



STANDARD APPLICATION FOR LEASE

P.O. Box 20613
Boulder, CO 80308

Email: BiceRentalsIL@Gmail.com

Main Office: 815-654-2580 (fax: 303-997-8240)

The information on this application form is strictly confidential and will be so kept by the management. The purpose of the information below is to verify the applicants' credit qualification. The applicant agrees to allow a full credit examination and hereby authorizes management to contact any agencies, offices, groups or organizations to obtain and verify any information or materials, which is deemed necessary to complete my application. The undersigned hereby makes application for a rental unit located at _____, at a monthly rental of \$_____ with a desired move-in date of _____ and submits the following information.

OCCUPANT'S FULL LEGAL NAME: (List all persons who will occupy the unit)

Table with 7 columns: LAST NAME, MI, FIRST NAME, RELATIONSHIP, DATE OF BIRTH, SSN. Rows A through E.

APPLICANT _____ (Maiden Name) _____ Social Security # _____
Current Address _____ Apt No. _____
City _____ State _____ Zip _____
Home Phone (____) _____ E-mail: _____
Best time to call: _____ Check One: Rent _____ Own _____ Living with Parents _____
How long at Current Address? _____ Reason for leaving? _____
Monthly Rent now paying? _____
Current Landlord/Managers Name _____
Address _____ Phone _____

PREVIOUS ADDRESSES (Past 3 Years & Apt. No.'s)

(1) _____ City _____ State _____ Apt.No. _____ How Long _____
(2) _____ City _____ State _____ Apt.No. _____ How Long _____
(3) _____ City _____ State _____ Apt.No. _____ How Long _____
Previous Landlord/Managers Name: _____
Living with Parents? _____ Friends _____ Phone _____

EMPLOYER

Address _____
How Long _____ Occupation _____
Supervisor's Name _____ Working Hours _____ to _____
Income\$ _____ Source _____

PREVIOUS EMPLOYER

Address _____ City _____ State _____
How Long _____ Occupation _____

NAME OF BANK _____ Acct. No. _____ Savings/Checking _____

VEHICLES: How many vehicles do you own? _____ Model _____
Color _____ Year _____
License No. _____ State _____ Payments? \$ _____
DRIVERS LICENSE# _____ STATE _____

NEAREST RELATIVES OR FRIENDS (List two)

Name _____ Address _____
Apt. No. _____ City _____ Phone _____
Relationship _____
Name _____ Address _____
Apt. No. _____ City _____ Phone _____
Relationship _____

CREDIT REFERENCES AND CREDIT CARDS

Name _____
Name _____

This application must be returned with WAGE VERIFICATION (check stub) and \$30.00 application fee (refundable in first month's rent if accepted) to be processed.

CO-APPLICANT _____ (Maiden Name) _____
 Current Address _____ Apt No. _____ Social Security #: _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ E-mail: _____
 Best time to call: _____ Check One: Rent _____ Own _____ Living with Parents _____
 How long at Current Address? _____ Reason for leaving? _____
 Monthly Rent now paying? _____
 Current Landlord/Managers Name _____
 Address _____ Phone _____

PREVIOUS ADDRESSES (Past 3 Years & Apt. No.'s)
 (1) _____ City _____ State _____ Apt.No. _____ How Long _____
 (2) _____ City _____ State _____ Apt.No. _____ How Long _____
 Previous Landlord/Managers Names _____
 Living with Parents? _____ Friends? _____ Manager? _____ Phone Number _____

EMPLOYER _____
 Address _____ City _____ Phone _____
 How Long _____ Occupation _____
 Income\$ _____ Source _____

NAME OF BANK _____ ACCT.NO. _____ Checking/Savings _____

VEHICLES: How many vehicles do you own? _____ Model _____
 Color _____ Year _____ License No. _____ State _____
 Payments \$ _____ DRIVERS LICENSE# _____ STATE _____

NEAREST RELATIVES OR FRIENDS (LIST TWO)
 Name _____ Address _____
 Apt. No. _____ City _____ Phone _____
 Relationship _____
 Name _____ Address _____
 Apt. No. _____ City _____ Phone _____
 Relationship _____

CREDIT REFERENCES AND CREDIT CARDS
 Name _____ Acct. No. _____
 Name _____ Acct. No. _____

Total Amount of Constant Monthly Payments other than rent (example: child support, daycare/furniture)\$ _____
 Personal Property Insurance Carrier (if any) _____

DO YOU HAVE? BOAT _____ CAMPER _____ MOTORCYCLE _____ BICYCLES _____ TRAILER _____
DO YOU HAVE PETS? YES _____ NO _____ HOW MANY? _____ TYPE _____ WEIGHT _____ SEX _____

WHO DO WE NOTIFY IN CASE OF EMERGENCY?
 NAME _____ RELATIONSHIP _____
 ADDRESS: _____ PHONE _____
 CITY: _____ STATE _____

HAVE YOU EVER?

	APPLICANT	CO-APPLICANT
➤ Had a Judgement against you?	Yes _____ No _____	Yes _____ No _____
➤ Been served Eviction Notice or been Evicted?	Yes _____ No _____	Yes _____ No _____
➤ Been charge or convicted for any crime?	Yes _____ No _____	Yes _____ No _____
➤ Changed your Name?	Yes _____ No _____	Yes _____ No _____
➤ Were you referred by one of our current tenants?	Yes _____ No _____	if so Who? _____

Deposit in the sum of \$ _____, received by _____ It is understood that this application is subject to approval and acceptance by management and if the application is not approved, any deposit will be returned to the applicant. Upon approval of application for lease and in the event applicant fails to sign lease within 24 hours of approval or such reasonable extensions approved by management, then in that event management shall keep all monies deposited as liquidated damages for lost rentals and expenses incurred. This application will become part of the lease agreement when management approves applicant. The undersigned makes the foregoing representation as being true and accurate. Deposit is forfeited if there are any material misrepresentations in this application.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____