

Northwoods Partners I, LLC 970-773-1072

For Office Use Only		
Unit Number	Move in date	Monthly Rent \$





RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application (even if married). Please fill out this form COMPLETELY and sign where indicated.

PERSONAL INFORMATION										
FIRST NAME		MIDDLE	CONTRACTOR DESCRIPTION OF THE PARTY.		LAST			S.S.#		
DATE OF BIRTH	/	When would yo	u like to mov	e in?				DRIVERS LICE	NSE #	STATE
PHONE	c	ELL 🔲 HOME	PHONE		EXT.	🔲 но	ME 🔲 WORK	EMAIL		
PRESENT HOME ADDRESS					CITY/STATE/ZI	Р				
LENGTH OF TIME			PRESENT LA	ANDLORD	•			LANDLORD PH	HONE _	_
REASON FOR LEAVING					AMOUNT OF	RENT		Is your present	t rent up to date	YES NO
PREVIOUS HOME ADDRESS					CITY/STATE/ZI	Р				
LENGTH OF TIME PREVIOUS LA		ANDLORD			LANDLORD PHONE					
REASON FOR LEAVING			AMOUNT OF RENT			Was your rent up to date?				
NEXT PREVIOUS HOME ADDRESS			CITY/STATE/ZIP			10-14-0000000-18-0000000				
LENGTH OF TIME			NEXT PREVI	OUS LANDLORD				LANDLORD PH	HONE _	_
REASON FOR LEAVING					AMOUNT OF RENT			Was your rent up to date?		
DROBOSED O	CCLIDANI	T(S)								
PROPOSED O	CCUPAIN	RELATIO	NSHIP		BERRE	OCCUPATION			AGE	
NAME		RELATIO	NSHIP			OCCUPATION			AGE	
NAME		RELATIO	NSHIP			OCCUPATION			AGE	
NAME		RELATIO	NSHIP			OCCUPATION			AGE	
NAME		RELATIO	NSHIP			OCCUPATION			AGE	
	VET (0)						40 HO 30 M			
PROPOSED PE	T(S)	TYPE/B	REED						AGE	
NAME		TYPE/BI		INDOOR		OUTDOOR		AGE		
NAME	-	TYPE/BI				INDOOR	OUTDOOF		AGE	
						INDOOR	OUTDOOF	₹		
VEHICLE(S) IN	IFORMA	TION								
YEAR	MAKE		MODEL		COLOR		PLATE #		STATE	
YEAR	MAKE		MODEL		COLOR		PLATE #		STATE	
EMPLOYMENT		HONE		MODEL NO						
CURRENT EMPLOYER				OCCUPATION		T. Comments		НО	URS/WEEK	
SUPERVISOR				PHONE	.—:	_	EXT:	YEA	ARS EMPLOYED	
ADDRESS				CITY/STATE/ZIP						
CURRENT EMPLOYER				OCCUPATION				НО	URS/WEEK	
SUPERVISOR				PHONE	_	_	EXT:	YEA	ARS EMPLOYED	
ADDRESS				CITY/STATE/ZIP						
INCOME										
CURRENT	W. Danier	- Ducom	Division	SOURCE				PRO	OF OF INCOME	YES NO
CURRENT	EKLY DI BIWEEKLY			SOURCE			-	PRO	OF OF INCOME	YES NO
CUPPENT	EKLY D BIWEEKLY	45-5	0-1	SOURCE				PRO	OF OF INCOME	YES NO
INCOME \$ WEI	KLY 🔲 BIWEEKLY	MONIHLY	TEARLY							115 LINO



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CREDIT CARD / FINANCIAL IN	IFORMATION						
CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #	_	_	
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #	-	_	
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #	· _	_	
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #	-	-	
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT		CREDITOR'S PHONE #	_	-	
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT		ACCOUNT NUMBER			
EMERGENCY / PERSONAL REFERENCE INFORMATION							
EMERGENCY CONTACT	PHONE		HONE	_		HOME	□ WORK
RELATION	ADDRESS		ITY/STATE/ZIP			THOME	WORK
EMERGENCY CONTACT	PHONE	CELL HOME	HONE	_	_	□ номе	□ I WORK
RELATION	ADDRESS		ITY/STATE/ZIP			- HOME	WORK
PERSONAL REFERENCE	PHONE	CELL HOME	HONE	_	.—.:	П номе	□ WORK
RELATION	ADDRESS		ITY/STATE/ZIP				
PERSONAL REFERENCE	PHONE	CELL HOME	HONE	.— 3	_	□ номе	☐ WORK
RELATION	ADDRESS	CI	ITY/STATE/ZIP	8			_
ADDITION OF THE STICK NAME OF	/ AUTHODIZATION	Alan ka ta aka saka saka sa					
APPLICANT QUESTIONNAIRE			1 1/2				
Has applicant ever been sued for bills? YES NO	Has applicant ever been locked out of	0 N N N 0 192		YES	ОМ		
Has applicant ever been bankrupt? YES NO	Has applicant ever been brought to co			YES	□ NO		
Has applicant ever been guilty of a felony? YES NO	Has applicant ever moved owing rent			YES	□ №		
Has applicant ever broken a Lease? YES NO	Is the total move-in amount available	now (rent and deposit)?	!	YES	□ NO		
Applicant authorizes the landlord to contact past and present lan		2 135 10 200					pplicant.
All information is true, accurate and complete to the best of app ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMAT	=	-					IY TIME
The state of the s	CHANGE OF THE CHARLES OF CHA	TRESERVITION OF THIS	TORIN ORT		7 1 01 11115	r Order 7ti	
XAPPLICANT SIGNATURE		DATE			-		
	interpretation or legality of this form, p.		v or other au	alified ne	rson		
n you have any questions about the	merpretation or regulity of this form, p	lease consult an allorne,	y or outer qu	annea pe	13011.		
NOTES:							
1							

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APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

BY SIGNATURE BELOW, I AUTHORIZE NATIONAL CREDIT REPORTING AND ITS DESIGNATED AGENTS AND REPRESENTATIVES TO PERFORM A COMPREHENSIVE REVIEW OF MY BACKGROUND THROUGH A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT TO BE GENERATED FOR CONSIDERATION AS A TENANT AND RENTER. FOR THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT THE SCOPE OF THE CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING AREAS: NAMES AND DATES OF PREVIOUS/CURRENT EMPLOYMENT, WORK EXPERIENCE, EVICTION NOTICES, CRIMINAL HISTORY RECORDS (FROM LOCAL, STATE, FEDERAL, INTERNATIONAL AND OTHER LAW ENFORCEMENT AGENCIES' RECORDS), SEXUAL OFFENDER'S LISTS, WANTS AND WARRANT RECORDS, MOTOR VEHICLE RECORDS, CREDIT HISTORY, CIVIL CASES, OFAC/PATRIOTS ACT, ANY SANCTION LISTS, PERSONAL IDENTITY VERIFICATION AND SOCIAL SECURITY TRACE. I RELEASE ALL OF THE ABOVE, INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSS, LIABILITES, AND EXPENSES ARISING FROM THE RETRIEVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORT ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I CERTIFY THAT ALL INFORMATION PROVIDED BELOW AND ON MY RENTAL APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE STATEMENTS PROVIDED IN THIS FORM WILL BE CONSIDERED JUST CAUSE FOR THE TERMINATION OF TENANCY AT ANY TIME. THIS AUTHORIZATION AND CONSENT SHALL BE VALID IN ORIGINAL, FAX OR COPY FORM. THE FOLLOWING INFORMATION IS REQUIRED BY LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR IDENTIFICATION PURPOSES WHEN CHECKING RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

Print			
First Name:	Middle:	Last:	
Previous Name (AKA/Alias)		Date of Birth:	
Social Security #:			
Driver's License #:		State Issued:	
Current Address:			
City:	State:	Zip Code:	
Previous Address (Include Street, Cit	y, State and Zip)		Date of Residence
Signature		Date:	
Signature	lahoma, and New York Only: If y he box. This report may include c	ou are a current resident and would like a copy haracter and reputation information obtained th	of your Consumer Report or
California, Massachusetts, Minnesota, Oak	lahoma, and New York Only: If y he box. This report may include c	ou are a current resident and would like a copy	of your Consumer Report or