



RENTAL APPLICATION

Management Consultants
 4971 Delaware Drive
 Larkspur, CO 80118

KLBruton@MgtCon.com

Do not fill in shaded areas

(These will be filled in, by the Manager)

Office/Cell 303 681-2557

PERSONAL DATA	Name	SSN	DOB	Unit Address			
	Primary Phone	Marital Status		Rent	Date of Appointment		
	Make-Year-License No of all vehicles			Security Deposit Required	Date of Occupation		
	Driver's License	State		Deposit received	Lease Length		
	Present Address Street City State Zip			From / To			
	Rent paid to Whom		Phone				
	Previous Address Street City State Zip			From / To			
	Rent paid to Whom		Phone				
	Smoker (YES / NO)		Pet(s) (YES / NO)		Pet Descriptions: (Breed, sex weight)		
	Number of Children (Children names, Sex, DOBs.)						
Employment Data	Present Employer Company		Address/City/State	From/To	Position	Phone	Monthly Income
	Employment Verification Person Name			Position		Phone	
	Previous Employer Company		Address/City/State	From/To	Position	Phone	Monthly Income
Financial Data	Checking Account Bank		Address/City/State	Account Number			
	Savings Account Bank		Address/City/State	Account Number			
	Auto Loan Bank		Address/City/State	Account Number			
	Credit Card Bank		Address/City/State	Account Number			
	Bankruptcies (YES / NO)		Credit Score				
	Emergency Contact		Address/City/State/Zip		Phone Number		

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Full Name

Last 4 digits of your SSN

This is to inform you that as 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. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of this investigation. 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.

By my signature below, or if this is an electronic application, by entering my full name below, I agree to release any and all information that may be needed in order to verify the accuracy of this application.

Signature of Applicant

Date

Email completed form to:

KLBruton@MgtCon.com

Visit our website at

www.Mgtcon.com