

## **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)



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:		



# **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



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:	



# **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	e):		
Mobile Phone Number: (	)		
Address:			
City:	State:	Zip Code:	
Work Phone Number: (			
E-Mail Address:			
Co-Head of Household			
Full Name (Include Middle Name	e):		
Mobile Phone Number: (	)		
Address:			
City:	State:	Zip Code:	
Work Phone Number: (	)		
E-Mail Address:			

### **Foothills Green Townhomes**

816 Union Street Lakewood, CO 80401 (Phone) 303-999-0331

Unit Number									
		AL MANUEL TRACTIONS	HOLD COMBOSIA	TON					
		PART I - HOUSE	HOLD COMPOSIT	ION				Social Security of	
HH Last Name	First Name	Date of Birth	Relationship to Head of Household	Full time Student?	Drivers	rs License Number		Alien Reg No.	
1				Y / N					
2				Y / N					
3				Y / N				-	
4				Y / N				-	
5				Y / N					
6				Y / N					
7				Y / N Y / N					
8				Y / N					
9				X / N	NO	-	D	u have a not?	
o you anticipate a change in the hou If Yes, please explain:	usehold occupants in	the next 12 month	ns? YES		NO		Do yo	ou have a pet? Yes No	
II 105, picase explaini									
re ALL occupants of the household fu		PART II - S	TUDENT STATUS		Yes	No	(Cinal	e one)	
			Program			Vac	No	(Circle one)	
P/	icipants in the Job Tra	ining Partnership A	Act?	RY (Need	2 years of	Yes History)	No	(Circle one)	
PA Cell Phone	ART III -CONTACT	ining Partnership A INFORMATION	i- RENTAL HISTO E-Mail Address	RY (Need			No	A STATE OF THE STA	
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Office:

Telephone number of Caseworker

Voucher Amount

Name of Caseworker

	PART VI	- RECURRING INCOM	E - PREVIO	OUS 2 Y	EARS (1st Applica	nt)	
Applicants Name:				- Cap			
(Circle all applical	Employed Full Time	Employed Part Time	Self-Emp	oloyed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Long	g	Supervisor Name	
				from	to		
Telephone Number	Fax	Number		Address			
Current Wages (Circle	e one)	Average Hours Per Week	Do you earn t	ips?	If Yes Weekly Amount	Do you have more that	n one job?
•	Hour / Week / Month		YES	NO	\$	YES	NO
Second Employer		Position		How Lon	g	Supervisor Name	
				from	to		
Telephone Number	Fax	Number		Address			
Current Wages (Circle	e one)	Average Hours Per Week	Do you earn t	ips?	If Yes Weekly Amount	Do you have more tha	n one job?
-	Hour / Week / Month		YES	NO	\$	YES	NO
Previous Employer		Position		How Lon	g	Supervisor Name	
*				from	to		
Telephone Number	Fax	Number		Address			
Current Wages (Circle	e one)	Average Hours Per Week	Do you earn t	ips?	If Yes Weekly Amount	Do you have more tha	n one job?
	Hour / Week / Month		YES	NO	\$	YES	NO
					le each one individua	ally)	W-1-/>/
OTHER INCOME:	Alimony / Chil		YES	NO	\$		Week / Month
Program regulations require that all income	AFDC / TANF		YES	NO	\$		Week / Month
be disclosed in order	Social Security	M/ 1 1 1 2 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	YES	NO	\$		Week / Month
to determine qualification. Please		ension / Annuities	YES	NO	\$		Week / Month
provide recurring	Unemploymen		YES	NO	\$		Week / Month Week / Month
monthly amount if	Worker's Com		YES YES	NO NO	\$		Week / Month
	Recurring Gift Grants & Scho		YES	NO	\$		Week / Month
	Military/Reser		YES	NO	\$		Week / Month
	Other Recurrin		YES	NO	\$		Week / Month
	RE	CURRING INCOME - P	REVIOUS 2	YEARS	S (2nd Applicant)		
Applicants Name:	202						
(Circle all applical	Employed Full Time	Employed Part Time	Self-Em	ployed	Anticipated Income	Non-Employed	Unemployed
Current Employer		Position		How Lon	ig.	Supervisor Name	
Current Employer				from	to		
Telephone Number	Fax	Number		Address			
		A House Per Week	Do you earn t	ring?	If Yes Weekly Amount	Do you have more tha	n one job?
	e one)	Average Hours Per Week	YES	NO NO	C C C C C C C C C C C C C C C C C C C	YES	NO
	Hour / Week / Month	Position	1 123	How Lor	I D	Supervisor Name	
Second Employer				from	to		
Telephone Number	Fax	Number		Address			
			-		Iron Wester Assessed	Do you have more tha	n one ioh?
-	e one)	Average Hours Per Week	Do you earn		If Yes Weekly Amount	YES	NO
	Hour / Week / Month	Position	YES	NO How Lor	ID	Supervisor Name	NO
Previous Employer		1 osition		from	to		
Telephone Number	Fax	Number		Address	10		
	3,000		In.		Isvas Washin Amarin	Do you have more tha	n one joh?
Company and Company 1 250 and Company	le one)	Average Hours Per Week	Do you earn	-0.00	If Yes Weekly Amount	YES	NO NO
s per	Hour / Week / Month		YES	NO (Circ	le each one individu		140
OTHER INCOME:	Alimony / Chi	ld Support	YES		\$	5.6	Week / Month
Program regulations	AFDC / TANI		YES		\$		Week / Month
require that all income	Social Security		YES		\$		Week / Month
be disclosed in order to determine		ension / Annuities	YES		\$		Week / Month
qualification. Please	Unemploymer		YES		\$		Week / Month
provide recurring	Worker's Com		YES		\$		Week / Month
monthly amount if		T as 1.40 Year	YES		\$		Week / Month
	Kecurring (all	ts from Family	1 123	140			TOTAL SECTION AND AND AND ADDRESS OF THE ADDRESS OF
		Josephine	VEC	NO	\$		Week / Month
	Grants & Scho		YES		\$		Week / Month
		rve Pay	YES YES YES	NO NO	\$ \$ \$		Tuesday Alan appropria

#### 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:				Applic	ant Name			
			Value	Annual Earnings			Value	Annual Earning
Cash on Hand	YES	NO S	5	\$	YES	NO	\$	\$
Checking Account (6 month average)	YES	NO S	5	\$	YES	NO	\$	\$
Savings Account	YES	NO S	5	\$	YES	NO	\$	\$
Money Market, CD's and Other	YES	NO S	\$	\$	YES	NO	\$	\$
Stocks / Bonds	YES	NO S	8	\$	YES	NO	\$	\$
IRA'S, 401(K), Keogh	YES	NO S	S	\$	YES	NO	\$	\$
Real Estate	YES	NO S	\$	\$	YES	NO	\$	\$
Boat, Trailer and Rec Vehicles	YES	NO S	\$	\$	YES	NO	\$	\$
Life Insurance Policies	YES	NO S	\$	\$	YES	NO	\$	\$
Trust	YES	NO S	\$	\$	YES	NO	\$	\$
Bitcoin/Venmo	YES	NO S	\$	\$	YES	NO	\$	\$
Other Assets	YES	NO :	\$	\$	YES	NO	\$	\$
		Total:	s	\$		Total	<u>s</u>	<u>s</u>
Has any member of the household of	dispose	d of an	asset for less	than fair market value	in the pas	st 24 month	ıs? YI	ES NO
If YES, please list:								

PART VI	II- CERTIFICATION			
I hereby apply to lease the above described premises on substantially the owner of the property to accept this application, I certify that all informay result in the rejection of this application or in the termination of the	ormation contained herein	s an inducement to Corner is true. Material falsificat	stone Re	esidential, Agent for formation provided
In addition, applicant has paid \$ holding deposit to againitiation. In no event shall this period exceed 30 days. In the event this application within 72 hours of the date of deposit, the \$ understood that should applicant refuse to sign the lease or occupy the procupying the premises, the \$ holding deposit may be applicant.	_ holding deposit shall be premises on the agreed upon	refunded. After that inition date, the holding depos	plicant v al 72 ho it is there	vithdraws the urs period expires, it is eby forfeited. Upon
I/We certify that to the best of my/our knowledge all statements are true obtain credit reports, criminal background reports, character reports, ve verify all information put forth in the above referenced application for residency or subsequent eviction.	erification of rental history, residency, faults, frauduler	income history and empl at or misleading information	oyment l	history as necessary to
Have you or any other person planning to reside in our commu felony or misdemeanor offense?	unity, ever been maited or t	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		1	$\Rightarrow$
търноши			EG	QUAL HOUSING
Applicant	Date			
Management Representative	Date			