



Agricultural Stewardship | 16754 County Road 84 | Ault, CO 80610  
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## RENTAL APPLICATION

### **APPLICANT 1:**

Full Name: (Last, First, MI) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Position Held: \_\_\_\_\_ Gross Mo. Salary: \$ \_\_\_\_\_ How Long? \_\_\_\_\_

### **APPLICANT 2:**

Full Name: (Last, First, MI) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/Position Held: \_\_\_\_\_ Gross Mo. Salary: \_\_\_\_\_ How Long? \_\_\_\_\_

**FOR ADDITIONAL APPLICANTS, PLEASE COMPLETE AND ATTACH SEPARATE APPLICATION FORMS.**

### **RENTAL HISTORY: (6 mos. rental history required; attach additional sheet if more space is needed.)**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Landlord/Property Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates at this Address: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Name(s) on Lease: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

### **THE FOLLOWING PERSONS WILL OCCUPY THE RENTAL PROPERTY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**BANK REFERENCE (check one):** Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Phone No. \_\_\_\_\_ Avg. Bal. \$ \_\_\_\_\_

### **EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

### **SIGNATURES:**

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed applications to the email address or office location shown at the top of this form.**

