



# Cleave Street Apartments Lease Application

157 Cleave Street, Estes Park, CO 80517

Date	Desired Move in Date	Apartment Rent	Apartment Number

Name \_\_\_\_\_ Male    Female

Current Physical Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Phone Number \_\_\_\_\_  
(current landlord)

Landlord Mailing Address \_\_\_\_\_

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

Do you have a Driver's License? Yes    No

Driver's License number \_\_\_\_\_ State \_\_\_\_\_

You are allowed one car per unit. Please provide the following information.

Make	Model	Color	Year	License	State

**Other Household Members**

Name	Relationship	Date of Birth	Social Security Number

Have you or any household member been convicted of a crime? Yes No  
 If so, please give details. \_\_\_\_\_

Has anyone in your household ever broken a lease? Yes No

## Income Information for all Household Members

### Employment Information

Name of Resident	Employer	Contact Name	Phone Number	Income per month

### Other Income Sources

Name	SSI	SSD	Unemployment	Workmen's Comp

### Additional Income Sources

Name	Child Support	Alimony	Retirement	Other

### Banking and Assets

Account type	Account Number	Account Amount	Account Contact
Checking			
Savings			
CD's			
Money Market			
Treasury Bills			
Stocks			
Bonds			
Securities			
Pensions			
IRA's			
Other Retirement			
Other			

Do you or anyone in your household own real estate or rental property? Yes or No  
 If yes, what is its worth? \_\_\_\_\_

Emergency Contact

Name	Relationship	Phone

\*We require that you provide a copy of your Birth Certificate and Social Security Card, driver's license, pay check stubs for two months\*

Optional: Please circle: White Black American Indian Asian Pacific Islander  
**and** Hispanic or Non-Hispanic

I understand that management is relying on this information to prove my household's eligibility for Cleave Street. I certify that all information and answers to the above questions are true and complete. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application and my eligibility to live there will be void. I also understand that providing false information or omitting information may result in criminal penalties.

I consent to allow the Estes Park Housing Authority to request and to obtain information from Factual Data in reference to background and credit check for the purpose of verifying my eligibility for housing. I understand that the Estes Park Housing Authority cannot use this information for any other purpose. In addition, I understand I must be given an opportunity to contest through an informal review if it is determined that I am denied because of this report.

I authorize by signing below my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria.

Name (Print):	Date
Signature:	

Managers Phone Number 577-3730  
 Owned by Estes Park Housing Authority  
 P.O. Box 1200, 170 MacGregor Ave, Estes Park, CO 80517 970-577-3730