



RENTAL HOUSING APPLICATION

RENTAL PROPERTY ADDRESS: _____

DESIRED UNIT TYPE: [] 1 BR [] 2 BR [] 3 BR [] Other (Specify): _____

DESIRED DATE OF MOVE-IN: ____ / ____ / 20____

Do you have the full first month's rent and deposit ready for the unit? [] Yes [] No

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 statement(s) 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, current and previous landlords and personal references.

APPLICANT #1 SIGNATURE DATE

APPLICANT #2 SIGNATURE DATE

APPLICANT(S) INFORMATION:

APPLICANT #1

Name (full legal name): _____
Social Security Number: _____ DOB: ____ / ____ / ____
Cell Phone: _____ Work Phone: _____
Driver's License / ID Number: _____ State: _____
Email Address: _____

APPLICANT #2

Name (full legal name): _____
Social Security Number: _____ DOB: ____ / ____ / ____
Cell Phone: _____ Work Phone: _____
Driver's License / ID Number: _____ State: _____
Email Address: _____

PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:

ATTN: MADISON
DIFFERENT PROPERTY MANAGEMENT
Fax: 720-870-1255 Email: madison@assetise.com Cell: 720-202-8083

NAME OF ADDITIONAL OCCUPANTS AND RELATIONSHIP TO APPLICANT(S): (ie: Minor Children)

Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____
Name: _____ Relationship: _____ DOB: _____

APPLICANT(S) / OCCUPANT VEHICLE(S):

Make: _____ Model: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Year: _____ Tag#: _____
Make: _____ Model: _____ Year: _____ Tag#: _____

EMPLOYMENT HISTORY:

APPLICANT #1

Current Employer:

Name: _____
Address: _____
Phone: _____ Supervisor: _____
Length of Employment: Begin _____ Still employed? (check one) Yes No

Previous Employer

Name: _____
Address: _____
Phone: _____ Supervisor: _____
Length of Employment: Begin _____ End _____

APPLICANT #2

Current Employer:

Name: _____
Address: _____
Phone: _____ Supervisor: _____
Length of Employment: Begin _____ Still employed? (check one) Yes No

Previous Employer

Name: _____
Address: _____
Phone: _____ Supervisor: _____
Length of Employment: Begin _____ End _____

RENTAL HISTORY:

APPLICANT #1

Current Address: _____

Dates Lived at This Address: From _____ to _____
Reason for leaving: _____
Landlord/Manager: _____ Landlord/Manager's Phone: _____

Previous Address: _____

Dates Lived at This Address: From _____ to _____
Reason for leaving: _____
Landlord/Manager: _____ Landlord/Manager's Phone: _____

APPLICANT #2

Current Address: _____

Dates Lived at This Address: From _____ to _____

Reason for leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

Previous Address: _____

Dates Lived at This Address: From _____ to _____

Reason for leaving: _____

Landlord/Manager: _____ Landlord/Manager's Phone: _____

INCOME:

APPLICANT #1

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income From Other Sources (ie: child, spousal support) \$ _____

Do you received any Federal or State Public Assistance? Monthly amount: \$ _____

(ie: Section 8, SSI, CHFA)

TOTAL GROSS MONTHLY INCOME: \$ _____

APPLICANT #2

Gross Monthly Employment Income Before Deductions: \$ _____

Gross Monthly Income From Other Sources (ie: child, spousal support) \$ _____

Do you received any Federal or State Public Assistance? Monthly amount: \$ _____

(ie: Section 8, SSI, CHFA)

TOTAL GROSS MONTHLY INCOME: \$ _____

CREDIT and FINANCIAL INFORMATION:

APPLICANT #1

Bank and Financial Accounts for

Checking:

Institution Name _____ Branch _____ Acct # _____

Savings:

Institution Name _____ Branch _____ Acct # _____

Credit Accounts

Child Support / Alimony Monthly Payment \$ _____

Credit Card: Type _____ Amt Owed \$ _____ Monthly Payment \$ _____

Credit Card: Type _____ Amt Owed \$ _____ Monthly Payment \$ _____

Vehicle Loan: Type of Vehicle: _____ Monthly Payment \$ _____

Other: Type _____ Creditor _____ Monthly Payment \$ _____

APPLICANT #2

Bank and Financial Accounts for

Checking:

Institution Name _____ Branch _____ Acct # _____

Savings:

Institution Name _____ Branch _____ Acct # _____

Child Support / Alimony Monthly Payment \$ _____

Credit Card: Type _____ Amt Owed \$ _____ Monthly Payment \$ _____

Credit Card: Type _____ Amt Owed \$ _____ Monthly Payment \$ _____

Vehicle Loan: Type of Vehicle: _____ Monthly Payment \$ _____

Other: Type _____ Creditor _____ Monthly Payment \$ _____

MISCELLANEOUS: (check appropriate answer)

APPLICANT #1

Do you have pets? Yes No If so, describe _____

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

Do you plan to have water filled furniture on the rental property? Yes No If yes, detail below.

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 for bankruptcy? Yes No If yes, explain below.

Explanation: _____

APPLICANT #2

Do you have pets? Yes No If so, describe _____

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

Do you plan to have water filled furniture on the rental property? Yes No If yes, detail below.

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 for bankruptcy? Yes No If yes, explain below.

Explanation: _____

PERSONAL REFERENCES:

APPLICANT #1

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

APPLICANT #2

Name: _____ Relationship: _____

Address: _____ Phone: _____

Known this reference how long? _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

APPLICANT #1

Contact in Emergency (Name): _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____

APPLICANT #2

Contact in Emergency (Name): _____ Relationship: _____

Emergency Contact Address: _____ Phone: _____