

The Residences at CAPITOL HEIGHTS
1350 Grant Street
DENVER, CO 80203
PHONE: 303-830-1350 FAX: 303-839-5531

RENTAL APPLICATION
FOR OFFICE USE ONLY Date _____ Agent _____ _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

TELL US ABOUT YOURSELF:

YOUR FULL NAME _____ PHONE _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO: _____ DRIVER LIC. # / STATE _____

NAMES OF ALL OTHER OCCUPANTS _____

PETS _____ HOW MANY _____ TYPE _____

RENTAL HISTORY:

CURRENT ADDRESS: _____ Apt. # _____

City _____ State _____ Zip _____

OWNER/AGENT NAME _____ PHONE _____

REASON FOR LEAVING _____ MONTHLY RENT \$ _____

MOVE IN DATE _____ MOVE OUT DATE _____

PREVIOUS ADDRESS: _____ Apt. # _____

City _____ State _____ Zip _____

OWNER/AGENT NAME _____ PHONE _____

REASON FOR LEAVING _____ MONTHLY RENT \$ _____

MOVE IN DATE _____ MOVE OUT DATE _____

PREVIOUS ADDRESS: _____ Apt. # _____

City _____ State _____ Zip _____

OWNER/AGENT NAME _____ PHONE _____

REASON FOR LEAVING _____ MONTHLY RENT \$ _____

MOVE IN DATE _____ MOVE OUT DATE _____

EMPLOYMENT INFORMATION:

STATUS: FULL-TIME PART-TIME UNEMPLOYED STUDENT RETIRED

CURRENT EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

DATES EMPLOYED: FROM _____ TO _____ POSITION _____

SUPERVISOR _____ GROSS MONTHLY INCOME _____

PREVIOUS EMPLOYER (MOST RECENT) _____

ADDRESS _____ PHONE () _____

DATES EMPLOYED: FROM _____ TO _____ POSITION _____

SUPERVISOR _____ GROSS MONTHLY INCOME _____

IF THERE ARE OTHER SOURCES OF INCOME YOU WISH US TO CONSIDER, PLEASE LIST INCOME SOURCE AND PERSON (BANKER, EMPLOYER, ETC.) TO CONTACT FOR VERIFICATION. YOU DO NOT HAVE TO REVEAL ALIMONY, CHILD SUPPORT OR SPOUSE'S ANNUAL INCOME UNLESS YOU WANT US TO CONSIDER IT IN THIS APPLICATION.

AMOUNT \$ _____ PER _____ SOURCE _____ PHONE _____

CREDIT: (Please list your bank and credit references)

BANK(s)

1.	_____	_____	_____
	Name	State	Type of Account
2.	_____	_____	_____
	Name	State	Type of Account

VEHICLES: (List all vehicles including company vehicles, motorcycles, etc.)

1.	_____	_____	_____
	Make & Model	Year & Color	Tag/#State
2.	_____	_____	_____
	Make & Model	Year & Color	Tag/#State

IN CASE OF PERSONAL EMERGENCY, NOTIFY _____

Relationship to you _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

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. I warrant that all statements above set forth are true. Should any statement made above be a misrepresentation or not a true statement of facts, management shall have due cause to decline my application. I understand the \$35.00 application fee is non-refundable under any circumstances and is retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$250.00, as earnest money, which upon acceptance of this application shall be retained as security deposit. When so approved and accepted I agree to execute a lease for the apartment set forth above. Should I fail to execute said lease then the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application and for costs associated with holding an apartment off the rental market. If this application is not approved and accepted by the owner or agent, the deposit will be refunded.

TENANT BACKGROUND SCREENING

I hereby authorize Capitol Heights Apartments to contact any employer, previous landlord(s), credit and personal references. I also authorize management to obtain my consumer credit report. This authorization includes but is not limited to: birth, court, criminal, driving, eviction, educational, employment, financial, immigration, legal, medical, military, and naturalization records. This shall be valid for one year from the date signed and a photographic or facsimile copy of the authorization shall be as valid as the original.

The information given in this application, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date Signed _____

Signature of Applicant _____ Date Signed _____

FOR OFFICE USE ONLY

PAYMENT OF \$ _____ RECEIVED BY _____ DATE _____

THIS APPLICATION APPROVED NOT APPROVED BY _____ DATE _____

IF NOT APPROVED, SPECIFY REASON _____