



48 C.R. 250 # 4, DURANGO, CO 81301
970-382-0134 * FAX 970-382-3897
www.durangorealestaterentals.com

Processing Fee: \$25 for one person and \$15 for each additional person.
Application fee is non-refundable. All rentals are a year lease.

RENTAL APPLICATION

DATE: _____

PROPERTY LOCATED AT: _____

FULL NAME: _____ AGE: _____

S.S. # _____ DATE OF BIRTH: _____ HOME PHONE: _____

PRESENT ADDRESS: _____

OWN: YES NO PAYMENT RENT: YES NO RENT PAID _____

LANDLORD'S NAME: _____ DAYTIME PHONE: _____

LENGTH OF TENANCY: _____ DID YOU GET YOUR DEPOSIT BACK ? YES NO

OCCUPATION: _____ HOURS WORKED: _____

NAME OF BUSINESS: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ ANNUAL SALARY: _____

OTHER INCOME: _____ AMOUNT: _____

CONTACT NAME: _____ PHONE: _____

PERSONAL REFERENCE: FRIENDS/NEIGHBORS/ROOMMATES/BOSSSES

1 NAME: _____ PHONE: _____

2 NAME: _____ PHONE: _____

CREDIT REFERENCES: CREDIT CARDS/CAR LOANS/MORTGAGE LOANS

1 _____

2 _____

BANK ACCOUNT: CHECKING/SAVINGS/CD'S

1 BANK: _____

2 BANK: _____

PERSONS TO OCCUPY THE RENTAL OTHER THAN YOURSELF:

NAME: _____ RELATIONSHIP: _____ AGE: _____

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PETS:

DOG(S) HOW MANY: _____ NAME: _____ COLOR: _____

AGE: _____ BREED: _____ INDOOR OUTDOOR

CAT(S) HOW MANY: _____ NAME: _____ COLOR: _____

AGE: _____ BREED: _____ INDOOR OUTDOOR

HAIR: LONG SHORT

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ LICENSE: _____

STATE: _____ DRIVERS LICENSE: _____ STATE: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: _____ Relationship _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

OTHER: _____

I HEREBY GRANT MY PERMISSION FOR ACTION PROPERTY MANAGEMENT COMPANY TO INVESTIGATE THE INFORMATION PROVIDED ABOVE. ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO A CREDIT REPORT AND A BACKGROUND CHECK.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

EMAIL ADDRESS: _____