201 West 3rd Street, Suite 106; 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 Monique.speakman@yahoo.com



Property Management, LLC 201 W. 3<sup>rd</sup> Street; Suite 106/120 West 5th Street; Rifle, CO 81650 Phone: 970-625-4450

#### **RESIDENTIAL LEASE APPLICATION**

Term of	Rental: ( ) Month to Mo	onth( ) Lease from	to			
		N FOR LANDLORD USE O				
Tenant Obligation Prior to Occupa	ncy	CONTRA	ACT CHECKLIST			
First Month's Rent	\$		Landlord Contact-Timely Remit	tance		
Security Deposit	\$	( )	•	) No		
Pet Deposit Application Fee	\$ \$	Current ( )	Employer Verified:	) No		
Credit Report Fee	\$		eport Determination	) NO		
Other (Specify	\$	( )	•	) No		
		Income \	Verified (pay stub, employer, e	tc.)		
TOTAL	\$	( )	Yes (	) No		
Ur Applicant Information:		ove in:// r( ) 3 Br( ) Other (sp	ecify):			
ame (Full Legal Name):						
mail Address:						
ocial Security Number:			DOB://	-		
ome Phone:		Work Phone:				
river's License / ID Number:		State:				
lame of Occupants and Relationship	to Applicant:					
ame:	Rela	tionship:	DOB: :/	_/_		
ame:	Rela	tionship:	DOB:/	_/		
ame:	Rela	tionship:	DOB::/	/_		
pplicant / Occupant Vehicle(s):						
ear: Make:	Model:	Color:	License Plate #			
ear: Make:	Model:	Color:	License Plate #			
ear: Make:	Model:	Color:	License Plate #			
	<u>EMP</u>	LOYMENT HISTORY:				
URRENT EMPLOYER:						
lame & Address:						
hone #: Fa	x #:	Supervisor name:				
mail:	<u></u>					
ength of Employment: Begin	Still Employed?	(Check one) Yes	No			
REVIOUS EMPLOYER:						
lame & Address:						
Phone #: Fa	× #:	Supervisor name:				
mail:						
ength of Employment: Begin	Still Employed?	ll Employed? (Check one) Yes No				

## 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:	<del></del>			
Income:				
Gross Monthly Employment Income Before Deductions:	\$			
Gross Monthly Income From Other Sources (average):	\$			
Total Gross Monthly Income	\$			
Credit and Financial Information:				
Bank and Financial Accounts				
Checking Institution Name:	Branch:		Acct#	
Miscellaneous: (Check Appropriate Answer)				
Do you have pets? Yes No				
If yes, Describe: Type: Bre	ed:			
*Note: There may be additional fees and/or d In addition, specific rules and regulations rega Do you smoke? Yes No			oremises.	
Have you ever been evicted? Yes No (If y	es, explain below	·)		
Have you ever been convicted of a felony? Yes	No (If yes, e	xplain below)		
Have you ever filed bankruptcy? Yes No (If y	es, explain below	<i>ı</i> )		
Explanation:				
Applicant Personal References:				
Name: Relations	ship:			
Address:	Phone:			
Known this reference how long?				
Name: Relation:	ship:			
Address:	Phone:		<del> </del>	
Known this reference how long?				
Name: Relation:				
Address:				
Known this reference how long?			-	
Applicant Emergency Contact Information:				
Contact in Emergency (name):	Relationsl	hip:		
Emergency Contact Address:				
- 01				

# 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	\$					

## **Credit and Financial Information: Bank and Financial Accounts** Checking Institution Name: \_\_\_\_ \_\_\_\_\_ Branch:\_\_\_\_ \_\_\_\_\_ Acct#\_\_\_ 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. Do 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: \_\_ Co-Applicant Personal References: Name: \_\_\_ \_\_\_ Relationship: \_\_\_ Known this reference how long? \_\_\_\_\_ \_\_\_\_\_ Relationship: \_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_ Known this reference how long? \_\_\_\_ \_\_\_\_\_ Relationship: \_\_\_\_ Name: \_\_\_ 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. **Applicant** Date

Date

Co-Applicant