## NORTHWOODS 970-243-1676



Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION											
FIRST NAME		MIDDLE			LAST			S.S.#			
DATE OF BIRTH	1	MARITAL STATU	S SINGLE	MARRIED Sin	ce	DIVORCED Si	nce	DRIVERS LICENSE	#	STATE	
PHONE		ELL   HOME	PHONE		EXT.	П но	OME WORK	EMAIL			
PRESENT HOME ADDRESS					CITY/STATE/ZI	P					
LENGTH OF TIME	IDLORD				LANDLORD PHONE						
REASON FOR LEAVING		AMOUNT OF	RENT	Is your present rent up			YES NO				
PREVIOUS HOME ADDRESS	CITY/STATE/ZIP										
LENGTH OF TIME	ANDLORD				LANDLORD PHON	E _	_				
REASON FOR LEAVING		AMOUNT OF RENT			Was your rent up to date?						
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZI	P								
LENGTH OF TIME	OUS LANDLORD	<u> </u>			LANDLORD PHON	E _	_				
REASON FOR LEAVING		AMOUNT OF RENT				Was your rent up to date? YES NO					
PROPOSED OF	CLIPAN	T(S)									
NAME	PROPOSED OCCUPANT(S) NAME RELATIONSHIP					OCCUPATION			AGE		
NAME RELA			ATIONSHIP			OCCUPATION		AGE			
NAME			NSHIP			OCCUPATION		AGE			
NAME RI			RELATIONSHIP			OCCUPATION		AGE			
NAME RE			RELATIONSHIP			OCCUPATION		AGE			
PROPOSED PE	PROPOSED PET(S)										
NAME	1 (3)	TYPE/B	REED			D			AGE		
NAME	NAME					□ INDOOR □ OUTDOOR □ OUTDOOR			AGE		
NAME			TYPE/BREED			INDOOR	ACE				
MELLICI E(6) D			INDOOR	оотроог			100 100 100 100 100 100 100 100 100 100				
VEHICLE(S) IN	FORMA   MAKE	TION	MODEL		COLOR						
YEAR	MAKE		MODEL		COLOR		PLATE#		STATE		
			- WOOLE		COLOR		PLATE #		STATE		
<b>EMPLOYMENT</b>	7										
CURRENT EMPLOYER				OCCUPATION				HOURS	/WEEK		
SUPERVISOR				PHONE	_ EXT:			YEARS EMPLOYED			
ADDRESS				CITY/STATE/ZIP							
CURRENT EMPLOYER				OCCUPATION	N			HOURS/WEEK			
SUPERVISOR				PHONE	1 THE			YEARS EMPLOYED			
ADDRESS				CITY/STATE/ZIP					777107773		
INCOME											
CURRENT \$ WEEKLY DIWEEKLY MONTHLY YEARLY				SOURCE	PROOF OF INCOME YES NO						
CURRENT \$ WEEKLY DIWEEKLY MONTHLY YEARLY				SOURCE				PROOF OF INCOME YES NO			
CURRENT S WEE	SOURCE			***************************************	PROOF (	OF INCOME	YES NO				
© 2008 ezLandlordForms				-					And and desired the second second	-	



## RENTAL APPLICATION

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CREDIT CARD / FIN	ANC	IAL II	VFORN BALANCE	MATIC	ON							
LIEN HOLDER	IEN HOLDER					MONTHLY PAYMENT				CREDITOR'S PHONE #		
CREDIT CARD COMPANY	BALANCE MONTHLY OWED PAYMENT				CREDITOR'S							
CREDIT CARD COMPANY	BALANCE OWED	BALANCE MONTHLY			CREDITOR'S							
CREDIT CARD COMPANY	BALANCE MONTHLY					PHONE #	R'S					
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE MON			MONTHLY	PAYMENT MONTHLY		PHONE # CREDITOR'S					
BANK ACCOUNT NAME OF BANK			OWED BALANCE			PAYMENT MONTHLY	PAYMENT MONTHLY		PHONE #			
Name of the last o			L			PAYMENT		NUMBER				
EMERGENCY / PERS	ONAI	L REF	EREN	CE IN	FORM	ATION						
EMERGENCY CONTACT	PHONE	-	_	CELL HOME	PHONE	_	_	П номе	☐ work			
	RELATION						CITY/STATE/ZI	Р				
EMERGENCY CONTACT	EMERGENCY CONTACT				_	CELL HOME	PHONE					
RELATION			ADDRESS	-		TOWL	CITY/STATE/ZI	P	<del>-</del>	☐ HOME	WORK	
PERSONAL REFERENCE			PHONE		_		PHONE					
RELATION	-		ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_	CELL HOME	CITY/STATE/ZI	— D	_	□ НОМЕ	WORK	
PERSONAL REFERENCE			PHONE					r				
RELATION			ADDRESS			CELL HOME	PHONE	_	-	П номе	work work	
	ADDRESS				CITY/STATE/ZII	P	D = 200					
APPLICANT QUESTION	ONN	AIRE	/ AUTH	HORIZ	ZATIOI	J		1 70				
Has applicant ever been sued for bills?	☐ YES	□ NO	1			AND DESCRIPTION OF THE PARTY OF	1 :00	☐ YES	_			
Has applicant ever been bankrupt?	YES	□ NO							☐ NO	***************************************		
Has applicant ever been guilty of a felony?		□ NO		Has applicant ever been brought to court by another landlord?								
Has applicant ever broken a Lease?		Has applicant ever moved owing rent or damaged an apartment?  If YES INO  Is the total move-in amount available now (rent and deposit)?  If YES INO										
				YES	☐ NO							
Applicant authorizes the landlord to contact	past and p	present lan	dlords, emplo	yers, credit	tors, credit bur	eaus, neighbors and any	y other sources	deemed	necessary to	investigate ar	oplicant.	
. III mornida in is tide, accurate and comple	ete to the i	best of app	olicant's know	ledge. Land	dlord reserves	the right to disqualify to	enant if inform	ation is n	ot as represe	més J		
ANY PERSON OR FIRM IS AUTHORIZED TO	KELEASE I	NFORMATI	ON ABOUT T	HE UNDER:	SIGNED UPOR	N PRESENTATION OF TH	IS FORM OR A	PHOTOC	OPY OF THIS	FORM AT AN	Y TIME.	
х												
APPLICANT SIGNATURE	DATE						<u>-</u> 2					
If you have any	questions	about the	interpretation	or legality	of this form,	please consult an attori	ney or other qu	ialified pe	erson.			
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		****	- Western Committee							2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 2		
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