## T & A PROPERTIES 2563 15<sup>th</sup> Street Suite #200

Denver, Colorado 80211 Cell: 720-341-1817 Fax: 303-226-1556

## **RENTAL APPLICATION**

## \*\*PLEASE SUBMIT A COPY OF DRIVERS LICENSE & PROOF OF INCOME\*\*

Date	Move-In Date:	
Property Address:		
Email Address:		
Monthly Rent:	Security Deposit: Number of Pets: Pet Deposit: _\$500.00 ( per pet)\$150.00 non-re-	fundable
Length of Lease:	Per adult over 18(non-refund	
GENERAL INFORMAT	CION:	
Applicant Name: SS # Phone Number:	D.O.B DL #	
Co-Applicant Name:	D.O.B	
Phone Number:	DL#DL#	
RENTAL HISTORY:		
Present Address:		
Move-In:	Move-Out	
Landlord Telephone:		
Previous Address Move-In:	Move-Out	
Landlord Name: Landlord Telephone:		

## **EMPLOYMENT:** \_\_\_\_\_ Start Date: \_\_\_\_\_ Current Employer\_\_\_\_\_ Start Date: \_\_\_\_\_ Position: \_\_\_\_\_ Income: \_\_\_\_\_ Address: Supervisor/HR Number: **CO-APPLICANT EMPLOYMENT:** Current Employer Start Date: Position: Income: M/Y Address: Supervisor/HR Number: **EMERGENCY CONTACT:** Family Member Name Address D.O.B Telephone Friend Telephone Name Address D.O.B **MISCELLANEOUS**: Children Names: \_\_\_\_\_\_D.O.B \_\_\_\_\_ Children Names: D.O.B. PETS I/We certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application. I/We give T & A properties permission to process the application including but not limited to rental verification, employment verification, credit check and a criminal check. I/We understand that the security deposit will not be refundable until the lease is fulfilled and an assessment of the apartment is done by maintenance. Once applicant(s) application is accepted

Date

Date

the Security Deposit is non-refundable after 72 hours.

Applicant

Co-Applicant