



The
ATCHLEY GROUP

Office: 970-874-6909

Fax: 970-874-3894

info@theatchleygroup.com

1109 Main St. Delta, CO 81416

Tenant Application Checklist

Please ensure that the following items are included with your 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: _____

Please include the following:

- Tenant Application Checklist
- Rental Application
- Credit Check Application
 - **Please include \$25.00 for each applicant**
- Income Verification
 - Acceptable forms of verification include:
 - Previous 2 paystubs, or at least a months worth of wages
 - New employment verification, stating wages
 - Bank statement (s)
- Copy of Drivers License
 - For each 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.***



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RENTAL APPLICATION

Credit & Back-Ground Check Required On ALL Applicants Over 18- \$25.00 Per Person

Property applicant is applying to rent: _____

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: _____
 Roommate/Spouse phone number: _____ E-mail: _____

Automobile: Make: _____ Model: _____ Year: _____ License Number: _____
 Automobile: Make: _____ Model: _____ Year: _____ License Number: _____

Number of Children: _____ Number and type of pets: _____

Address of present residence: _____

City: _____ State: _____ Zip: _____ Current Rent Amount: _____

From: _____ to _____

(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: _____ City: _____ State: _____ Zip: _____

From: _____ to _____ From: _____ to _____

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 phone: _____

Two References (Local Preferred): _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Employment

Applicant's Employer: _____ Address: _____

From: _____ to _____ Position held: _____ Salary: \$ _____ Phone: _____

Roommate/Spouse's Employer: _____ Address: _____

From: _____ to _____ Position held: _____ Salary: \$ _____ Phone: _____

Emergency Contact: (Preferably a relative not living with you)

Name: _____ Relationship: _____ Phone: _____

List of all persons who plan to occupy the property:

Acceptance Of Deposit And Rental Agreement Dependent Upon Verification Of Above Statement.

Applicant authorizes RE/MAX Today, Lessor and Landlord Systems to contact references and credit agencies to verify the above information and obtain additional credit data.

***I acknowledge payment of \$25.00/per applicant as a nonrefundable fee for the purpose of processing this application.**

 Applicant's Signature

 Date

 Roommate/Spouse's Signature

 Date



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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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