

# STANDARD RESIDENTIAL LEASE APPLICATION

*Please provide all information requested,  
including "Tenant Supplied Information" on attached sheets.  
Information provided will be held in strictest confidence, and not used for any other purpose.*

This Application is made to rent premises known as: 2-Bedroom Suite at 3514 Nyland Way for a term of \_\_\_\_\_ through Jul 31 2022.

Desired date of occupancy: \_\_\_\_\_ Desired length of occupancy: \_\_\_\_\_

No. of proposed occupants: Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
Water bed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Smokers: Yes \_\_\_\_\_ No \_\_\_\_\_  
Pets: Yes \_\_\_\_\_ No \_\_\_\_\_

The monthly rent shall be \$850 (for 1 adult) payable in advance. A security deposit equal to 1 month's rent is required.

Optional: Earnest Money deposit accompanying this Application: \$\_\_\_\_\_

The Earnest Money deposit will be returned to the Applicant if the Landlord elects not to rent the Premises to the Applicant. Otherwise, it is non-refundable.

The total amount of \$1700 (1<sup>st</sup> month's rent and security deposit for 1 adult) (minus any Earnest Money deposit) shall be due upon signature of the lease.

It is also understood that if the Application is not accepted, or if Landlord informs Applicant that the premises are not ready for occupancy by the Applicant on the beginning date specified above, the entire deposit shall be returned to the Applicant, upon the Applicant's request.

The Applicant understands that the Landlord may perform a credit check to verify the Applicant's credit references and credit history in connection with the processing of this Rental Application.

Applicant Name(s): \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

How long: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

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

Current Landlord's Name: \_\_\_\_\_

Landlord's Email: \_\_\_\_\_

Landlord's Phone No.: (\_\_\_\_) \_\_\_\_\_ Current rent payment: \_\_\_\_\_

**PRIOR ADDRESS:** \_\_\_\_\_

How long: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Previous rent payment: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Driver's License No. : \_\_\_\_\_

Driver's License No. : \_\_\_\_\_

Year: \_\_\_\_\_ License No.: \_\_\_\_\_

Year: \_\_\_\_\_ License No.: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Annual Income: \_\_\_\_\_

**PRIOR EMPLOYER:** \_\_\_\_\_  
Position: \_\_\_\_\_ How long: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Annual Income: \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH YOU:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**PERSONAL REFERENCES:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**BANK REFERENCES:**  
Have you ever filed or do you anticipate filing for bankruptcy?  No  Yes (date: \_\_\_\_\_)

Account Name: \_\_\_\_\_  
Bank/Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_

Account Name: \_\_\_\_\_  
Bank/Branch: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_

I represent that the information provided in this Application is true and correct to the best of my knowledge. Til & Loretta Luchau is authorized to verify the credit, reference and employment information given in this Application.

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Co-Applicant's Signature      Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, OR DISABILITY. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

Loretta & Til Luchau, 3514 Nyland Way South, Lafayette, Colorado USA 80026  
tel. 303/499-1234, email: Loretta@bodycenteredtherapy.com

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Dear Employer:

We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. **Please verify the information provided by the tenant by telephone or return the form to me at the above address.** My phone number is (303) 499-1234.

Thank you for your assistance.

Til & Loretta Luchau

### TENANT SUPPLIED INFORMATION

Prospective Tenant's Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Wage/Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Length of time with above Employer: \_\_\_\_\_

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Prospective Tenant's  
Signature: \_\_\_\_\_

### VERIFICATION TO BE COMPLETED BY EMPLOYER

Is the employment information correct: Yes \_\_\_\_ No \_\_\_\_  
Is this employment:  
Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

Information provided by: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Loretta & Til Luchau, 3514 Nyland Way South, Lafayette, Colorado USA 80026  
tel. 303/499-1234, email: Loretta@bodycenteredtherapy.com

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Dear \_\_\_\_\_

Please verify the following information provided in connection with a rental application by the prospective tenant named below.

Thank you for your cooperation.

Til & Loretta Luchau

**TENANT SUPPLIED INFORMATION**

Name of Prospective Tenant(s):

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

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\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder

**VERIFICATION TO BE COMPLETED BY BANK**

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Average Balance for previous two months: \$ \_\_\_\_\_

Date Account opened: \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Average Balance for previous two months: \$ \_\_\_\_\_

Date Account opened: \_\_\_\_\_

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

Title: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE LANDLORD AT THE ABOVE ADDRESS.**

Loretta & Til Luchau, 3514 Nyland Way South, Lafayette, Colorado USA 80026  
tel. 303/499-1234, email: Loretta@bodycenteredtherapy.com

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We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. **Please verify the information provided by the tenant by telephone or return the form to me at the above address.** My phone number is (303) 499-8811.

Thank you for your cooperation.

Til & Loretta Luchau

### TENANT SUPPLIED INFORMATION

Prospective Tenant's Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Wage/Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Length of time with above Employer: \_\_\_\_\_

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Prospective Tenant's  
Signature: \_\_\_\_\_

### VERIFICATION TO BE COMPLETED BY EMPLOYER

Is the employment information correct: Yes \_\_\_\_ No \_\_\_\_  
Is this employment:  
Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

Information provided by: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

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tel. 303/499-1234, email: Loretta@bodycenteredtherapy.com

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Thank you for your cooperation.

Til & Loretta Luchau

**TENANT SUPPLIED INFORMATION**

Name of Prospective Tenant(s):

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

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Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder

**VERIFICATION TO BE COMPLETED BY BANK**

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Average Balance for previous two months: \$ \_\_\_\_\_

Date Account opened: \_\_\_\_\_

Type of Account:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Average Balance for previous two months: \$ \_\_\_\_\_

Date Account opened: \_\_\_\_\_

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

Title: \_\_\_\_\_

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