



Fort Collins

1550 Blue Spruce Drive
Fort Collins, CO 80524
970.484.7498 | n2n.org

Affordable Rental Application

Notice: All Applicants 18 years of age or older must complete a separate Rental Application Form

APPLICANT NAME: _____

Day Phone () _____ Night Phone () _____

Date of Birth _____ SS # _____ Driver's Lic. No. & State _____

Email address: _____

Names of All Other Occupants: _____ Total Number of Occupants _____

Do you plan on bringing any pet with you to your new home? Yes No

Type of Pet _____ Breed/Age _____

HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER:

Explain:

- Been sued for non-payment of rent? Yes No _____
- Been evicted or asked to move out of a rental? Yes No _____
- Broken a Rental Agreement or Lease? Yes No _____
- Been charged for damage to rental property? Yes No _____
- Declared bankruptcy? Yes No _____
- Been convicted of a felony? Yes No _____
- Been convicted of any drug related crime? Yes No _____
- Are or have been a convicted sex offender? Yes No _____

How did you hear about our property? _____

Are you a part time student? Yes No If yes, where and how many hours _____

Are you a full time student? Yes No If yes, where and how many hours _____

RESIDENCE HISTORY

CURRENT ADDRESS _____
Apt **City** **State** **Zip**
 Rent Own Dates at this address: From _____ To _____
 Monthly Payment \$ _____
 Landlord or Agent _____ Phone () _____
 Email: _____

PREVIOUS ADDRESS (If within 7 years) _____
 Rent Own Dates at this address: From _____ To _____
 Monthly Payment \$ _____
 Landlord or Agent _____ Phone () _____
 Email: _____



INCOME / EMPLOYMENT INFORMATION

A household's income must meet the AMI requirements for the apartment you are applying for. The combined monthly gross income includes all sources of income from people 18 years of age or older that will be living in the apartment. Anyone staying in the apartment for more than 15 days is considered living in the unit.

Your Status: Employed Full Time Employed Part Time Student Retired Not Employed

CURRENT EMPLOYER _____
 Email _____ Phone () _____
 Dates Employed: From _____ To _____ Position _____
 Supervisor _____ Gross Monthly Salary \$ _____

ALL OTHER INCOME: TANF, Child Support, SSI, Retirement Income, Trust Payouts, Interest Earned, etc.

Amount \$ _____ Per _____ Source _____

 Amount \$ _____ Per _____ Source _____

APPLICANT SIGNATURE _____ **DATE** _____



TENANT DECLARATION FORM

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Summary Sheet. Ask for additional forms if necessary.

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH _____
SEX _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable.
(This is an 11-digit number found on INS Form I-94, Departure Record.)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO. _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2, or 3.

DECLARATION Check one of 1, 2 or 3

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card** (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence.* If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the

attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION	
I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.	
_____ Signature	_____ Date
Check if adult signed for a child: _____	

_____ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



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TENANT INQUIRY RELEASE

I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities.

I understand that Neighbor to Neighbor and/or RentGrow, Inc. dba Yardi Resident Screening (YRS) may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that Neighbor to Neighbor and/or YRS may request information from various federal, state, and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies. I also understand that I and my household members will be check against the National Sex Offender Registration Program in all states.

I have the right to provide the landlord a portable tenant screening report, as defined in Section 38-12-902(2.5) of the Colorado Revised Statutes. Such report must be provided with the application; have been completed within the previous thirty days before submitting the application by a consumer reporting agency for use in the rental application process or provided through a third-party website that regularly engages in the business of providing consumer reports and complies with all state and federal laws pertaining to use and disclosure of information contained in a consumer report by a consumer reporting agency; be made available to the landlord at no cost to access or use in the rental application process; and include a statement from the prospective tenant that there has not been a material change in the information in the screening report, including the prospective tenant's name, address, bankruptcy status, criminal history, or eviction history, since the report was generated.

If I provide the landlord with a portable tenant screening report, the landlord is prohibited from (i) charging me a rental application fee; or (ii) charging me a fee for the landlord to access or use the portable tenant screening report.

Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information. If you are denied a rental application and a fee was charged for obtaining a consumer report, the landlord must provide the tenant a copy of the report and you have the right to dispute the accuracy of the report with the consumer reporting agency pursuant to section 5-18-106 of the Colorado Revised Statutes.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by Neighbor to Neighbor and/or YRS to furnish any or all of the above mentioned information. In addition, I hereby release Neighbor to Neighbor and YRS from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other persons, who, in good faith, provide to Neighbor to Neighbor and/or YRS the above mentioned information as requested, in order to successfully complete my background investigation. I will allow a photocopy of this authorization to be as valid as the original.

PRINT FULL NAME _____

*SOCIAL SECURITY # _____ - _____ - _____ *DATE OF BIRTH ____/____/____

CURRENT ADDRESS _____

PHONE NUMBER _____ DRIVER'S LICENSE NO. _____ STATE _____

APPLICANTS SIGNATURE _____ DATE _____

* Social Security number and date of birth will be blacked out if this authorization is requested by a 3rd party to provide Neighbor to Neighbor and/or YRS information and will not be used for discriminatory purposes



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Landlord Reference

Applicant Name: _____ Date: _____

Rental Address: _____

Landlord/Property Manager: Neighbor to Neighbor

Landlord/Property Manager Contact Information: _____

Please Complete 3rd Party Verification form:

Landlord/ Property Manager: _____

Landlord Contact information: _____

Period of time at current rental: From _____ To _____

Was proper notice to vacate given? Yes ___ No ___ Date notice was given. _____

Was the applicant ever late with your rent? Yes ___ No ___ How many times? _____

Is there a current balance due? Yes ___ No ___ How much? _____

Would you rent to them again? Yes ___ No ___

Was care given to the apartment? Yes ___ No ___

Were there any valid complaints against the applicant? Yes ___ No ___

NOTES: _____





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Emergency Contact Information

Neighbor to Neighbor values our residents and would like to have accurate contact information in case of any kind of emergency. Please list in order who you would like us to contact in these situations.

Resident name: _____ Phone: _____

1) Name: _____ Relationship: _____

Address: _____

Phone: _____

Email: _____

2) Name: _____ Relationship: _____

Address: _____

Phone: _____

Email: _____

3) Name: _____ Relationship: _____

Address: _____

Phone: _____

Email: _____