



Foothills Green Townhomes  
816 Union Street  
Lakewood, CO 80401  
(303) 999-0331  
FoothillsGreen@CornerstoneRent.com

## **Rental Application**

Please complete the attached application packet for rental consideration. Attached is a contact information sheet, a portable tenant screening reports advisement, and our rental application. **You must include with your application the last six pay statements for all sources of income, or if self-employed a copy of your tax claim submission from the previous year along with a profit and loss statement from the previous year and a year-to-date profit and loss statement.**

For child support income, you may provide a copy of your court order at the time of your paperwork appointment. Your application will be placed on our waitlist for the number of bedrooms you've applied. We will then contact you when your name comes to the front of our waitlist and make an appointment with you to come into our Leasing Office and complete all your tax credit paperwork as well as to provide proof of all forms of your income.

Please note that we are a tax credit apartment community and we are required to verify your household income to the satisfaction of our tax credit Compliance department to approve your application for move-in. If your income exceeds our limitations or we are not able to fully prove your income to the satisfaction of our tax credit Compliance department, your rental application may be denied.

Please be sure to inquire about the income limitations prior to submitting your rental application and \$30.00 per adult rental application fee, as your application fee is non-refundable once we run your credit and background check. **You need to submit with your application a check or money order for the amount equal to \$30.00 per adult in your household at the time of application submission, or if you wish to participate in the portable tenant screening report, provide those reports in lieu of the application fee(s).**

Our security deposits are equal to either half of one month's rent or equal to one month's rent, depending on your credit.

(Continued on the next page)



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You will be required to pay your security deposit in full as well as pro-rated rent starting the day you are given a key to the apartment prior to moving in. We calculate pro-rated rent by dividing the monthly rent by the number of days in the actual month and multiplying that number by the number of days you have possession of the unit, beginning the day you accept a key for the apartment. Additionally, we round up from the amount due for pro-rated rent. For example, a rent of \$1,086.00 monthly in October breaks down to \$35.03225 per day. If you accept a key for the apartment on October 15<sup>th</sup>, you will pay for 17 days (15<sup>th</sup> is the first day and 31<sup>st</sup> the last day), totaling \$595.54838, which we would round up to be a total amount of \$595.55.

Please sign below that you have read, understand and agree to these terms:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager Print Name: \_\_\_\_\_





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## **Portable Tenant Screening Reports (PTSR) Advisement**

1) You have the right to provide Landlord with a PTSR that is not more than 30 days old, as defined in § 38-12-902(2.5), Colorado Revised Statutes; and

2) if you provide Landlord with a PTSR, the Landlord is prohibited from: a) charging you a rental application fee; or b) charging you a fee for Landlord to access or use the PTSR. Colorado Revised Statute, C.R.S. § 38-12-902(2.5) defines a Portable Screening Report (PTSR), and any PTSR submitted by you, must meet the following definition. (2.5) "Portable tenant screening report" or "screening report" means a consumer report prepared at the request of a prospective tenant that includes information provided by a consumer reporting agency, which report includes the following information about a prospective tenant and the date through which the information contained in the report is current:

(a) Name;

(b) Contact information;

(c) Verification of employment and income;

(d) Last-known address;

(e) For each jurisdiction indicated in the consumer report as a prior residence of the prospective tenant, regardless of whether the residence is reported by the prospective tenant or by the consumer reporting agency preparing the consumer report.

(I) A rental and credit history report for the prospective tenant that complies with section 38-12-904(1)(a) concerning a landlord's consideration of a prospective tenant's rental history; and

(II) A criminal history record check for all federal, state, and local convictions of the prospective tenant that complies with section 38-12-904(1)(b) concerning a landlord's consideration of a prospective tenant's arrest records.

Further, pursuant to C.R.S. § 38-12-904(1.5)(b), landlords may require:

(I) That the screening report was completed within the previous thirty days;

(II) That the screening report is made directly available to the landlord by the consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages



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in the business of providing consumer reports and complies with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency;

(III) That the screening report is made available to the landlord at no cost to access or use in the rental application process; and

(IV) A statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant's name, address, bankruptcy status, criminal history, or eviction history, since the report was generated.

Pursuant to Landlord's Rights, except for Applicant's credit and rental history, Landlord insists that any PTSR provided by you meets these additional requirements.

Please sign below that you were presented this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager Print Name: \_\_\_\_\_



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## Contact Information

To best ensure we may contact you when necessary, please complete the following contact information.

### Head of Household

Full Name (Include Middle Name): \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Co-Head of Household

Full Name (Include Middle Name): \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_







**PART VI - RECURRING INCOME - PREVIOUS 2 YEARS (1st Applicant)**

<b>Applicants Name:</b>							
<b>(Circle all applical</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
<b>Current Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Second Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Previous Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>(Circle each one individually)</b>							
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support		YES	NO	\$ _____	Week / Month	
	AFDC / TANF		YES	NO	\$ _____	Week / Month	
	Social Security / Disability		YES	NO	\$ _____	Week / Month	
	Retirement / Pension / Annuities		YES	NO	\$ _____	Week / Month	
	Unemployment		YES	NO	\$ _____	Week / Month	
	Worker's Compensation		YES	NO	\$ _____	Week / Month	
	Recurring Gifts from Family		YES	NO	\$ _____	Week / Month	
	Grants & Scholarships		YES	NO	\$ _____	Week / Month	
	Military/Reserve Pay		YES	NO	\$ _____	Week / Month	
	Other Recurring Monies		YES	NO	\$ _____	Week / Month	

**RECURRING INCOME - PREVIOUS 2 YEARS (2nd Applicant)**

<b>Applicants Name:</b>							
<b>(Circle all applical</b>		Employed Full Time	Employed Part Time	Self-Employed	Anticipated Income	Non-Employed	Unemployed
<b>Current Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Second Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>Previous Employer</b>		Position		How Long from _____ to _____		Supervisor Name	
Telephone Number		Fax Number		Address			
Current Wages (Circle one) \$ _____ per Hour / Week / Month		Average Hours Per Week	Do you earn tips? YES NO		If Yes Weekly Amount \$ _____	Do you have more than one job? YES NO	
<b>(Circle each one individually)</b>							
<b>OTHER INCOME:</b> <i>Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if</i>	Alimony / Child Support		YES	NO	\$ _____	Week / Month	
	AFDC / TANF		YES	NO	\$ _____	Week / Month	
	Social Security / Disability		YES	NO	\$ _____	Week / Month	
	Retirement / Pension / Annuities		YES	NO	\$ _____	Week / Month	
	Unemployment		YES	NO	\$ _____	Week / Month	
	Worker's Compensation		YES	NO	\$ _____	Week / Month	
	Recurring Gifts from Family		YES	NO	\$ _____	Week / Month	
	Grants & Scholarships		YES	NO	\$ _____	Week / Month	
	Military/Reserve Pay		YES	NO	\$ _____	Week / Month	
	Other Recurring Monies		YES	NO	\$ _____	Week / Month	



**PART VII - ASSETS**

OTHER INCOME: Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobiles, jewelry, dishes, etc. need not be disclosed.

	Applicant Name: _____				Applicant Name: _____			
	YES	NO	Value	Annual Earnings	YES	NO	Value	Annual Earnings
Cash on Hand			\$ _____	\$ _____			\$ _____	\$ _____
Checking Account (6 month average)			\$ _____	\$ _____			\$ _____	\$ _____
Savings Account			\$ _____	\$ _____			\$ _____	\$ _____
Money Market, CD's and Other			\$ _____	\$ _____			\$ _____	\$ _____
Stocks / Bonds			\$ _____	\$ _____			\$ _____	\$ _____
IRA'S, 401(K), Keogh			\$ _____	\$ _____			\$ _____	\$ _____
Real Estate			\$ _____	\$ _____			\$ _____	\$ _____
Boat, Trailer and Rec Vehicles			\$ _____	\$ _____			\$ _____	\$ _____
Life Insurance Policies			\$ _____	\$ _____			\$ _____	\$ _____
Trust			\$ _____	\$ _____			\$ _____	\$ _____
Bitcoin/Venmo			\$ _____	\$ _____			\$ _____	\$ _____
Other Assets			\$ _____	\$ _____			\$ _____	\$ _____
	<b>Total: \$ _____</b>				<b>Total: \$ _____</b>			

Has any member of the household disposed of an asset for less than fair market value in the past 24 months?      **YES**      **NO**

If YES, please list: \_\_\_\_\_

**PART VIII- CERTIFICATION**

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Cornerstone Residential, Agent for the owner of the property to accept this application, I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application or in the termination of the Lease Agreement.

In addition, applicant has paid \$ \_\_\_\_\_ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$ \_\_\_\_\_ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$ \_\_\_\_\_ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Cornerstone Residential, or its Agent to obtain credit reports, criminal background reports, character reports, verification of rental history, income history and employment history as necessary to verify all information put forth in the above referenced application for residency, faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

Have you or any other person planning to reside in our community, ever been indicted or convicted of any felony or misdemeanor offense?      **Yes**      **No**      (Circle one)

Have you ever been EVICTED?      **Yes**      **No**      (Circle one)

Where you referred to the property by anyone?      **Yes**      **No**      (Circle one)

If Yes, Who? \_\_\_\_\_      If Resident, Apt # \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Representative

\_\_\_\_\_  
Date

