____
By _____

Your Phone _____

Your Email _____

Property Applied For:

Property Address _____ Bedrooms _____

Type: Single Family Condo/Townhome Apartment 2-4 Plex Manufactured Home

Parking: Garage Carport Off-street Parking On-street Parking Furnished Unfurnished

Desired Move-In Date _____ Desired Lease Length _____ Rental Amount \$ _____

A fee of \$20.00 per applicant over the age of 18 is required with this application to pay for credit and background checks on each applicant. I understand that the property will remain on the market until my application has been processed and approved. The regulation of rental location services is under the jurisdiction of the Colorado Real Estate Commission, 1560 Broadway, Suite 925, Denver, CO 80202 Phone (303) 894-2166 / Fax (303) 894-2683.

IF THE INFORMATION CONCERNING RENTAL FURNISHED BY THE BROKER IS SHOWN TO BE NOT CURRENT OR ACCURATE IN REGARD TO THE TYPE OF RENTAL DESIRED, THE FULL FEE SHALL BE REPAID OR REFUNDED TO THE PROSPECTIVE TENANT UPON WRITTEN DEMAND. CURRENT RENTALS HAVE BEEN VERIFIED AS TO AVAILABILITY WITHIN THE PAST FOUR BUSINESS DAYS.

As used herein, "I", "me", and "my" means all adult applicants named on this application, jointly and severally. I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that any false information will be sufficient grounds for disapproval of this application and forfeiture of my deposit, and if approval was based on this false information, sufficient grounds for eviction and security deposit forfeiture. I agree that any desired background checking may be conducted, including but not limited to a credit report, criminal history, employment verification, and prior landlord verification, and I specifically agree that anyone so contacted may release any requested information about me and may receive a copy of my permission.

Please print full legal names (including middle initials) of all occupants, including children. If there will be more than 6 occupants, please list the rest on the back of this page. Include state of driver's license.

- 1. _____ SS# _____ Driver's License # _____ Birth Date _____
- 2. _____ SS# _____ Driver's License # _____ Birth Date _____
- 3. _____ SS# _____ Driver's License # _____ Birth Date _____
- 4. _____ SS# _____ Driver's License # _____ Birth Date _____
- 5. _____ SS# _____ Driver's License # _____ Birth Date _____
- 6. _____ SS# _____ Driver's License # _____ Birth Date _____

All occupants who are 18 years or older, please sign below and complete a copy of Page 2 of this application.

- Occupant#1: _____
- Occupant#2: _____
- Occupant#3: _____
- Occupant#4: _____
- Occupant#5: _____
- Occupant#6: _____

Deliver, fax or email to the address below (there is a 24 hour drop box at the office)

Information on Occupant (name) _____

Most recent 3 years' addresses:

Present Address _____ City/State _____ Zip _____
Landlord _____ Phone _____ Moved In _____ Moved Out _____
Rent Being Paid \$ _____

Previous Address _____ City/State _____ Zip _____
Landlord _____ Phone _____ Moved In _____ Moved Out _____
Rent Paid \$ _____

Previous Address _____ City/State _____ Zip _____
Landlord _____ Phone _____ Moved In _____ Moved Out _____
Rent Paid \$ _____

Auto: Make _____ Model _____ Year _____ License Plate # _____ State _____
Auto: Make _____ Model _____ Year _____ License Plate # _____ State _____

Employer _____ Date Started Work _____ Full or Part Time
Supervisor's Phone# _____ Your Job Description _____

Gross Income: \$ _____ per Week 2 Weeks Month Twice/Month From Wages
\$ _____ per Week 2 Weeks Month Twice/Month From Commissions
\$ _____ per Week 2 Weeks Month Twice/Month From Tips
\$ _____ per Week 2 Weeks Month Twice/Month From BAH/BAQ
\$ _____ per Week 2 Weeks Month Twice/Month From BAS
\$ _____ per Week 2 Weeks Month Twice/Month From Other Source (Explain)
Total Gross: \$ _____ per Week 2 Weeks Month Twice/Month
Total Take Home \$ _____ per Week 2 Weeks Month Twice/Month
Other Income: _____

Pets: (Include ALL animals- Dogs, Cats, Fish, Birds, Reptiles, Caged, etc.)
Type _____ Breed _____ Size/Weight _____ Sex _____ Neutered? _____ Age _____
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Bank Reference:

Bank Name _____ Acct# _____ Balance \$ _____ Phone _____

Personal References:

Name _____ Address _____ Phone _____
Relationship _____

Name _____ Address _____ Phone _____
Relationship _____

Name _____ Address _____ Phone _____
Relationship _____