

RENTAL APPLICATION
\$35.00 per adult

Attach copy of picture ID and proof of income

Western View Management, 3090 S. Jamaica Ct., #300, Aurora, CO 80014
Phone 303 696-0404 Fax (303) 696- 0469

Unit Address _____ Lease date _____
Rent \$ _____ Late \$ _____ Deposit \$ _____ Term _____ Applied _____
Utilities tenant pays: Water _____ Gas _____ Electric _____ Trash Removal _____
No Pets Allowed
1) Applicant _____ Date of Birth _____ SS# _____
2) Applicant _____ Date of Birth _____ SS# _____
1) Applicant email _____ 2) Applicant email _____
Complete Address _____ Rent \$ _____
Phone # _____ How Long ? _____ From _____ to _____
Other Occupants _____
Reason for moving _____
Landlords's Name _____ Phone _____

Previous Address _____ Rent \$ _____
Landlord _____ Phone _____

1) Applicant's Employer _____ How Long _____ Salary _____
Address _____ Phone _____ Position _____
2) Applicant's Employer _____ How Long _____ Salary _____
Address _____ Phone _____ Position _____

Other income _____
Bank _____ Phone _____
Checking account # _____ Saving account # _____

Have you ever had any judgments, liens, or bankruptcy? _____
If yes, explain _____
Automobiles: Make _____ Model _____ Year _____ Color _____ License # _____
Make _____ Model _____ Year _____ Color _____ License # _____

1) Driver's License # _____ State _____
2) Driver's License # _____ State _____
In case of emergency, notify _____ Relationship _____
Address _____ Phone _____
Closest Relative Not Living with you _____ Relationship _____
Address _____ Phone _____
Personal Reference _____ Relationship _____
Address _____ Phone _____

The above information is true. You are hereby authorized to verify information by contacting the above references. You are authorized to check my background, credit, and employment history, and to answer questions about your credit experience with me. Applicant(s) hereby acknowledges that Western View Management and its Agents are agents of the owner, and does not represent the tenant as tenant's agent in the leasing of any property represented by Western View Management. Upon approval of this application, guaranteed funds are required to take the property off of the market and applied as part or full security deposit and forfeited if no lease is executed.

1) Applicant's Signature _____ Date _____
2) Applicant's Signature _____ Date _____

Landlord Reference

To: _____ **From:** Western View Management
Fax: _____ **3090 S. Jamaica Ct., #300**
Date: _____ **Aurora, Colorado 80014**
Return fax: (303)696-0469 **(303) 696-0404**

You are authorized to answer questions about your rental and credit experience with me.

Please respond regarding payment history of _____
at _____.

Applicant signature _____ Date _____

Applicant signature _____ Date _____

To be completed by landlord or property manager:

- 1) Dates of residency: From _____ To _____
- 2) Monthly rent amount: _____
- 3) # of lates _____ NSF checks _____
- 4) Notice given? _____
- 5) Would you re-rent to them? _____
- 6) Any noise/lease violations? _____
- 7) Any property damage? _____
- 8) Does/Did the resident have pets? _____

Additional comments : _____

Signature: _____ Date: _____

Title: _____ Company: _____

Landlord please fax to: (303)696-0469