

# Zimmerman & Associates

513 Wilcox St, Suite 200

Castle Rock, CO 80104

Phone: 303-688-3702

## RENTAL APPLICATION AND RECEIPT FOR SECURITY DEPOSIT

I understand the \$500.00 holding deposit shall be non-refundable should I decide not to continue with the lease. Otherwise, this deposit shall become part of the security deposit.

Sign \_\_\_\_\_ Date: \_\_\_\_\_

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## RENTAL APPLICATION AND RECEIPT FOR SECURITY DEPOSIT

Property: \_\_\_\_\_

Proposed start date for lease: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Name of Spouse/2<sup>nd</sup> Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

Names of other occupants: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If so what kind: \_\_\_\_\_

Present address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ How long: \_\_\_\_\_

Managers Name: \_\_\_\_\_ Managers Phone: \_\_\_\_\_

### Previous Residence:

Complete Address: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ How long: \_\_\_\_\_

Managers Name: \_\_\_\_\_ Managers Phone: \_\_\_\_\_

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## Employment information:

Employer: \_\_\_\_\_ Manager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly salary: \_\_\_\_\_ How Long: \_\_\_\_\_

## Re: Spouse/2<sup>nd</sup> applicant:

Employer: \_\_\_\_\_ Manager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly salary: \_\_\_\_\_ How Long: \_\_\_\_\_

## Financial information:

Are there any outstanding judgments against any resident? \_\_\_\_\_

Car payment to: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment: \_\_\_\_\_

Car payment to: \_\_\_\_\_ Balance: \_\_\_\_\_ Payment: \_\_\_\_\_

## Automobiles:

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

Personal References: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I understand that if I do not live up to the terms of the lease or fail to pay the rent, information may be turned over to a credit reporting agency, Only those listed above will occupy the premises.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZATION FOR RELEASE OF INFORMATION

I\We hereby authorize all persons or entities listed on the Rental Application for \_\_\_\_\_ to release any information in their possession known to them, concerning me. A copy of this application shall serve as the authority for the release of any said information. I\We further authorize VeriRent, LLC., its employees and agents to make such inquires as may be deemed necessary for action and determination upon this application. I\We hereby release all parties from any liability in connection with the provision and use of such information. I\We understand that this application does not constitute any oral or written commitment on the part of the owner\agent. I\We have not provided false information to obtain residency with your company.

\_\_\_\_\_ APPLICANT

\_\_\_\_\_ APPLICANT