

# The Atchley Group

Office: 970-874-1004 Fax: 970-874-3894 info@theatchleygroup.com 1109 Main St. Delta, CO 81416

# **Tenant Application Checklist**

## Please insure that the following items are included with you rental application. Once completed, please return to the office or fax to 970-874-3894. Application fee is due at time of application.

Property Address:

Applicant Name:\_\_\_\_\_

- Tenant Application Checklist

-Rental Application

- Credit Check Application - Please Include \$20.00 for <u>each</u> applicant

-Income Verification

- Acceptable forms of verification include:

-Previous 2 paystubs- or at least a months worth

- New employement verification stating wages

- Bank Statement(s)

- Copy of Drivers License -For <u>each</u> applicant

\*Please note: We will not process an application until payment has been collected. If you choose to fax the above information, please supply payment as soon as possible.



1109 Main Street, Delta, CO 81416 Phone: 970-640-2859 Fax: 970-874-3894 www.DeltaBrokers.com

# **RENTAL APPLICATION**

\*Credit & Back-Ground Check Required On ALL Applicants Over 18- \$20.00 Per Person\*

Name of Applicant: First;       MI:       Last:       Date of Birth:         Social Security Number:       Driver License No/State:       Phone number where you can be contacted:       E-mail:         Roommate/Spouse: First;       MI:       Last:       Date of Birth:         Social Security Number:       Driver License No/State:       Social Security Number:       F-mail:         Automobile:       Make;       Model:       Year:       License Number:         Automobile:       Make;       Model:       Year:       License Number:         Number of Children:       Number and type of pets:		
Social Security Number:       Driver License No/State:         Phone number where you can be contacted:       E-mail:         Roommate/Spouse:       First:       MI:       Last:       Date of Birth:         Social Security Number:       Driver License No/State:       Roommate/Spouse phone number:       E-mail:         Automobile:       Make:       Model:       Year:       License Number:         Automobile:       Make:       Model:       Year:       License Number:         Automobile:       Make:       Model:       Year:       License Number:         Address of present residence:       City:       State:       Zip:       Current Rent Amount:         From:       to       State:       Zip:       Current Rent Amount:       From:         From:       to       State:       Zip:       City:       State:       Zip:         From:       to       Previous Address 2:       State:       Zip:       City:       State:       Zip:         From:       to       Previous Address 1:       State:       Zip:       City:       State:       Zip:         From:       to       Prome:       State:       Zip:       City:       State:       Zip:         If you own your home: </th <th></th> <th>th:</th>		th:
Roommate/Spouse: First:       MI:       Last:       Date of Birth:         Social Security Number:       Driver License No/State:       Roommate/Spouse Phone number:         Automobile:       Make:       Model:       Year:       License Number:         Automobile:       Make:       Model:       Year:       License Number:         Number of Children:	Differ License (10) State.	
Social Security Number:       Driver License No/State:         Roommate/Spouse phone number:       E-mail:         Automobile:       Make:       Model:       Year:       License Number:         Number of Children:       Number and type of pets:	Phone number where you can be contacted: E-mail:	
Social Security Number:       Driver License No/State:         Roommate/Spouse phone number:       E-mail:         Automobile:       Make;       Model:       Year:       License Number:         Number of Children:       Number and type of pets:	Roommate/Spouse: First: MI: Last: Date of Bird	th•
Roommate/Spouse phone number:       E-mail:         Automobile:       Made:       Year:       License Number;         Automobile:       Make:       Model:       Year:       License Number;         Number of Children:       Number and type of pets:	Social Security Number: Driver License No/State:	
Automobile:       Make:       Model:       Year:       License Number:         Automobile:       Make:       Model:       Year:       License Number:         Number of Children:       Number and type of pets:		
Automobile:       Madel:       Year:       License Number:         Number of Children:		
Number of Children:	Automobile:     Make:     Model:     Year:     License Number:	
Address of present residence:         City:       State:       Zip:       Current Rent Amount:         From:       to       (f) you have loss address less than two years, give all addresses for the last two years.)         Previous Address 1:       Previous Address 2:         Street:       Street:       City:         Street:       Street:       City:         From:       to       From:       to         Are you being evicted, or have you ever been evicted?       From:       to         Fy ou own your home, please provide the name of your apartment complex (if applicable), landlord and your landlord's phone number.)       Landlord's name:         Landlord's address:       Landlord's phone       Name:         Mame:       Address:       Phone:         Name:       Address:       Phone:         Roommate/Spouse's Employer:       Address:       Phone:         From:       to       Position held:       Salary: \$       Phone:         Readows the property:	Automobile: Make: Model: Year: License Number:	
I'fontoto	Number of Children: Number and type of pets:	
If you have lived at the above address less than two years, give all addresses for the last two years.)         Previous Address 1:       Previous Address 2:         Street:       Street:         City:       State:       Zip:         From:       to         Are you being evicted, or have you ever been evicted?       If you nown your home, please provide name of Mourgage Company:         If you have been renting, please provide the name of your apartment complex (if applicable), landlord and your landlord's phone number.)         Apartment complex:       Landlord's name:         Landlord's phone number.)       Landlord's phone:         Name:       Address:         Phone:       Phone:         Name:       Address:         Phone:       Phone:         Roommate/Spouse's Employer:       Address:         Prom:       to         Position held:       Salary: \$         Phone:       Relationship:	Address of present residence:	
If you have lived at the above address less than two years, give all addresses for the last two years.)         Previous Address 1:       Previous Address 2:         Street:       Street:         City:       State:       Zip:         From:       to         Previous Address 1:       From:       To         Street:       Street:       City:       State:       Zip:         City:       State:       Zip:       City:       State:       Zip:         Are you being evicted, or have you ever been evicted?       If you own your home, please provide name of Your apartment complex (if applicable), landlord and your landlord's phone number.)         Apartment complex:       Landlord's name:	City: Current Rent Amount:	
Previous Address 1:       Previous Address 2:         Street:       Street:         City:       State:       Zip:         From:       to       From:       to         Are you being evicted, or have you ever been evicted?	From:to	、 、
Street:       Street:         City:       State:       Zip:         From:       to       From:       to         Are you being evicted, or have you ever been evicted?		
City:		
From:       to       to         Are you being evicted, or have you ever been evicted?	City: State: Zip: City: State:	Zip:
Are you being evicted, or have you ever been evicted?         If you own your home, please provide name of Mortgage Company:         [If you have been renting, please provide the name of your apartment complex (if applicable), landlord and your landlord's phone number.)         Apartment complex:       Landlord's name:         Landlord's address:       Landlord's name:         Mame:       Address:         Name:       Address:         Name:       Address:         Phone:       Phone:         Phone:       Phone:         Reployment       Address:         Applicant's Employer:       Address:         rom:       to         Position held:       Salary: \$         Phone:       Phone:         Reorgency Contact: (Preferably a relative not living with you)         Name:       Relationship:         Phone:       Phone:         List of all persons who plan to occupy the property:       Phone:         Acceptance Of Deposit And Rental Agreement Dependent Upon Verification Of Above Statement.         Applicant authorizes <i>RE/MAX Today</i> Acknowledge payment of \$20.00/per applicant as a nonrefundable fee for the purpose of processing thi application.	From: to From: to	<u> </u>
If you own your home, please provide name of Mortgage Company:	Are you being evicted, or have you ever been evicted?	
landlord's phone number.)       Landlord's name:	If you own your home, please provide name of Mortgage Company:	
Apartment complex:       Landlord's name:         Landlord's address:       Landlord's phone:         Two References (Local Preferred):       Name:         Name:       Address:         Name:       Address:         Phone:       Phone:         Salary:       Phone:         Employment       Address:         Applicant's Employer:       Address:         From:       to         Position held:       Salary:         Solary:       Phone:         Roommate/Spouse's Employer:       Address:         From:       to         To       Position held:       Salary:         Solary:       Solary:       Phone:         Emergency Contact:       (Preferably a relative not living with you)         Name:       Relationship:       Phone:         List of all persons who plan to occupy the property:	(If you have been renting, please provide the name of your apartment complex (if applicable), lan	ndlord and your
Landlord's address:		
Two References (Local Preferred):	Apartment complex: Landlord's name:	
Name:       Address:       Phone:         Name:       Address:       Phone:         Employment       Address:       Phone:         Applicant's Employer:       Address:       Phone:         Roommate/Spouse's Employer:       Address:       Phone:         Roommate/Spouse's Employer:       Address:       Phone:         From:       to       Position held:       Salary: \$       Phone:         From:       to       Position held:       Salary: \$       Phone:         Emergency Contact: (Preferably a relative not living with you)       Name:       Phone:       Phone:         List of all persons who plan to occupy the property:       Phone:       Phone:       Phone:         Acceptance Of Deposit And Rental Agreement Dependent Upon Verification Of Above Statement.       Applicant authorizes <i>RE/MAX Today</i> , Lessor and Landlord Systems to contact references and cree agencies to verify the above information and obtain additional credit data.         *I acknowledge payment of <u>\$20.00/per applicant</u> as a nonrefundable fee for the purpose of processing thi application.	Landiord's address: Landiord's phone:	
Name:       Address:       Phone:         Employment       Applicant's Employer:       Address:         From:       to       Position held:       Salary: \$         Roommate/Spouse's Employer:       Address:       Phone:         From:       to       Position held:       Salary: \$         From:       to       Position held:       Salary: \$       Phone:         From:       to       Position held:       Salary: \$       Phone:         Emergency Contact:       (Preferably a relative not living with you)       Name:       Phone:         List of all persons who plan to occupy the property:       Phone:       Phone:		
Employment         Applicant's Employer:	Name: Address: Phone:	
Applicant's Employer:	Name:     Address:     Phone:       Name:     Address:     Phone:	
Emergency Contact: (Preferably a relative not living with you)         Name:	Name:     Address:     Phone:       Name:     Address:     Phone:	
Emergency Contact: (Preferably a relative not living with you)         Name:	Name: Address:    Employment	
Emergency Contact: (Preferably a relative not living with you)         Name:	Name: Address: Phone:	
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Applicant authorizes	Name:      Address:      Phone: <b>Employment</b> Address:	
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application.	Name:       Address:       Phone:         Employment       Applicant's Employer:       Address:         From:       to       Position held:       Salary: \$       Phone:         Roommate/Spouse's Employer:       Address:       From:       Phone:         From:       to       Position held:       Salary: \$       Phone:         From:       to       Position held:       Salary: \$       Phone:         Emergency Contact:       (Preferably a relative not living with you)       Name:       Phone:         List of all persons who plan to occupy the property:	ve Statement.
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	Name:       Address:       Phone:         Employment       Applicant's Employer:       Address:         From:       to       Position held:       Salary: \$Phone:         Roommate/Spouse's Employer:       Address:       Phone:         From:       to       Position held:       Salary: \$Phone:         From:       to       Position held:       Salary: \$Phone:         From:       to       Position held:       Salary: \$Phone:         Emergency Contact:       (Preferably a relative not living with you)       Name:         Name:       Relationship:       Phone:         List of all persons who plan to occupy the property:	ve Statement. ferences and cred
Applicant's Signature     Date	Name:	ve Statement. ferences and cred
Applicant's Signature     Date	Name:       Address:       Phone:         Employment       Applicant's Employer:       Address:         From:       to       Position held:       Salary: \$       Phone:         Roommate/Spouse's Employer:       Address:       Phone:       Phone:         From:       to       Position held:       Salary: \$       Phone:         Roommate/Spouse's Employer:       Address:       Phone:       Phone:         Emergency Contact: (Preferably a relative not living with you)       Name:       Phone:       Phone:         List of all persons who plan to occupy the property:       Phone:       Phone:       Phone:         List of all persons who plan to occupy the property:       Phone:       Phone:       Phone:         Acceptance Of Deposit And Rental Agreement Dependent Upon Verification Of Abov       Applicant authorizes <i>RE/MAX Today</i> , Lessor and Landlord Systems to contact ref agencies to verify the above information and obtain additional credit data         *I acknowledge payment of \$20.00/per applicant as a nonrefundable fee for the purpose of th	ve Statement. ferences and cred
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	Name:	ve Statement. ferences and cred

Date

Roommate/Spouse's Signature



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# Applicant Disclosure Form

Please complete and sign. Return back to RE/MAX Today Property Management with Rental Application Packet.
Address of Rental:
Applicant's Name:
Day Phone:Home Phone:
Address:
City/State/Zip:
Social Security Number:
Date of Birth:
Driver's License Number:State:
*I authorize RE/MAX Today Property Management to obtain my consumer credit report and public records and to investigate any personal information on me necessary to arrive at an applicant decision.

Signature: Date:
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Signature: Date:
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