

Trailside - Resident Application

Please print this, fill it out, sign it and either bring it to our office or fax it to 303-841-1470.

OFFICE USE:	Agent: _____
Scheduled Move In Date: ____/____/____	Lease Term: _____ Apartment #: _____
Specials Details: _____	

Absolute Confidentiality!

Information you provide us will be maintained as strictly confidential and will be released to no one other than those you specifically authorized us to share it with. This information is requested both for the application process as well as for security, identification and management purposes once you become a Trailside resident.

One Person Per Application Form

Please complete both sides, providing complete information in each section. In fields that do not apply, put N/A.

Applicant (Please Print)

Application Date: ____ / ____ / ____

First Name _____ Middle _____ Last Name _____

Social Security Number _____ Date of Birth ____/____/____

Driver's License State _____ Driver's License Number _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Current Landlord/Mortgage Company

Current Landlord/Mortgage Company _____

Applicant's Current Address

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Contact Name _____ Contact Phone Number _____

Date Current Lease Ends (If renting) _____

Previous Landlord (or Mortgage Company)

Previous Landlord _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Contact Name _____ Contact Phone Number _____

Other Source Of Income

Source _____

Employment

Present Employer

Company Name _____

Address _____ City & State _____ Zip Code _____

Contact Name _____ Area Code & Phone Number _____

Hire Date _____ Monthly Income _____

Previous Employer

Company _____

Hire Date _____ Departure Date _____

Reason for leaving _____

Contact's Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Bank Information

Bank Name _____

Branch Name _____ City _____ State _____

Vehicle Info

Year _____ Make _____ Model _____ Color _____

State Licensed In _____ License Number _____

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Other Residents Living In The Apartment

First Name Last Name Relationship

First Name Last Name Relationship

First Name Last Name Relationship

First Name Last Name Relationship

Emergency Contact

Name Relationship

Home Phone Work Number Cell Phone

Address

City State Zip Code

Personal Information

Do you require any special accommodations? [] No [] Yes
If yes, what type? _____

Have you ever been evicted from a place of rental or have you ever violated a lease, rental agreement, or regulations at a former place of rent?
[] No [] Yes

If the above is Yes, please explain: _____

Do you currently owe any unpaid rent? [] No [] Yes
If yes, how much: \$ _____

Have you ever been charged with misuse or abuse of any rental property?
[] No [] Yes

Will we encounter any income or credit issues concerning you or have you ever been charged with a misdemeanor or a felony?
[] No [] Yes

If yes, please describe above issues: _____

Pet Info - Photo Required at Move In

First Pet

Type [] Cat [] Dog [] None

Name Breed

Age Color Weight

Second Pet

Type [] Cat [] Dog [] None

Name Breed

Age Color Weight

Your leasing representative will fill in this section:

RELEASE

This is to inform you that as a part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your landlord, employer, or others with whom you are acquainted, a credit check, and criminal report. I/We hereby agree, in the event of the approval of this rental application, to execute a lease in accordance with the terms set forth in the rental application and my/our rental liability shall commence on this date _____, pursuant to the terms of the lease. The applicant understands that approval of this application is conditional upon the information supplied in the above mentioned consumer report meeting lease criteria. Owner and/or agent for the owner may refuse possession of the above mentioned accommodations because of any derogatory information contained in the consumer report. I/We have read the foregoing and certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf, and any incorrect information in this application may be used by the owner and/or agent to terminate the lease at any time.

DEPOSIT AND RECEIPT

The applicant hereby deposits the amount of \$ _____. This amount will be refunded within 7 working days if the applicant is not accepted as a resident by the date of _____, 200__, or if the applicant withdraws this application in writing by 5:00 P.m. on _____, 200__. If the applicant is accepted and resident does not enter into a lease agreement within 72 hours of notification of acceptance, then the amount deposited shall be retained as liquidated damages for holding the apartment off the market. If applicant does enter into a lease agreement, then the deposit shall be applied to the security deposit required under the lease. If applicant is accepted as a resident and enters into a lease agreement, then the lease shall be voidable upon 3 days notice. If there is an application processing fee, it is nonrefundable.

Signature of Applicant

Signature of Leasing Agent

_____/_____/_____
Date

_____/_____/_____
Date