CASH NOT ACCEPTED**

Checks must be made payable to the property name**

Rental Application and Reservation for Apartment Home at

Devon Square Apartments

1300 South Willow Street, Denver CO 80247 PHONE: 720-744-9700 FAX: 720-744-8008

The undersigned makes application to lease apartment #_____at 1300 S. Willow Street, Denver CO 80247, at the monthly rate of $_____ and Garage at monthly rate of $ _____, upon verification/approval by the lessor of the following information.

ALL ADULT APPLICANTS MUST COMPLETE A SEPARATE APPLICATION

Applicant's Full Name:_____**Date of Birth**_____
Social Security #:_____-_____-_____**Driver License #**_____ **State**_____
Marital Status: (Circle One) **Married** **Single**
Minors (Residing Name_____Date of Birth: _____
with you Name_____Date of Birth: _____
__Full / ___Part-Time) Name_____Date of Birth: _____

PERSONS NOT LISTED ON RENTAL APPLICATIONS SHALL NOT OCCUPY
THE APARTMENT WITHOUT WRITTEN CONSENT OF LESSOR.
NO PETS, EXCEPT SERVICE ANIMALS, ARE PERMITTED ON THE PROPERTY AT ANY TIME.

Present Address:_____ **Phone:**_____
Number/Street City State Zip
Name of
Community:_____Managers/Name:_____
Phone#_____How Long/from:_____To:_____Amount/Rent $_____

Previous Address:_____ **Phone:**_____
Name of
Community:_____Managers/Name:_____
Phone #_____How Long/from:_____To:_____Amount/Rent $_____

Employment Information: (Verification Required (Payroll Check Stubs, W-2's, etc.)
Employer:_____Address:_____
Phone:_____Position Held:_____Monthy Salary(Gross) $_____
Date of Employment _____ *Verifiable Gross Salary must be 3 x amount of Rent*

Emergency Contact:
Name:_____ Phone:_____
Have you or any other occupant(s) ever been convicted of a crime other than Motor Vehicle Violation: _____If yes, please explain_____

****CASH WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES. APPLICATION FEES ARE NON-REFUNDABLE. Form/Method of PAYMENT- All payments of rent, security deposits, or other charges must be made by Check, Money Order or Cashier's Check only, payable to and in the name of the property where the premises are being leased. Checks payable to the Manager/Leasing agent or any other individual will not constitute proper payment and Tenant will remain liable for the rent and all other charges.****

I HEREBY DEPOSIT $_____ as earnest money to be refunded to me if this application is not approved or said application is withdrawn within (2) days of the above date. After the stated (2) day period, THE DEPOSIT IS NON-REFUNDABLE if the rental application is approved at any time prior to taking possession of said apartment. I agree to execute a written lease agreement for said apartment in the form prescribed by the lessor. If, after acceptance of the of this application, I fail to occupy the premises within (3) days of occupancy date or refuse to Execute a lease agreement when requested to do so, the deposit will be retained as liquidated damages in payment for time and effort in processing my application, including the investigation of my character and reputation. I understand that I may be liable for other damages sustained by landlord as a result of my refusal to occupy the premises or execute the lease.

YOU ARE HEREBY AUTHORIZED to inquire and obtain information as to my character, general reputation, personal characteristics, mode of living, Credit reports, Police reports, and other information that you deem necessary.

I HEREBY CERTIFY THAT ALL SUBMITTED INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT I MAY BE SUBJECT TO EVICTION SHOULD IT BE DETERMINED AFTER MOVE-IN THAT ANY PART OF THIS APPLICATION CONTAINS FALSE OR MISLEADING INFORMATION.

Applicant Signature_____ **Date**_____

How did you hear about Devon Square Apartments?_____

OFFICE USE ONLY: Application taken by_____Rent to begin_____Occupancy Date_____

APPROVED_____ **DENIED**_____