

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

<b>RENTAL APPLICATION</b>
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 1<sup>st</sup> 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 \_\_\_\_\_