

Brunetti Lofts
1316 26th Street
Denver, CO 80205
Phone: (303) 871-0804
Fax: (303) 722-5955

Date: _____ Time: _____ **1 Bedroom** **2 Bedroom** **3 Bedroom**

RENTAL PRE APPLICATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

INSTRUCTIONS TO APPLICANT

- Each household member 18 years of age and older must complete a **separate application**.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your completed application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our screening criteria, your application will be declined and you will receive a notice from this office.
- We do not have an apartment available within ninety 90 days, therefore, this is a pre application that will be used to determine if the applicant household appears to be eligible.

HOUSEHOLD INFORMATION

Full Name of Household Members as listed with SS Administration	Relationship	Sex	Age	Student Int Y/N	Date of Birth	City and State of Birth	Social Security No. or Alien Registration No.
1.	HOH						
2.							
3.							
4.							
5.							

STUDENTS

Do you or any household member (18 years or older) attend or plan to attend an institution of higher learning, full or part-time? Yes or No

List all members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time. Use back if necessary.

Member Name:	Member Name:
Institution:	Institution:
City, State:	City, State:
Full or Part Time:	Full or Part Time:

RESIDENCE HISTORY

You *must* report ALL places you have lived for the past five (3) years. Use an additional sheet if necessary.

Previous Address	Street Address:				From ___/___/___		Landlord Name:	
	City:		County:		State: Zip:		To: ___/___/___	
	Reason for Moving:						Street Address:	

ASSET INFORMATION

Total Asset Income From All Sources **\$**

INCOME INFORMATION

Total Annual Income From All Sources **\$**

Do you regularly receive monetary (cash, check, money order) gifts or non-cash contributions from persons outside of your household for items including?

Total Amount of Gifts or Non-Cash Contributions **\$**

Do you or any member of your household receive any type of income that might be excluded from the total household income?

Total Amount of Income that Might Be Excluded **\$**



CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. A criminal background check will be completed on each and every applicant eighteen years and older. You must report ALL states you have resided in since the age of 18. All applicants 18 years and older are required to report this information which will be used to check the National and State Sex Offender Registries.

From: _____	To: _____	State: _____	City: _____	County: _____
From: _____	To: _____	State: _____	City: _____	County: _____
From: _____	To: _____	State: _____	City: _____	County: _____
From: _____	To: _____	State: _____	City: _____	County: _____
From: _____	To: _____	State: _____	City: _____	County: _____
From: _____	To: _____	State: _____	City: _____	County: _____

	No	Yes	If 'Yes' you must answer the following:
• Have you or any member of your household ever been arrested for or convicted of drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been arrested for or convicted of violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ Details: _____
• Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>	From Where? _____ When? _____
• Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household ever been on parole or are now on parole?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Have you or any member of your household currently or in the past used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Details: _____
• Are you or any member of your household subject to registration under a State sex offender registration program?	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____ When? _____ Where? _____

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree. Initial each statement before signing.

_____ I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

_____ I have read and understand the Resident Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

_____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

_____ I understand that ***ALL CHANGES in the income*** of any member of the household, as well as any ***changes in the household members*** must be reported to Management ***in writing immediately.***

_____ I understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.

_____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

_____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

_____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

_____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

_____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

Applicant Signature

Date

Applicant Signature

Date

Acknowledgement: Receipt of completed application

For marketing purposes, how did you hear about our property? _____

Volunteers of America does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. It is the policy of this Brunetti Lofts to provide housing on equal opportunity basis.

