

RESIDENTIAL RENTAL APPLICATION



Owner/Agent

Sunny Homes & Associates, Inc. as Agent
6377 S. Revere Pkwy, Ste 100
Centennial, CO 80111
Office: 303-799-8100 Fax: 303-337-1954
Email: sunnybanka@aol.com Web: www.sunnybanka.com

Property Information

Property Address: _____
Anticipated Possession Date: _____, 20____
The term of the tenancy will be: 9 Months, 12 Months, 24 Months (circle one)
The monthly rent will be \$ _____.00.
The initial security deposit will be \$ _____.00 - add \$300.00 for each pet

Applicants Personal Information

Applicant's name: _____
Phone: _____ Alternate Phone: _____
Email: _____ DOB: _____
Social Security Number: _____

Second Applicant Information

Applicant's name: _____
Phone: _____ Alternate Phone: _____
Email: _____ DOB: _____
Social Security Number: _____

Third Applicant Information

Applicant's name: _____
Phone: _____ Alternate Phone: _____
Email: _____ DOB: _____
Social Security Number: _____

Dependants Name(s)

Do you have a pet? **Yes / No** If more than one, how many? _____
Please describe type(s) of pet(s): _____

Residential History

Present Address: _____
City: _____ State: _____ Zip: _____ How Long _____
Monthly Rent: \$ _____
Landlord/Owner/Agent: _____ Phone Number: _____

Previous Address 1: _____
City: _____ State: _____ Zip: _____ How Long _____
Monthly Rent: \$ _____
Landlord/Owner/Agent: _____ Phone Number: _____

Previous Address 2: _____
City: _____ State: _____ Zip: _____ How Long _____
Monthly Rent: \$ _____
Landlord/Owner/Agent: _____ Phone Number: _____

Details of Employment

Employer: _____
Position: _____ Date Hired: _____
Supervisors Name: _____ Phone: _____
Salary: \$ _____ per _____

(If employed less than one year with present employer, please provide previous employer.)

Previous Employer: _____
Position: _____ Date Hired: _____
Supervisors Name: _____ Phone: _____
Salary: \$ _____ per _____

Other Sources of Income

Do you receive income from any of the following sources? Please answer Yes / No.
Student Loans _____ Pension Benefits _____ Social Assistance _____ Other _____

Please provide contact persons who could verify the amount of income you receive:

Vehicle Information

1. Make /Model: _____ Year: _____
License Plate Number: _____ State: _____ Drivers License Number: _____

2. Make /Model: _____ Year: _____
License Plate Number: _____ State: _____ Drivers License Number: _____

Parking stall required? Yes / No Additional stall required? Yes / No (Subject to availability)

Banking Information

Banking Institution: _____
Address: _____ Phone: _____

(If you bank with more than one institution, please list second bank below)

Banking Institution: _____
Address: _____ Phone: _____

References

Name: _____ Phone: _____
Name: _____ Phone: _____

Emergency Contact

Name: _____ Relationship: _____
Phone: _____

Criminal & Credit Background Check Authorization

Is there anything negative that we may find in our criminal or credit background check that you want to comment on?

I declare that the information I have provided is accurate. I authorize the individual or organization to whom this application is submitted to; (a) contact my references and all other persons that I have named in this application; and (b) perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

Applicant Signature

Date : _____