

**MODGLIN REAL ESTATE GROUP**

P.O. BOX 460633  
 DENVER, CO. 80246-0633  
 303.952.5059 p  
 303.942.4124 f

**APPLICATION FOR RENT**



Please fax back to 303.942.4124

**APPLICANT INFORMATION**

FIRST NAME MIDDLE NAME LAST NAME

SOCIAL SECURITY # OR Individual TAXPAYER ID # DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #

TYPE OF ID STATE OR GOVERNMENT THAT ISSUED THE ID

DATE OF BIRTH OTHER NAMES USED IN LAST 10 YEARS EMAIL ADDRESS

PRESENT ADDRESS COUNTY WORK TELEPHONE #

CITY STATE ZIP HOME TELEPHONE # MOBILE TELEPHONE #

LIST ALL OTHER PERSONS! INCLUDING SPOUSES, TO OCCUPY THE PREMISES, INCLUDING DATE OF BIRTH (if 18 years or older, must fill out application as an applicant)

NAME DATE OF BIRTH NAME DATE OF BIRTH NAME DATE OF BIRTH NAME DATE OF BIRTH

PRESENT ADDRESS IS (Check one):  
 OWNED HOME  RENTED HOME  RENTED APARTMENT  PARENTS' HOME  STUDENT HOUSING  OTHER:

IF RENTING or OWNED: PRESENT LANDLDRD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD, APARTMENT COMMUNITY OR MORTGAGE COMPANY

CITY STATE Zip TELEPHONE #

HOW LONG? MONTHLY PAYMENT ANTICIPATED MOVE-OUT DATE: REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)

CITY STATE ZIP TELEPHONE #

PREVIOUS ADDRESS IS (Check one):  
 OWNED HOME  RENTED HOME  RENTED APARTMENT  PARENTS' HOME  STUDENT HOUSING  OTHER:

IF RENTING or OWNED: PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY COUNTY WHERE RESIDENCE LOCATED

CITY STATE Zip TELEPHONE #

HOW LONG? MONTHLY PAYMENT MOVE-OUT DATE: REASON FOR LEAVING:

HAVE YOU LIVED IN A PROPERTY MANAGED BY MODGLIN REAL ESTATE GROUP OR PROGRESSIVEMANAGEMENT COMPANY? IF YES, WHICH ONE (Include city and/or state)?  
 YES  NO FROM: TO:

**Employment**

EMPLOYER (COMPANY NAME) MONTHLY GROSS INCOME  
 HOW LONG?

ADDRESS CITY STATE ZIP

JOB TITLE SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #

OTHER SOURCE(S) OF VERIFIABLE INCOME WHEN RECEIVED AMOUNT MONTHLY INCOME FROM OTHER SOURCES

FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT JOB) HOW LONG?

ADDRESS CITY STATE ZIP

JOB TITLE SUPERVISOR'S NAME SUPERVISOR'S TELEPHONE #

**Motor Vehicles** (including cars, trucks, boats, motorcycles - if permitted at property):

MAKE/MODEL YEAR COLOR LICENSE PLATE # STATE

**Animals** (animals require our consent)

TYPE BREED WEIGHT NAME LICENSE/TAG #

**Person to Notify in Case of Emergency, Death or incapacity\*** (cannot be someone who intends to reside in the premises)

NAME RELATIONSHIP HOME TELEPHONE# WORK TELEPHONE# MOBILE TELEPHONE#

ADDRESS CITY STATE ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community?  Yes  No If so, identify the person and the type of special assistance required:

Criminal Background Information	Applicant	Occupants
Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of not guilty? Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above questions, give details and dates:		
How did you hear about this property? <input type="checkbox"/> Internet (which site?) _____ <input type="checkbox"/> Friend or Family Member (name?) _____ <input type="checkbox"/> Drive-By/Sign <input type="checkbox"/> Rental Publication (Which One?) _____ <input type="checkbox"/> Rental Agency (Which One?) _____ <input type="checkbox"/> Locator Service (Which One?) <input type="checkbox"/> Other _____		
<b>PLEASE READ CAREFULLY AND SIGN BELOW</b>		

**Correct Information.** You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.

**I have read and agree to the provisions as stated.**

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

Date \_\_\_\_\_

Non-Refundable Application Processing Fee  
Required with each Application: \$ \_\_\_\_\_

Total Holding Deposit\*\* \$ \_\_\_\_\_

Holding Deposit amount paid by this applicant:

\$ \_\_\_\_\_

Address of premises being held \_\_\_\_\_

\*Authorization for Providing Access in the Event of Emergency, Death or Incapacity. If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

\*\*Holding Deposit Agreement. You understand that the holding deposit is not a security deposit. By signing this application and paying the holding deposit, you are requesting us to reserve the premises for you. You understand that the premises will not be taken off the market until such time as you have submitted this fully-completed and signed application, as well as all of the necessary documentation we require in order to approve or deny your application. You further understand that the holding deposit does not obligate us to execute a lease or to deliver possession of the premises to you.

If your application is denied, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you notify us within 24 hours of that notification that you do not want to enter into a lease with us, we will refund the entire holding deposit to you. We may be required to deposit the holding deposit and issue a refund check to you.

If we notify you that your application has been approved and you do not notify us within 24 hours of that notification that you do not want to enter into a lease with us, your entire holding deposit will be forfeited. We both agree that your election to not enter into a lease with us, without providing the above mentioned notice within 24 hours of your approval notification, will cause us to incur costs that are difficult and impractical to fix. Such costs include, without limitation, lost rent on the premises, as well as marketing, advertising, office overhead and other costs incurred by us in preparing the premises for rental to other potential tenants. We both agree that the forfeiture of the holding deposit, in such instance, is not a penalty, but represents a fair and reasonable estimate of the costs that we will incur as a result of your failure to timely enter into a lease for the premises.

If your application is approved and you enter into a lease with us, the holding deposit will be applied, at our discretion, to one of the following: (i) any security deposit required under the lease; (ii) any rental amount required under the lease; or (iii) any other fees and charges required under the lease. If there is inconsistency between the terms of this application and the signed lease, the terms of the lease will control.

**OFFICE USE ONLY**

Address \_\_\_\_\_

Anticipated Move-in Date \_\_\_\_\_

Lease Start Date \_\_\_\_\_

Lease End Date \_\_\_\_\_

Quoted Monthly Rent \$ \_\_\_\_\_

Broker's Initials \_\_\_\_\_

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**APPLICATION FEE CREDIT CARD AUTHORIZATION FORM**

Visa

Master Card

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV CODE ON BACK \_\_\_\_\_

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

TOTAL APPLICATION FEE \$ \_\_\_\_\_

**HOLDING DEPOSIT CREDIT CARD AUTHORIZATION FORM**

**(THERE WILL BE A 3% ADDITIONAL PROCESSING FEE FOR THIS TRANSACTION)**

Visa

Master Card

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

TOTAL HOLDING DEPOSIT \$ \_\_\_\_\_