RENTAL APPLICATION

2

NEIGHBORWORKS OF PUEBLO 1241 E Routt Ave. Pueblo, CO 81004 PHONE: 719-544-8078 FAX: 719-544-0271

Credit Report and Background Check:

\$50.00 for Single Person \$75.00 for Two People \$28.00 Additional Applicant

Unit Applying For:		
E-Mail Address:		T HORE INO.
SSN#	Date of Birth	DL#
Applicant #2:		Phone No.:
E-Mail Address:		
SSN#	Date of Birth	DL#
Current Address:	City:	State: Zip:
Landlord's Ph#: ()	Name:	
Own Rent Move in date:		Notice given:
Previous Address:	City:	State: Zip:
Landlord's Ph#: ()	Name:	
Own Rent Move in date:		Move out date:
Applicant # 1 Employer:		
Address:	City:	State: Zip:
Human Resources: Ph#		Fax# ()
Position:	Hire date: / /	Salary: \$Hr./Mo./Yr.
Applicant # 2 Employer:		
Address:	City:	State: Zip:
Human Resources: Ph# (Fax# ()
Position:	Hire date: / /	Salary: \$Hr./Mo./Yr.
GENERAL INFORMATION:	N:	
Automobile 1:	(Mal	(Make Year Model) License Number#
Automobile 2:	(Mal	(Make Year Model) License Number#

1.	
AddressPhone Number ()	Years Known
2.	
AddressPhone Number ()	Years Known
3.	
AddressPhone Number ()	Years Known
ADDITIONAL OCCUPANTS INFORMATION:	
1. Name & Date of Birth	
2.	
Name & Date of Birth	
3. Name & Date of Birth	
EMEDCENCY CONTACT (Not living with)	
1. Relationship:	
AddressPhone Number ()	Years Known
2. Relationship:	
AddressPhone Number ()	Years Known
Have you ever been a party to an eviction? Yes No	
Have you ever filed Bankruptcy? Yes No	
Have you ever been convicted of a Crime? Yes No	
If you answered "yes" to the above, please provide date(s) and explanation:	
Do you have any pets? (Please indicate type and size)	
PLEASE INDICATE HOW WE SHOULD PROCESS YOUR APPLICATION	R APPLICATION
☐MARRIED COUPLE ☐INDIVIDUALS / CO-TENANTS If you do not mark a choice your application will automatically be processed as Individuals / Co-Tenants	TENANTS Individuals / Co-Tenants
WE/I DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT. WE AUTHORIZE NEIGHBORWORKS OF PUEBLO TO VERIFY CURRENT AND/OR PREVIOUS LANDLORDS, EMPLOYMENT AND CRIMINAL REPORTS. WE/I AUTHORIZE NEIGHBORWORKS OF PUEBLO TO OBTAIN A CREDIT REPORT.	APPLICATION IS TRUE AND CORRECT. FY CURRENT AND/OR PREVIOUS WE/I AUTHORIZE NEIGHBORWORKS OF
SIGNATURE OF APPLICANT #1:NAME	DATE
SIGNATURE OF APPLICANT #2:	DATE
NAME	DATE

PERSONAL REFERENCES:

2



Background Screening Consent Form

		The second of th			
riist Name:	Middle Name:		Last Name		
Maiden Name/Other Names Used:				Data I and Illand	
Email Address:				במוני במסו סספט.	
Social Security Number:		Date of Birth: /		Cav. Mala	Transl.
Drivers License Number:				Ocx. Wale	□ remale
All addresses for the last SEVEN years: (List addresses beginning with the most recent)	t addresses be	ginning with the most recent)			
1. Street					
2	City	County	State	Zip	Years: From - To
Street	City	County	State	Zip	Years: From – To
3. Street	2				
4.	Ş	County	State	Zip	Years: From - To
	City	County	State	Zip	Years: From - To
Street .	City	County	State	Zip	Years: From - To
Street	City	County	State	Zip	Years: From - To
Street	City	County	State	75	C
5-Year Employment History: (List all employers, beginning with most recent employer)	, beginning with	n most recent employer)		-	TODIO. I TOTI — TO
ciripioyirieni Dates (Month/Year) From:	То:				
Company Name:		Phone:			
Address:	City:	State:	Zip:		
Job Title(s):	Sı	Supervisor Name			
Reason for Leaving:					
Employment Dates (Month/Year) From:	To:				
Company Name:		Phone:			
Address:	City:	State:	Zin:		
Job Title(s):		Supervisor Name	Į.		
Reason for Leaving:					
Employment Dates (Month/Year) From:	То:				
Company Name:		Phone:			
Address:	City:	State:	7in·		
Job Title(s):		Supervisor Name	1		
Reason for Leaving:					
Employment Dates (Month/Year) From:	To:				
Company Name:		Phone:			
Address:	City:	State:	Zip:		
Job Title(s):	Sup	Supervisor Name			
Reason for Leaving:					

Education History:						
School Name and Location	From (mo/yr)	To (mo/yr)	GPA/ Class Standing	Major	Type of Degree	Date Degree Obtained or to Be Obtained
2.						
Authorization to Release Information and Records	ase Info	rmation	and Records			
('APPLICANT') understand that	erstand the er report (pice Scree	"Report") as part of the h	iring proces	s. I also und	('COMPANY') will use erstand that if hired, t
persons who may have information relevant to this investigation to disclose it to Choice Screening and/or their agent. I release and agree to hold harmless a persons providing such information to Choice Screening, its officers, directors, employees and agents from liability on account of such disclosure. I also release and discharge Choice Screening and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses of any other charge or complaint filed with any agency arising from retrieving and reporting this information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the critical Understand Choice Screening and I have been authorized to the considered as valid as the critical Understand Choice Screening and I have been approximately and the considered as valid as the critical Understand Choice Screening and I have been approximately as the critical Understand Choice Screening and Province Screening and I have been approximately as the critical Understand Choice Screening and Province Screening and I have been approximately as the critical Understand Choice Screening and I have been approximately as the critical Understand Choice Screening and I have been approximately as the critical Understand Choice Screening and I have been approximately as the critical Understand Choice Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening and I have been approximately as the critical United Screening	it to Choic s, employ s, employ t permitte nd reporti	e Screen ees and a ed by law ing this in	ing and/or their gents from liabi from any claims formation. I her	agent. I rele lity on accou , damages, I eby further a	ase and agrumt of such dosses, liabili authorize th	ee to hold harmless al isclosure. I also relead ties, costs expenses of at a photocopy of this
background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collectio character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applic federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institution. landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screenia.	screening ner action driving re the direct of the direct o	g's invest ns, failure ecord and ir indirect vestigativ interviev	igation may incligation may incligation may spousal is to pay spousal if contact with form the consumer reposition may acquisation of my militarian of my my militarian of my militarian of my my militarian of my my my militarian of my	ude obtainin, or child supp or child supp, subject to a subject to a continue employ ort is being roant is bein	g informatic ort, account any limitatio /ers, schools 'equested, I ad/or associa	on regarding my credity placed for collections imposed by applicing imposed by applicing financial institution; financial institution; understand such ates or with others tes of Choice Screening.
This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rigi and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with Choice Screening I hereby concentrate this investigation and but he discussion.	ny inform e provide in the Rep	ation cor d with a oort, I mu	ntained in a Repo	ort. I underst	and if COM her copy of i	PANY makes a the Summaries of Rigidays of my receipt of days of my receipt of
 If you are applying for employment or live in one of the following states: California, Maine, Massachusetts, Minnesota, New Jersey or Oklahoma and would like to request a copy of your Consumer Report please check the box. 	California	, Maine,	Massachusetts,	Minnesota,	New Jersey	or Oklahoma and
California, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE): I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Connecticut and Vermont only – in California the financial institution must be subject to Sections 6801-680 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am	Applicants or credit only – in C	only (Ascapacity Capacity Capacity Capacity Capacity Capacity Capacity Capacity Capacity (Capacity Capacity Cap	S APPLICABLE): I unless: (i) the in the financial ins 2) or a credit uni	further und formation is titution mus on as define	erstand that required by t be subject d in 8 V.S.A.	COMPANY will not law; (ii) I am seeking to Sections 6801-680 & 30101/5)); Iiii) I am
seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity the is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which requires a financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (vii) the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing. (Consociate that the discussion substantially job related, and the bona fide reasons for using the information are disclosed to me in writing.	insured b Commiss Change Co change Co I am seek ity to issu and relial and relial	y a feder. sioner of I simmissio sing emple ing emple ie payme ble predie ployer's	al agency, or an Financial Regulat In ancial Regulat In (Maryland only oyment in a posi oyment in a posi ottor of employee tor of employee payroll informat in writing (Control of Control	affiliate or suction or an en en citon or an en	ubsidiary of tity or an af eeking emp equires a fin oney, or en ce in the spe t only); (viii)	the financial institution filiate of the entity the loyment in a position ancial fiduciary ter into contracts suffic position being the information is
only);(ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 20 V.S.A. § 2551(6), and the firefighter position must be as defined in 20 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 315(13)); (x) the COMPANY reasonably believes I have encared in coefficients.	rgency me lice or pea efined in . A. 6 3151	edical per edical per ace office 20 V.S.A. (3)): (x) tl	rsonnel, firefight reposition must be 2358, the eme	recticut, Ma er police offi be sought wi rgency med	ryland, Oregicer, peace of the federal ith a federal ical personn ical personn	on and Washington officer or other law ly insured bank or el must be as defined officer of the control of the c
activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii)) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth,, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (Californi only). NY Applicants Only: I acknowledge that I have received the attached copy of Article 23A of New York's Correction Law	cut only); e (Californ e (Californ at involve at of birt ate of birt f to enter ormation v of Articl	(xi) I am (xi) I am nia only); s regular s regular h,, I am s into final of the Co of the Co of the Co	seeking a positic and/or (xiii)) I a access to all of t eeking employmeeking contracts o moial contracts o mpany or regula New York's Corr	m with the sym seeking er he following lent in a posion behalf of the cores to \$\frac{1}{2} \text{ or access to \$\frac{1}{2}	tate Depart nployment in personal in personal re ition that re he employe \$10,000 or n	ment of Justice in a position (other formation of any one quires me to be a r, I am seeking nore in cash (Californi
The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is: Choice Screening 13000 E. Control Tower Rd. Suite 216, Box L3 Englewood, CO 80112 Toll Free: 1-877-929-7878	esignated , CO 8011	to handi 2 Toll Fre	e inquiries regar :e: 1-877-929-78	ding the inve	estigative co	nsumer report is:

By signing below, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, and any related state summary of rights.

Date:

Applicant Signature:

the contract of