



Avalon Apartments, Aspen Gate, Aspen West Rental Application

(303) 471-5884 * Fax (303) 374-6037 * Email office@duapartments.com

Mailing Address: Joanne Conca, PMB 437, 9249 S. Broadway Unit #200, Highlands Ranch, CO 80129

Complete a separate application if co-applicant is other than parent or spouse

Applicant's Name (Full Legal Name) _____ Social Security # _____
First Middle Last

DOB _____ Dr. Lic. #/St. _____ Phone# _____ Email _____

Co-Applicant's Name _____ Social Security # _____
First Middle Last

DOB _____ Dr. Lic. #/St. _____ Phone# _____ Email _____

Other Occupants Name, Age & Relationship _____

Are you a DU student? Yes No

CURRENT ADDRESS

Street: _____ Unit: _____ City: _____ State/Zip Code: _____

Dates of Residence: _____ From: _____ To: _____ Amount of Rent: _____

Apt Community: _____ Landlord: _____ Day#: _____ Night#: _____

PRIOR ADDRESS

Street: _____ Unit: _____ City: _____ State/Zip Code: _____

Dates of Residence: _____ From: _____ To: _____ Amount of Rent: _____

Apt Community: _____ Landlord: _____ Day#: _____ Night#: _____

CURRENT/PRIOR OCCUPATION

CURRENT/PRIOR OCCUPATION		CURRENT/PRIOR OCCUPATION - Co-Applicant	
Employer:	Position:	Employer:	Position:
Main Phone#:	City:	Main Phone#:	City:
Manager:	State:	Manager:	State:
Date Hired:	Monthly Income:	Date Hired:	Monthly Income:

Additional Income to Pay Rent (Parents, Loans, etc.): _____ (Monthly Amount) Source _____

AUTOMOBILE & FINANCIAL

Make: _____ Model: _____ Color: _____ Year: _____ Lic. Plate#: _____

Auto Loan - Bank: _____ City,State: _____ Account#: _____ Monthly Payment: _____

Checking Account - Bank: _____ City,State: _____ Account#: _____ Phone#: _____

Savings Account - Bank: _____ City,State: _____ Account#: _____ Phone#: _____

Have you ever used any other names? If Yes, name(s) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Address: _____ Phone#: _____

Please Answer the following questions:

- (1) Do you require any special accommodations? Yes No If Yes, what type? _____
- (2) Do you own an animal? Yes No If Yes, what type? _____ Is it a guide or service dog? Yes No
- (3) Do you or any other occupant smoke? Yes No If No, have you smoked in the last 6 months? Yes No
- (4) Have you or any other person named on this application: Been evicted? Yes No Filed bankruptcy? Yes No
if evicted, where and when? _____
- (5) Do you owe any unpaid rent? Yes No If Yes, how much? _____
- (6) Have you ever violated a lease, rental agreement, or regulations at a former place of rent? Yes No
- (7) Have you ever been charged with a misuse or abuse to any rental property? Yes No
- (8) Have you or any other occupant named on this application ever been convicted of a crime or felony? Yes No
If Yes, explain charge (include date of conviction and state/county): _____

RELEASE & DEPOSIT

This is to inform you that as part of our processing your application, a consumer investigation involving statements made on this application is being initiated. This investigation may involve personal interviews with your landlord, employer, others, a credit check, background check, eviction history, and criminal report, all of which the applicant(s) authorizes. The applicant(s) understands that approval of this application is conditional upon the information supplied in the above mentioned consumer investigation meeting lease criteria. Owner and/or agent of the owner may refuse possession of the above mentioned accommodations because of any derogatory information contained in the consumer investigation. The applicant(s) have read the foregoing and certify that the information herein is TRUE and CORRECT. The applicant(s) understand that false, misleading, or incomplete information can be grounds for denial of tenancy or for eviction. If the applicant(s) is accepted as a tenant and enters into a lease agreement, then this document shall become part of the lease. If the owner determines that any information contained herein is FALSE or MISLEADING, then, at the owner's option, the lease shall be voidable upon 3 days notice. If there is an application fee, it is nonrefundable.

Applicant(s) hereby deposits the amount of _____. If the applicant(s) is accepted and enters into a lease agreement, then the deposit shall be applied to the security deposit. The deposit will be refunded if the applicant(s) is not accepted as a tenant.

SIGNED _____ SIGNED _____ DATE _____

OFFICE USE ONLY RECEIVED BY: _____ DATE: _____