

# Creek View Condo - Rental Application

## Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

E-mail:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned    Rented    (Please circle)

Monthly payment or rent:

How long?

Pets:

Amount of bedrooms needed:

Estimated rental period:

## Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

## Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

## Co-applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

E-mail:

City:

State:

ZIP Code:

Own    Rent    (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned    Rented    (Please circle)

Monthly payment or rent:

How long?

## Co-applicant Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly    Salary    (Please circle)

Annual income:

## References

Name:

Address:

Phone:

I authorize the verification of the information provided on this form as well as a criminal background check. I have received a copy of this application. If a residence is currently unavailable, this application will be held on file and be treated in the order it was received.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

Dry Creek Subdivision, LLC  
140 S. 6<sup>th</sup> St.  
PO Box 1339  
Hayden, CO 81639-1339  
Tel: 785-218-1489  
Email: coloradoprojects@gmail.com

## RESIDENT VERIFICATION REQUEST

**This part to be filled out by the Applicant**

Current Landlord's Name or Management Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Attention: \_\_\_\_\_

To whom it may concern:

*With this letter, I grant you permission to disclose the information requested below to Dry Creek Subdivision, LLC. I would appreciate the return of this document as soon as possible in order to complete the verification process on my new rental home. Thank you for your cooperation.*

\_\_\_\_\_  
Resident's Name                      Resident's Signature                      Date

**This part to be filled out by Applicant's Landlord or Management Company**

Resident's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Move in Date: \_\_\_\_\_ Move out date: \_\_\_\_\_  
Lease Expiration Date: \_\_\_\_\_ Eviction: YES \_\_\_\_\_ NO \_\_\_\_\_  
Lease Fulfilled:        YES \_\_\_\_\_ NO \_\_\_\_\_  
Proper Notice Given: YES \_\_\_\_\_ NO \_\_\_\_\_  
Any pets:        YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", What kind: \_\_\_\_\_  
Monthly Rental Amount: \$ \_\_\_\_\_ Paid on time:    Yes \_\_\_\_\_ NO \_\_\_\_\_  
If "NO", how many times late: \_\_\_\_\_  
Late Fees paid as agreed:    YES \_\_\_\_\_ NO \_\_\_\_\_ ANY NSF's: YES \_\_\_\_\_ NO \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Please email completed form to coloradoprojects@gmail.com. If you have any questions please call us at (785) 218-1489.**

**THANK YOU FOR YOUR COOPERATION!**