



RENTAL APPLICATION CHECKLIST:

(Please refer to the list below in order to avoid a delay in processing your application.)

- ☐ **Complete All Required Fields, Please Print Legibly.**
- ☐ **Attach (4-10 recent) Pay-Stubs and Sources of Income to be verified.**
- ☐ **Include application fee: \$37.20 per adult applicant**

» Please note; application fee must be submitted by Certified Funds ONLY ie: certified check or money order; electronic payment, credit card, cash or personal checks will NOT be accepted. The background and credit check takes an average 24 - 48 hours to process. Once approved, your application will remain valid for 30 days.

»All submitted applications must accompany payment or the application will not be processed.

»We require original signatures on all applications. Additionally, applications may not be submitted digitally or as a scanned copy, unless prior authorization is given.

Effective Date 8/7/23 Application fee is required per adult occupant unless you have a “portal screening report” pulled in the last 30 days. A qualifying portable screening report includes ALL of the following: the tenant’s name, contact information, verification of employment and income, last-known address, a rental history report, a credit history report, and a criminal history report. ****THE PROSPECTIVE TENANT HAS THE RIGHT TO PROVIDE TO THE LANDLORD A PORTABLE TENANT SCREENING REPORT, AS DEFINED IN SECTION 38-12-902 (2.5), COLORADO REVISED STATUTES; AND 2. IF THE PROSPECTIVE TENANT PROVIDES THE LANDLORD WITH A PORTABLE TENANT SCREENING REPORT, THE LANDLORD IS PROHIBITED FROM: CHARGING THE PROSPECTIVE TENANT A RENTAL APPLICATION FEE; OR CHARGING THE PROSPECTIVE TENANT A FEE FOR THE LANDLORD TO ACCESS OR USE THE PORTABLE TENANT SCREENING REPORT.**

Next Steps

Upon approval the security deposit must be paid within 48 hours to hold the property (for a maximum of 14 days from approval). The lease agreement must be signed within the 14 day hold period. Lease signings will be held at our office.

What to bring to the lease signing:

- ☐ I.D.
- ☐ Certified check or money order for security deposit (if not already paid.)
- ☐ Certified check or money order for pro-rated rent and/or first month’s rent.
- ☐ Certified check or money order for pet deposit/s (if applicable.)

***All of the above payments must be made separately, please DO NOT combine the deposits or rent. Thank you!**

We look forward to working with you, thank you for choosing Avalon Properties!



APPLICATION FOR TENANCY
(Please Print)

Property: _____ Requested Move in Date: _____

APPLICANT

Last Name: _____ First: _____ MI: _____

Current Ph: _____ Work Ph: _____ Email: _____

SSN: _____ Date of Birth: _____ Drivers License # & State: _____

Vehicle Make: _____ Year: _____ License Plate #: _____ State: _____

Current Address: _____
Street City State Zip Code (or APO)

Current Landlord: _____ Phone #: _____ For How long? _____

Previous Address: _____
Street City State Zip Code (or APO)

Employer: _____ If Military Commanding Officers Name: _____

Employers Telephone #: _____ Commanding Officers Telephone #: _____

Employers Address: _____
Street City State Zip Code (or APO)

Length of Employment: _____ Occupation(or rank): _____ Monthly Net Income: _____

Relatives/Emergency Contact - Name, Address, Phone #: _____

CO-APPLICANT

Last Name: _____ First: _____ MI: _____

Current Ph: _____ Work Ph: _____ Email: _____

SSN: _____ Date of Birth: _____ Drivers License # & State: _____

Vehicle Make: _____ Year: _____ License Plate #: _____ State: _____

Current Address: _____
Street City State Zip Code (or APO)

Current Landlord: _____ Phone #: _____ For How long? _____

Previous Address: _____
Street City State Zip Code (or APO)

Employer: _____ If Military Commanding Officers Name: _____

Employers Telephone #: _____ Commanding Officers Telephone #: _____

Employers Address: _____
Street City State Zip Code (or APO)

Length of Employment: _____ Occupation(or rank): _____ Monthly Net Income: _____

Relatives/Emergency Contact - Name, Address, Phone #: _____

ADDITIONAL OCCUPANTS

Number of persons to occupy property: _____ **Will you be sharing rent:** _____
(Please provide name and age of non applicants that will occupy property below)

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

PET INFORMATION

of Pets: _____ Type: _____ Breed: _____ Weight: _____
Type: _____ Breed: _____ Weight: _____

SERVICE ANIMAL INFORMATION

of Animals: _____ Type: _____ Breed: _____ Weight: _____

*****Please see the attached Breed Restriction List*****

ADA

Please initial your answers:

1) Does the Tenant(s)/Applicant(s) qualify for the ADA (American Disabilities Act)? _____ / _____
YES NO

If NO, Please skip to REFERENCES.

2) **If YES, the Tenant(s)/Applicant(s) qualify for the ADA (American Disabilities Act).**
Does the subject rental property currently meet Tenant(s)/Applicant(s) ADA housing requirements? _____ / _____
YES NO

3) **If NO, the subject rental property does not currently meet Tenant(s)/Applicant(s) ADA housing requirements.**
Please fill out the attached Reasonable Accommodation Addendum.

The ADA requires housing providers to allow persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities.

Examples of a reasonable modification would include allowing a person with a disability to:

- Install a ramp into a building, lower the entry threshold of a unit, or install grab bars in a bathroom.

Reasonable modifications are made at the (Tenant(s)/Applicant(s)) expense.

Are there any modifications Tenant(s)/Applicant(s) wish to perform at Tenant(s)/Applicant(s) expense to the subject rental property? _____ / _____
YES NO

If YES, Please list proposed modifications below:



REFERENCES

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Check the box that applies:

☐ RENTAL APPLICATION FEE IS \$37.00 PER APPLICANT, NON-REFUNDABLE, MONEY ORDER ONLY.

☐ PORTAL SCREENING REPORT

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Applicant(s) represent that all of the above statements are true and complete. Applicant(s) hereby authorize verification of above information, checking references, obtaining credit reports, and performance of a criminal background check. Also, if selected for tenancy, the applicant(s) allows Owner and/or Agent to provide above information to governmental agencies, municipalities, utility companies, etc. if requested.

Applicant(s) acknowledge that there may be other applications for this property, and that the property is **NOT** made available on a "first come, first served" basis. The applications are screened with respect to the agent's fiduciary responsibility to the property owner. Owner and/or Agent reserve the right to reject this application and to refuse possession of the above-mentioned accommodation.

The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status, or national origin.

Date

Signature of Applicant

Date

Signature of Co-applicant



Authorization & Release

I/we hereby authorize **Avalon Properties, Inc** and/or any Credit Information Services to obtain information concerning my past credit, and/or tenant/landlord history now or anytime in the future. I hereby authorize any of the following sources, including but not limited to landlords, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to **Avalon Properties, Inc** or any Credit Information Services concerning my/our past credit and/or tenant/landlord history.

I hereby release any of the above sources, their officers, agents, or employees from any liability for damages or whatsoever kind of nature whether caused by negligence or otherwise which may at any time result me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records.

I have read the above and I am in complete agreement with in.

Date

Signature of Applicant

Date

Signature of Co-applicant



PET/SERVICE ANIMAL CONTI. (for clarification purposes):
AGGRESSIVE BREED LIST

THIS AGGRESSIVE BREED LIST IS GENERATED BY LANDLORD/OWNER INSURANCE COMPANIES:

This is not a complete list, please call Avalon with questions

- ❖ Akita
- ❖ Anatolian Shepherd
- ❖ Boxer
- ❖ Bullmastiff
- ❖ Chow
- ❖ Doberman Pinscher
- ❖ German Shepherd
- ❖ Giant Schnauzer
- ❖ Mastiff
- ❖ Neapolitan Mastiff
- ❖ Ovcharka
- ❖ Pitbull
- ❖ Pitbull Terrier
- ❖ Presa Canario
- ❖ Rhodesian Ridgeback
- ❖ Rottweiler
- ❖ Staffordshire Bull Terrier
- ❖ Wolf Hybrid
- ❖ OR Mix-of-listed Breeds

None of the above listed Breeds, or any mix of them, are permitted at the properties we manage. If you have a Service Animal or Emotional Support Animal (ESA): Please inform Avalon Properties, Inc. as soon as possible, prior to signing a lease. Make sure you fill out the Reasonable Accommodations/Modification Addendum attached to the application.

Initial _____ / _____



REASONABLE ACCOMMODATION/MODIFICATION ADDENDUM:

If you or a member of your household has a disability and feel that there is a need for reasonable accommodation for that person to have equal opportunity to use and enjoy a dwelling or the public or common use areas, please complete this form and return it to Avalon Properties, Inc. (Avalon). Check all items that apply and answer all questions completely. Avalon will answer this request verbally or in writing within 10 days (or sooner if the situation is of a time sensitive nature). If you require assistance in completing this form, contact Avalon for assistance or to make an oral request for a reasonable accommodation/modification.

Applicant: _____ **Today's Date:** _____

Co-applicant: _____ **Today's Date:** _____

The person who has a disability requiring a reasonable accommodation is:
(Please initial below)

Applicant: _____ **Co-applicant:** _____ **Other (name):** _____

I am requesting the following change in a rule, policy, practice, or service so that a person with a disability can have equal opportunity to use and enjoy the premises:

This reasonable accommodation is needed because:



REASONABLE ACCOMMODATION/MODIFICATION ADDENDUM CONT.:

If the request is to keep an assistance animal:

1. Designate the species, e.g., "dog," "cat," "bird," etc. _____

2. If the request is to keep an animal that is trained to perform work or do tasks for an individual with a disability:

Is the animal required because of a disability? ☐ YES / ☐ NO

State at least one task or type of work that the animal has been trained to perform: _____

OR:

If the request is to keep an animal that is **not** trained to perform work or do tasks for an individual with a disability, provide a statement from a health or social service professional indicating the existence of a disability and that the presence of the animal alleviates one or more identified symptoms or effects of the person's disability. A form which can be provided to a health or social service professional will be provided to you by Avalon Properties, if necessary.

Date

Signature of Applicant

Date

Signature of Co-applicant

☐ If this reasonable accommodation addendum **does not** apply check the box and sign below.

Date

Signature of Applicant

Date

Signature of Co-applicant

To be completed by an authorized agent of Avalon Properties, Inc.:

Form accepted by: _____ Signature: _____ Date: _____