



Why rent through the Market Rate Rentals program?

We are great landlords! We tend to your home with regular repairs and upkeep. Most importantly, we are dedicated to your successful future by providing safe, comfortable homes in desirable, distinctive neighborhoods.

Boulder Housing Partners has more than 400 unique apartments, duplexes, townhomes, and carriage houses in the City of Boulder. Many of our homes are near bus routes or within biking or walking distance to downtown Boulder, neighborhood parks, Open Space, recreation centers, or gyms. Others are tucked into quiet retreat-like atmospheres.

All household members age 18 and over must sign and date the application to be considered for an apartment. Return the application to: *Boulder Housing Partners, 4800 Broadway, Boulder, CO 80304*

Date: _____

Number of bedrooms: _____

Please complete and sign all sections of this application. Your landlord references and criminal background will be verified. There is a non-refundable fee for this screening, \$35.00 for a single person, \$45.00 for a family.

Property _____

Do you have a Section 8 Voucher? yes ___no___

Pets? List type & size: _____

Pets are accepted at some properties. A signed pet agreement that stipulates dogs and cats must be inoculated, and spayed or neutered and a non-refundable pet fee per animal is needed before move in.

Does anyone in the household smoke? _____ Yes _____ No

(Note: ALL of our properties are non-smoking.)

Name of Adult: _____

Name of Adult: _____

Address: _____

Address: _____

SS #: _____

SS #: _____

Date of Birth: _____

Date of Birth: _____

Phone: _____

Phone: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

1. Please list all additional members of the household:

<u>Name (first, last)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please check any special housing need(s) you or a household member might require.

- | | |
|--|---|
| <input type="checkbox"/> Wheelchair accessibility | <input type="checkbox"/> No exterior stairs |
| <input type="checkbox"/> Ground floor unit | <input type="checkbox"/> No interior stairs |
| <input type="checkbox"/> Lights for phone, doorbell, or alarm system | <input type="checkbox"/> Handrails |
| <input type="checkbox"/> Special assistance from a service animal | <input type="checkbox"/> Grab bars |
| <input type="checkbox"/> Other (please be specific) _____ | |

Name of family member(s) requiring special housing need: _____

3. Person to notify in case of emergency:

Name: _____ Phone: () _____ Relationship: _____

4. Rental History (2 year history required) Please use additional paper if necessary.

Current Landlord: _____

Address of Landlord: _____ Phone: _____

Number of bedrooms: _____ Rent: _____

Length of residence at this address: _____ When does your current lease expire? _____

Previous Landlord: _____

Address of Landlord: _____ Phone: _____

Number of bedrooms: _____ Rent: _____

Your address: _____ Dates you lived there? _____

5. Have you owned your own home? Yes _____ No _____

Name of Mortgage Company: _____

Address and daytime telephone number: _____

Your address: _____ Dates you lived there? _____

Your monthly mortgage payment amount: _____

6. Have you ever been requested to leave or been evicted prior to the end of a lease term?

Yes _____ No _____ Date: _____

Or, have you ever defaulted on a mortgage? Yes _____ No _____ Date: _____

If yes, give name of landlord or mortgage company: _____

Your address and reason for the above: _____

7. Have you, or anyone who will be living with you, ever been arrested for a felony (whether or not resulting in a conviction)? Yes _____ No _____

Have you, or anyone who will be living with you, ever been arrested for a misdemeanor (whether or not resulting in a conviction)? Yes _____ No _____

If yes to either of the previous questions, date and explanation: _____

8. Do you currently receive housing assistance (i.e. Section 8)? Yes _____ No _____

Please note: we do not issue vouchers. Do not use this form to apply for Section 8!

If yes, type of assistance: _____

Name of organization providing this assistance: _____

If no, are you on a waiting list for housing assistance? Yes _____ No _____

Name of organization applied to: _____

9. Are any adult members of the household full-time students? Yes _____ No _____

Names: _____

I/We certify that the information on this application is true, correct and complete to the best of my/our knowledge and belief. I/We understand that it is a criminal offense to make a willfully false statement or misrepresentation, and that doing so is cause for rejection of this application (and forfeit of application fees.) With the signature(s) below, I/we hereby authorize verification of the information provided including, but not limited to, a comprehensive background screening. I/We also agree to furnish additional credit and income information upon request. Reporting requirements may require the release of information to appropriate Federal, State and local agencies, when relevant.

SIGNATURES (Required for all household members age 18 and over)

APPLICANT: _____

DATE: _____

APPLICANT: _____

DATE: _____

APPLICANT: _____

DATE: _____

Equal Housing Opportunity