

# Denver Metro Village, Inc.

# Rental Application

**Legal Names (ALL CURRENT AND FORMER NAMES REQUIRED):**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name: \_\_\_\_\_

All Former Names: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**All Addresses for Last THREE Years are REQUIRED. (Additional space on page 2 )**

**Current Address** \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Apartment Complex Name \_\_\_\_\_ or  House  Other: \_\_\_\_\_

Name of Person paid rent to: \_\_\_\_\_ Their Phone \_\_\_\_\_

Their Title:  Mgr/ Landlord  Friend  Relative \_\_\_\_\_  Other \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

**Former Address** \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Apartment Complex Name \_\_\_\_\_ or  House  Other: \_\_\_\_\_

Name of Person paid rent to: \_\_\_\_\_ Their Phone \_\_\_\_\_

Their Title:  Mgr/ Landlord  Friend  Relative \_\_\_\_\_  Other \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

I hereby authorize Denver Metro Village Inc., and its designated agents and representatives to conduct an investigative consumer report. This may include, but is not limited to verification of credit, Social Security Number, current and previous residences, employment history, character references, criminal history records from any or all federal, state county jurisdictions, birth records, motor vehicle records, and any other public records. Failure to answer any of the inquiries of this application form shall entitle owner to reject this application. False information given by in the application shall entitle owner to reject this application and/or terminate applicant's subsequent lease. I authorize the complete release of records and data pertaining to me, which any individual, company, or public agency may have. I hereby release Denver Metro Village, Inc. and its agents, officials and representatives both individually and collectively from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and release request. This disclosure of intention to obtain an investigative consumer report is in accordance with the Fair Credit Reporting Act Section 604 (b)(2)(A).

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



# Additional Rental History Page

## ADDITIONAL RENTAL HISTORY (Required for last THREE years with NO GAPS)

Use this space to provide additional rental history information that did not fit on page 1.

**Former Address** \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_  
Apartment Complex Name \_\_\_\_\_ or  House  Other \_\_\_\_\_  
Name of Person paid rent to: \_\_\_\_\_ Their Phone \_\_\_\_\_  
Their Title:  Mgr/ Landlord  Friend  Relative \_\_\_\_\_  Other \_\_\_\_\_  
Reason For Moving \_\_\_\_\_

**Former Address** \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_  
Apartment Complex Name \_\_\_\_\_ or  House  Other \_\_\_\_\_  
Name of Person paid rent to: \_\_\_\_\_ Their Phone \_\_\_\_\_  
Their Title:  Mgr/ Landlord  Friend  Relative \_\_\_\_\_  Other \_\_\_\_\_  
Reason For Moving \_\_\_\_\_

## Employment Information

I am not currently employed.

**Current Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_



# Household Composition

List all family members who will be living in the unit, beginning with yourself:

Legal Names	Relationship To Applicant	Gender (M/F/Decline)	Age*	Date of Birth	Full or Part time Student?	Social Security Number <i>(Required for all members)</i>
1.	<b>Self</b>					
2.						
3.						

\* Note: Each applicant/household member over 18 years MUST complete a separate application.

Do you have full custody of all children listed above? Yes  No

If NO, explain \_\_\_\_\_

**For each YES answer below, provide a detailed explanation.**

Will anyone be living with you in the future who is not listed above? Yes  No

If yes, please provide an explanation \_\_\_\_\_

Have you been convicted of a felony? Yes  No

Comments \_\_\_\_\_

Are you subject to a State lifetime sex offender registration program in any state? Yes  No

List State(s) \_\_\_\_\_

Have you ever lived in subsidized housing? List Dates/Address Yes  No

Comments \_\_\_\_\_

Have you ever been evicted from any residence? When/Address Yes  No

Comments \_\_\_\_\_

Do you currently owe any landlord money? Yes  No

Comments \_\_\_\_\_

Are you, or any member of your household a full-time or part-time student enrolled at an institution of higher education? Yes  No

Comments \_\_\_\_\_

Do you have any pets? Yes  No

Explain \_\_\_\_\_

I, or my Co-Applicant, are 62 years of age or older? Yes  No

Comments \_\_\_\_\_

I, or my family member, request a **mobility accessible apartment**? Yes  No

Comments \_\_\_\_\_

Please list all states that you have resided in:

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# Income and Asset Information

Please answer each of the following questions. For each "Yes" answer, provide details below.  
(Income in the income space, assets in the asset space.)

## Does any Member of your Household:

- Work full-time, part-time or seasonally? Yes  No
- Expect to work for any period during the next year? Yes  No
- Work for someone who pays you cash? Yes  No
- Expect a leave of absence from work? Yes  No
- Now receive or expect to receive Social Security benefits? Yes  No
- Now receive or expect to receive public assistance (Welfare, SSI, Veterans Benefits)? Yes  No
- Now receive or expect to receive unemployment benefits? Yes  No
- Now receive or expect to receive child support? Yes  No
- Now receive or expect to receive alimony? Yes  No
- Now receive or expect to receive income from pensions or annuities? Yes  No
- Now receive or expect to receive regular contributions from organizations or  
from individuals not living in your home? Yes  No
- Receive income from assets including interest on checking or savings accounts; interest or dividends  
from certificates of deposit, stock or bonds, or income from a rental property? Yes  No
- Own real estate or assets for which you receive no income? Yes  No
- Have you sold or disposed of any assets during the past two years? Yes  No
- Sold or disposed of assets for less than fair market value in the past two years? Yes  No

## Income

<u>Type/Source of Income</u>	\$\$\$ Amount \$\$\$ (Per Hour, Monthly, etc.)	Per... How Often? (Hours/Wk, Monthly, etc.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## Assets

List all checking and saving accounts, IRAs, Mutual Funds, CD's, Stocks, Pensions, Real Estate, etc.

Bank or Financial Institution	Description of Asset	Account Number	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## Credit Information

List any debts you currently have, include credit cards, loans, medical, rent, and any other debts:

Type	Amount Owed	Comments

### Automobiles

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
 Auto #1 Plate No. \_\_\_\_\_ State \_\_\_\_\_ Auto #2 Plate No. \_\_\_\_\_ State \_\_\_\_\_  
 Year/Model/Color \_\_\_\_\_ Year/Model/Color \_\_\_\_\_

### References and Emergency Information

An Emergency Contact	A Personal Reference
Name _____ Relationship _____	Name _____ Relationship _____
Address _____	Address _____
Phone(s) _____	Phone(s) _____

In the case of a serious illness or death of the resident, the above named emergency contact

May  May not remove and/or store all contents found in the dwelling, storerooms, and mailboxes.

Please Sign your agreement \_\_\_\_\_

\_\_\_\_\_  
 Witnessed by



**Please indicate how you heard about our property?**

- Newspaper     Agency \_\_\_\_\_
- Friend         Resident             Brochure             Drive by
- Other \_\_\_\_\_

**Please tell us what interested you in our property? (Features, Location, Etc)**

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**I am applying for the following Unit Size(s):** (Please check **all** those you will accept.) Please note that you will be offered or waitlisted for all unit types you check here:

- Studio/Efficiency     Small One Bedroom     Large One Bedroom
- Mobility Accessible Unit

**I am applying for the following:** (Please check **all** types you will accept.)

- A Section 8 subsidized unit
- A non-subsidized (market rate) unit
- To be placed on the waitlist for subsidy, if no subsidy is available now

**Application Certification**

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility, and my place on the waiting list. I authorize the landlord/owner/management to verify all information on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local Agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that providing false information is punishable under federal law, and constitutes grounds for rejection of this application and termination of any lease subsequently entered into.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Denver Metro Village Agent

\_\_\_\_\_  
Date



***Management prohibits discrimination based on race, color, religion, sex, national origin, disability, and familial status.***

**Title 18, Section 1001 of the U.S. Code.**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. \*\*408 (a) (6), (7) and (8).\*\*

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).requires applicants and participants to submit the social security number of each household member.

**Purpose:** Your income and other information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished.. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Penalty** you must provide all the information requested by the owner including all social security numbers you, and all other household members have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility.. Failure to provide any information may result in a delay or rejection of your eligibility approval.

