

P.O. Box 2463, Loveland, Co. 80539/150 E. 29TH St. Suite 257

Phone: 970-593-1186/Fax 970-593-1186

 $\textbf{Email:} \ \underline{\textbf{facilitiesunlimitedpm@gmail.com}} \ \ \textbf{Website: www.facilitiesunlimited.com}$

RENTAL APPLICATION/Application fee of \$25.00 is required for each adult

PROPERTY ADDRESS:		DATE:						
Name:	Da	ate of Birth:						
Social Security Number: W	e will call you for this	information.						
Email:		Phone Number:						
Driver's License Number: _		Expiration Date: State of Issue:						
Present Address:		City, State, Zip:						
Date moved in:	Date moved out:	Ren	tal Amount:					
Reason for moving:								
Landlord's Name:		Landlord's Phone:						
Previous Address (if less than	2 yrs. at present address):							
Date moved in:	Date mov	Date moved out:Rei						
Reason for moving:								
Landlord's Name:		Landloi	d's Phone:					
Have you ever been evicted	d or asked to move:_	If yes, y	ear and why:_					
Present Employer:			Er	mployer's Phone:				
Employer's address:		_How long:	Position:	Income:	(hr/mo/yr)			
Previous Employer: (if less that	an 2 yrs at present employer)			Employer's Phone:_				
Employer's address:			How long: _	Position:				
Income:(hr/mo/	yr)							
Proposed occupants: Adult	:s: Children:	Please list:						
Pets/Animals: How	/ many: Type/Br	eed:						
Auto: Makes:	Models:	Yea	ars:	License Plates:				
Have you ever been convic	ted of a felony within	the last 5 year	s?:					
Have you ever filed for bar	kruptcy within the la	st 7 years?:	Year:					
Bank name and address:								
Name & address of neares	t relative:							
Applicant represents that all of t	he above statements are t	rue and correct ar	d hereby authoriz	e release of any information n	eeded by the			
owner/management to verify the	e accuracy of the informat	ion above. Any fals	se information pro	ovided will result in immediate	disqualification.			
Applicant Signature			Date	e				
We agree to abide by the following	provisions of this Code for Ec	qual Housing Opport	unity: -We agre	ee that in the rental, lease, sale, p	urchase, or			
exchanges of real property, owners a	and their employees have the	responsibility to offe	r housing accommod	dations to all persons on an equal	basisWe agree to			
set and implement fair and reasonab	ole rental housing rules and gu	uidelines and will pro	vide equal and cons	istent services throughout our res	idents' tenancy.			
-We agree that we have no right or re	esponsibility to volunteer info	ormation regarding th	ne racial, creed, or et	thnic composition of any neighbor	hood, and we do not			
engage in any behavior or action tha	t would result in "steering."	-We agree not to pri	nt, display or circulat	te any statement or advertisement	that indicates any			
preference, limitations, or discrimina	ation in the rental or sale of he	ousing. The rental fo	r which is \$	per month and upon approv	val of this application			
agrees to sign a rental or lease agree	ment and to nav all sums due	including required d	enosits hefore occur	nancy				

RENTAL HISTORY

* ONLY COMPLETE THE RED SECTIONS*

Applicant Name:	A	pplicant's phone n	umber:	
Current Address:				
Landlord's Name:		: <u></u>	_Email/fax:	
Past Address:				
Landlord's Name:	Landlord's Phone	e:	Email/fax:_	
Rent History:				
1. Date of occupancy: From	To			
2. Monthly rent:	Was (is) ap	plicant current on	rent?	
3. If late, how often	For how long? _		_	
4. Have (had) you ever begun evictio				
5. Are utilities included in the rent pa	ayment?			
6. Which utilities does the tenant par	y? Electric Gas	Water/Sewer	Trash	
7. Any NSF checks? If so, I	now many?			
8. Were you given proper notice to v				
9. Have you recently inspected the p	roperty? When wa	as the last time yo	u were in th	ne unit?
How did it look?:	If so, how many and	d what kind:		
Any unauthorized pet problems _				
11. Deductions for damage or other				
12. Would you rent to them again?_				
General:	1			
1. Will the lease term be completed?				
2. Did the applicant interfere with th				
3. Any police activity or complaints?				
Comments: BY SIGNING, APPLICANT REPRESENT	C TUAT TUE INICODNAATIO	AN IS TRUE AND CO	DDECT AND	D ALITHODIZES FACILITIE
UNLIMITED, LLC TO CONTACT AND				
EMPLOYERS, ALL OTHER INCOME SO				
EIVIPLOTERS, ALL OTHER INCOIVIE SC	ONCES AND PENSONAL N	EFENEINCES LISTEL	ON THIS P	APPLICATION.
APPLICANT SIGNATURE	DATE VERIFIE	R'S SIGNATURE	DA	TE
	EMPLOYMENT VERIF	ICATION		
Present Employer:		_ Employer's Phon	e:	
Employer's address:		_ How long:	Position:	
Income: (hr/mo/yr)				
Previous Employer: (If less than 2 yrs	at present employment			
Employer's Phone:	Employer's Address	S:		
How long: Position:		Income:		(hr/mo/yr)
How long: Position: BY SIGNING, APPLICANT REPRESENT	S THAT THE INFORMATIC	N IS TRUE AND CO	RRECT ANI	O AUTHORIZES FACILITIE
UNLIMITED, LLC TO CONTACT AND V				
EMPLOYERS, ALL OTHER INCOME SC				
,			- ·····	
APPLICANT SIGNATURE	DATE	VERIFIER'S SIG	NATURE	DATE