Date: _____, 2019 **LEASE APPLICATION** Last Name: _____

Application is hereby made to lease premises generally described as 1651 W Canal Cir, Littleton CO 80120, 3rd bedroom + shared common areas + shared utilities + shared food, phone, cable, or internet for a term of ____ months and ending the _____201__, for which monthly lease payment shall be $639 (includes utilities) plus other services needed, payable in advance, and for which the **first month's rent** and **balance of security deposit** *(one month's rent)* payment each shall be due prior to occupancy of the above-described premises' keys.

Services: [ ] Internet, $30 [ ] Cable TV, $20 [ ] Dinners, $120 [ ] Lunches, $60 [ ] Breakfasts, $60 Total: $____

A deposit of $100 is made herewith on account for the **security deposit**, with the understanding that if this application is accepted and the applicant fails to execute a lease before the beginning date specified above, or to pay the balance due as first month's rents and deposits, said payment will be forfeited as liquidated damages. It is also understood that if this application is not accepted, or if the premises are not ready for occupancy by the applicant on the date specified above, *said deposit shall be refunded to the applicant forthwith*, upon applicant's request. ***. DEPOSIT WAIVED SINCE FULL ONLINE PROFESSIONAL PROFILE IS AVAILABLE.***

APPLICANT (Responsible Party)

Name/email: _____ Phone(s): _____

Present Address: _____ How Long? _____

Previous Address: _____ How Long? _____

Co-Applicant's Name/email: _____ Relationship: _____

Cat? Yes / No What Kind / Weight? _____

YOUR EMPLOYMENT

Employer: _____ SSAN: _____

Employer Address: _____

Supervisor: _____ Bus Phone: _____

How Long on Present Job? _____ When work? Days / Eves / Nights Annual Income: $_____

CO-APPLICANT EMPLOYMENT

Employer: _____ SSAN: _____

Employer Address: _____

Supervisor: _____ Bus Phone: _____

How Long on Present Job? _____ When work? Days / Eves / Nights Annual Income: $_____

REFERENCES

Bank: _____ Phone: _____

Personal Reference: _____ Phone: _____

Credit Reference: _____ Phone: _____

Attorney: _____ Phone: _____

Medical Doctor: _____ Phone: _____

Current Landlord: _____ *Phone:* _____

OTHER

Emergency Contact: _____ Phone: _____

Problems with current or previous property, landlord or manger: _____

_____

The above information is accurate to my best understanding:

Applicant: _____ Co-Applicant: _____

The information provided herein may be used by the landlord or his agent to determine whether to accept this application. Upon written request within 30 days, the landlord or his agent will disclose to applicant in writing the nature and scope of any investigation landlord has requested, and will, if this application is refused, state in writing the reason for said refusal. Applicant and Co-Applicant give permission to contact all references and verify all information in this Application.