

RENTAL APPLICATION

Approved Denied
Date of Application: _____
Verified By: _____

Lease Term _____
Deposit _____
Special _____
CHAFA _____

The undersigned hereby makes application to rent unit number _____ Unit Type _____
located at _____
beginning on _____, at a monthly rate of \$ _____

FIRST APPLICANT

NAME (OCCUPANT) _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ SINGLE MARRIED
 DIVORCED WIDOWED

CURRENT ADDRESS (STREET) _____ APT. # _____ CITY _____ STATE _____ ZIP _____ PHONE NO. _____ WORK PHONE NO. _____

COMMUNITY/LANDLORD NAME _____ PHONE NO. _____ DATES OF OCCUPANCY: FROM _____ TO _____ RENT PAID _____

PREVIOUS ADDRESS (STREET) _____ APT. # _____ CITY _____ STATE _____ ZIP _____

COMMUNITY/LANDLORD NAME _____ PHONE NO. _____ DATES OF OCCUPANCY: FROM _____ TO _____ RENT PAID _____

EMPLOYMENT STATUS EMPLOYED FULL TIME STUDENT UNEMPLOYED EMPLOYED PART TIME RETIRED

PRESENT EMPLOYER: COMPANY _____ ADDRESS _____ PHONE _____

POSITION _____ SUPERVISOR _____ DATE HIRED _____ GROSS INCOME _____

PREVIOUS EMPLOYER _____ PHONE NUMBER _____ If there are other sources of income you would like us to consider, please list income, source and person who we could contact.

DRIVER'S LICENSE NUMBER _____ STATE _____ VEHICLE MAKE/MODEL _____ YEAR _____ AMOUNT \$ _____ SOURCE _____ LICENSE PLATE NUMBER _____ STATE _____

EMERGENCY CONTACT: NAME _____ ADDRESS _____ HOME PHONE NO. _____ WORK PHONE NO. _____ RELATIONSHIP _____

SECOND APPLICANT

NAME (OCCUPANT) _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ SINGLE MARRIED
 DIVORCED WIDOWED

CURRENT ADDRESS (STREET) _____ APT. # _____ CITY _____ STATE _____ ZIP _____ PHONE NO. _____ WORK PHONE NO. _____

COMMUNITY/LANDLORD NAME _____ PHONE NO. _____ DATES OF OCCUPANCY: FROM _____ TO _____ RENT PAID _____

PREVIOUS ADDRESS (STREET) _____ APT. # _____ CITY _____ STATE _____ ZIP _____

COMMUNITY/LANDLORD NAME _____ PHONE NO. _____ DATES OF OCCUPANCY: FROM _____ TO _____ RENT PAID _____

EMPLOYMENT STATUS EMPLOYED FULL TIME STUDENT UNEMPLOYED EMPLOYED PART TIME RETIRED

PRESENT EMPLOYER: COMPANY _____ ADDRESS _____ PHONE _____

POSITION _____ SUPERVISOR _____ DATE HIRED _____ GROSS INCOME _____

PREVIOUS EMPLOYER _____ PHONE NUMBER _____ If there are other sources of income you would like us to consider, please list income, source and person who we could contact.

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EMERGENCY CONTACT: NAME _____ ADDRESS _____ HOME PHONE NO. _____ WORK PHONE NO. _____ RELATIONSHIP _____

OCCUPANTS UNDER 18 YEARS OF AGE	NAME	BIRTHDATE	SOCIAL SECURITY #	NAME	BIRTHDATE	SOCIAL SECURITY #

PLEASE SIGN SIGNATURE OF AGREEMENT

- Do you own an animal? Yes No Is it a guide or service dog? Yes No If yes, what type? _____ Weight _____ lbs.
- Have you ever been evicted from a place of rental? Yes No If yes, when? _____
- Do you owe any unpaid rent? Yes No If yes, how much? _____
- Have you ever violated a lease, rental agreement or regulations at a former place of rent? Yes No
- Have you ever been charged with a nuisance or abuse to any rental property? Yes No
- Have you ever been convicted of a crime other than motor vehicle violations? Yes No If yes, please explain _____
- Are you a U.S. citizen? Yes No If not, do you have proof of legal residency? Yes No

This is to inform you that as a part of our procedure for processing your application, an investigative consumer report may be procured where the information is obtained through personal interviews with your landlord, employer, others with whom you are acquainted, a credit check, and criminal report. We hereby agree, in the event of the approval of this rental application, to execute a lease in accordance with the terms set forth in this rental application and our rental liability shall commence on _____, 20____, pursuant to the terms of the lease. The applicant understands that approval of this application is conditional upon the information supplied in the above mentioned consumer report meeting lease criteria. Owner and/or agent for the owner may refuse possession of the above mentioned accommodations because of any derogatory information contained in the consumer report. We have read the foregoing and certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of producing approval of this application in my/our behalf, and any errors in this application may cause the owner and/or agent to terminate the lease at any time.

DEPOSIT AND RECEIPT
Applicant hereby deposits the amount of \$ _____ This amount will be refunded if the applicant is deemed denied or if the applicant withdraws this application in writing by 5:00 p.m. on _____, 20____. If the applicant does not cancel in writing within 72 hours of receipt of application, the applicant will forfeit the security deposit. If applicant is approved, the deposit shall be held in owners escrow. If the landlord determines that any information contained herein is FALSE or MISLEADING, then the landlord reserves the option to void the lease upon 3 days notice. By signing this document, I/we understand that the application fee of \$ _____ is non-refundable at the time management receives the application.

Date: _____ Signature of Applicant _____
Date: _____ Signature of Applicant _____
Date: _____ Signature of Landlord/Agent _____



THE BLUFFS
AT CASTLE ROCK

APPLICATION ADDENDUM

(Resident Requirements)

(Apartments will not be held off the market until all applications are completed, proof of income is provided and 2 separate money orders/ or checks for deposit and application fee are given to management.)

1. Children of all ages accepted.
2. All applicants must be 21 years of age to sign a lease.
3. Criminal convictions may be the basis for denial.
4. Any of the following may be grounds for denial.
 - *Convictions of a felony or misdemeanor relating to sexual charges, drugs, violence, theft or fraud.*
 - *Any combination of multiple arrests or convictions of felonies or misdemeanors.*
5. Proof of legal residency by Social Security Card or Passport including Visa & I-94 or a current Green Card. Copies of photo ID's will be kept for resident files. *If SSN is found to be false, applicant will automatically be denied.*
6. Income - Gross income combined must be 3 times the amount of the Market rent. Based on salary or hourly rate with minimum hours verified by most current pay stubs totaling one month or letter of hire from future employer. Resident may be required to have a co-signer or pay a higher deposit set forth by management if income does not meet requirements.
7. Employment - No minimum length of employment required. Must be verifiable at time of move-in.
8. Any Spouse/ Roommate addition to the lease will need to be verified through the application process. With a positive track record at management's discretion, the credit requirements for a spouse or roommate addition may be waived. Any roommate or spouse addition to the lease will first need to fill out an application, pay the application fee, and be approved by management.
9. Bankruptcy - Must be Two years or older and no negative credit since bankruptcy. If bankruptcy is less than 2 years old, applicants must meet all residency requirements and must pay an additional deposit set forth by management.
10. Credit - Maximum of 25% negative allowed excluding all medical. If credit is over 25% negative, applicant must pay an additional deposit set forth by management. History of negative check writing could be grounds for denial.
11. Residency - Must provide residency for the last two years. If not verifiable by lease or Management Company, acceptable forms of proof would be a current valid drivers license, phone bill, utility bill, bank statements or tax forms.
12. Rental History - Applicants are not required to have rental history. Any negative rental history within the last two years must have proof of full payment to be accepted. Late payments, NSF fees and evictions may be grounds for denial.
13. If management denies lease renewal, the resident will be denied to live at any other Loup property. Transfers within the community are the discretion of management, residents may be required to reapply for reasons of updating credit status, current criminal background or changes in income.
14. Military Release - thirty-day termination of lease for PCS orders, TDY orders, or other orders changing accommodations.
15. Management will allow qualified persons to co-sign

We provide Equal Opportunity Housing. Discrimination based on race, creed, color, religion, sex, ancestry, national origin, familial status, physical handicap, marital status, or sexual orientation is prohibited.

By signing this agreement I/we agree that I/we are not falsifying any required information as stated above.

Date	Applicant Signature	Time	AM/PM
Date	Applicant Signature	Time	AM/PM
Date	Management Signature	Time	AM/PM Updated 4-6-06



THE BLUFFS
AT CASTLE ROCK

APPLICANT CONSENT FORM

Please have all applicants and co-signers / guarantors complete and sign this form.

I/We hereby consent to allow The Bluffs at Castle Rock Apartment Homes, through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me/us. I/We understand that should I/We lease an apartment, The Bluffs at Castle Rock Apartment Homes, and its agent shall have the continuing right to review my/our credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

_____ Applicant (or Co-Signer/ Guarantor) Name
_____ Signature
_____ Date

_____ Applicant (or Co-Signer/ Guarantor) Name
_____ Signature
_____ Date

_____ Applicant (or Co-Signer/ Guarantor) Name
_____ Signature
_____ Date