

Instructions for Completing Rental Application

1. Please provide with your application a copy of your driver's license and a recent paystub from your employment.
2. Complete as thoroughly as possible all portions of application.
3. Make sure your social security number and birth date are legible.
4. All adults must complete a separate application
5. Make sure you sign the application and Authorization to Release Information form.
6. Please fax or email the application to:

Fax: 719-352-0166

Email: info@rentth.com

Mailing Address:

Aspen Sunshine, LLC

6510-A South Academy Blvd. #210

Colorado Springs, CO 80906

Please call 719-433-6731 with any questions you may have.

Thank you.



RENTAL APPLICATION
 Separate Application Required for Each Applicant

THIS SECTION FOR LANDLORD USE ONLY



Rental Property Address: _____

Term of Rental: month to month lease from _____ to _____

| <u>Tenant Financial Obligation Prior to Occupancy</u> | | <u>CONTACT CHECKLIST</u> |
|---|-----------------|--|
| First Month's Rent: | \$ _____ | Current Landlord Contacted - Timely Remittance |
| Security Deposit: | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pet Deposit: | \$ _____ | Current Employer Verified: |
| Application Fee: | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Report Fee: | \$ _____ | Credit Report Determination: |
| Other (specify): | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Income Verified (pay stub, employer, etc.) |
| TOTAL: | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

DESIRED LEASE TERM (check one): 12 months 6 months Other (Specify): _____

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

APPLICANT INFORMATION:

Name (full legal name): _____

Social Security Number: _____ - _____ - _____ DOB: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Driver's License / ID Number: _____ State: _____

Email Address: _____

NAME OF OCCUPANTS AND RELATIONSHIP TO APPLICANT:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

APPLICANT / OCCUPANT VEHICLE(S):

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

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

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

EMPLOYMENT HISTORY:

Current Employer:

Name and Address: _____

Phone: _____ Supervisor: _____

Length of Employment: Begin _____ Still employed? (check one) ___ yes ___ no

Previous Employer

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

RENTAL HISTORY:

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:

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 _____ ~~XXXX~~ Funds: \$ _____

Savings:
Institution Name _____ Branch _____ ~~XXXX~~ Funds: \$ _____

Credit Accounts

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

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

Other: Type _____ Creditor _____ Monthly Payment \$ _____

MISCELLANEOUS: (check appropriate answer)

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 PERSONAL REFERENCES:

Name: _____ Relationship: _____
Address: _____ Phone: _____
Known this reference how long? _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
Known this reference how long? _____

Name: _____ Relationship: _____
Address: _____ Phone: _____
Known this reference how long? _____

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 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 Signature

DATE

Print Name