

**LEASE ADDENDUM A
PRELIMINARY APPLICATION**

Middle Creek Village, LLC

This is a preliminary application. If you are accepted as a potential tenant, we will verify all information given on this application with 3rd party verifications. The information you provide on this preliminary application will be treated as confidential. It includes information necessary for determining your preliminary housing eligibility.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. An incomplete application may prevent us from processing your paperwork for housing.

Property Name or Address: Middle Creek Village, LLC, 145 N. Frontage Rd West, Vail, CO 81657

Please follow these steps to complete your application:

Completely fill out application and SIGN the last page.

Fax or mail the completed application to:
970-479-8201 (facsimile)

145 N. Frontage Road West, #A100
Vail, CO 81657

Make sure to include a check or money order made out to Middle Creek Village, LLC for the applicable application fees.

Every person over the age of 18 must complete an application and fill out a tenant scoring sheet.

I. APPLICANT INFORMATION

Name of Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Size of unit I am interested in: _____ (# of Bedrooms)

I need a handicapped-accessible unit: _____ Yes _____ No

Name of Co-Applicant/Spouse: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

(If the same as Applicant write in SAME)

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD (Include yourself as Head Of Household)

Name	Relationship (Spouse, Child, etc.)	Social Security #	Birth Date	Sex M/F/
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				

II. EMPLOYMENT INFORMATION

Name of Employer for Applicant: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

Salary: 1- Hourly wage: \$ _____
 2- Number of hours you work per week: _____
 3- Number of weeks you work per year: _____
 4- Do you work overtime on an ongoing basis? Yes _____ No _____
 If yes, # of hours you work per week: _____

OR 5- Monthly salary: \$ _____
 6- Biweekly salary: \$ _____
 7- Semi-monthly salary: \$ _____

How long have you worked in Eagle County? (years) _____

Previous Employers: _____ Term: _____ Location: _____

Previous Employers: _____ Term: _____ Location: _____

Previous Employers: _____ Term: _____ Location: _____

Name of Employer for Co-Applicant: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

- Salary:** 1- Hourly wage: \$ _____
2- Number of hours you work per week _____
3- Number of weeks you work per year: _____
4- Do you work overtime on an ongoing basis? Yes _____ No _____
If yes, # of hours you work per week _____

- OR** 5- Monthly salary: \$ _____
6- Biweekly salary: \$ _____
7- Semi-monthly salary: \$ _____

Name of Employer for Co-Applicant: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

- Salary:** 1- Hourly wage: \$ _____
2- Number of hours you work per week _____
3- Number of weeks you work per year: _____
4- Do you work overtime on an ongoing basis? Yes _____ No _____
If yes, # of hours you work per week _____

- OR** 5- Monthly salary: \$ _____
6- Biweekly salary: \$ _____
7- Semi-monthly salary: \$ _____

Name of Employer for Co-Applicant: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employed from: _____ to _____ Fax #: _____

- Salary:** 1- Hourly wage: \$ _____
2- Number of hours you work per week _____
3- Number of weeks you work per year: _____
4- Do you work overtime on an ongoing basis? Yes _____ No _____
If yes, # of hours you work per week _____

- OR** 5- Monthly salary: \$ _____
6- Biweekly salary: \$ _____
7- Semi-monthly salary: \$ _____

III. BENEFITS INFORMATION

LIST SOURCES OF INCOME FROM BENEFITS PAYMENTS

Name of Household Member	Type of Income	Monthly Amount
	<i>Social Security</i>	\$
	<i>Social Security</i>	\$
	<i>SSI</i>	\$
	<i>SSI</i>	\$
	<i>AND</i>	\$
	<i>TANF</i>	\$
	<i>Child Support</i>	\$
	<i>Alimony</i>	\$
	<i>Pension</i>	\$
	<i>OAP</i>	\$
	<i>Unemployment</i>	\$
	<i>Other (Please specify)</i>	\$

IV. ASSETS AND INCOME FROM ASSETS

LIST ANY ASSETS YOU OR THE CO-APPLICANT HAVE (SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, MUTUAL FUNDS, ETC. - EXCLUDE PERSONAL PROPERTY SUCH AS AUTOMOBILES)

Type of Asset	Name of Financial Institution	Location of Institution	Account #	Balance	Interest Rate (if any))

V. CURRENT HOUSING

Do you currently? Rent Own

If you rent, please skip to the next section.

If you own, do you have a mortgage? Yes No

If yes, what is the approximate balance? \$ _____

VI. LANDLORD INFORMATION

You may skip this section if you currently own your own home.

Name of current landlord: _____

Landlord Address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____

Date you moved in: _____ Date you moved out: _____

Do you own pets? Yes No

If you have lived at this address less than two years, complete landlord information for previous residency.

Name of landlord: _____

Landlord Address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____

Date you moved in: _____ Date you moved out: _____

Do you own pets? Yes No

LANDLORD INFORMATION FOR CO-APPLICANT (If the same as APPLICANT, mark "SAME")

Name of current landlord: _____

Landlord Address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____

Date you moved in: _____ Date you moved out: _____

Do you own pets? Yes No

If you have lived at this address less than two years, complete landlord information for previous residency.

Name of landlord: _____

Landlord Address: _____ City: _____ State: _____ Zip Code: _____

Phone number: _____ Monthly rent amount: \$ _____

How long at this address? _____

Date you moved in: _____ Date you moved out: _____

Do you own pets? Yes No

VII. ADDITIONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR HEAD OF HOUSEHOLD & CO-APPLICANT/SPOUSE. Answer yes or no - please explain all "Yes" answers below

	Applicant	Co-applicant
1. Are you a full-time student?	___ Yes ___ No	___ Yes ___ No
a. Is any other household member a full-time student?	___ Yes ___ No	___ Yes ___ No
If so, list names: _____	_____	_____
2. Do you own a business?	___ Yes ___ No	___ Yes ___ No
3. Do you own real estate other than your home?	___ Yes ___ No	___ Yes ___ No
4. Are you currently receiving Section 8 assistance?	___ Yes ___ No	___ Yes ___ No
5. Do you own a pet?	___ Yes ___ No	___ Yes ___ No
6. Have you ever used another social security number?	___ Yes ___ No	___ Yes ___ No
7. Have you ever filed bankruptcy?	___ Yes ___ No	___ Yes ___ No
8. Have you ever been evicted from an apartment?	___ Yes ___ No	___ Yes ___ No
9. Have you disposed of assets in the last 2 years?	___ Yes ___ No	___ Yes ___ No
10. Do you own a vehicle(s)?	___ Yes ___ No	___ Yes ___ No
Make of vehicle: _____ Year _____ Car License Plate #: _____		
Make of vehicle: _____ Year _____ Car License Plate #: _____		

Explanation to any above responses: _____

VIII. EMERGENCY INFORMATION

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

APPLICATION FEE: \$22.00 - 1 adult applicant
 \$44.00 - 2 adult applicants
 \$66.00 - 3 adult applicants

Please make check or money order out to Middle Creek Village, LLC

Please mail your application and application fee to
Middle Creek Village, LLC
145 N. Frontage Rd. West
Vail, CO 81657

Your application fee is used to pay for a credit check, a criminal background check, an employment verification check and a landlord check

AUTHORIZATION OF RELEASE OF INFORMATION AND CERTIFICATION

I give my permission to Coughlin Property Management and their authorized agents to obtain a consumer credit report on myself. General information may be shared between professional staff on a need-to-know basis, at the discretion of the Management Agent.

I am/We are applying for housing and state that all information provided herein is true, accurate and complete. The information obtained will be used for management purposes only and will be held in confidence.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

For Office Use Only:

Application Fee Required \$ _____ Application Fee Originally Received \$ _____

Amount of Application Subsequently Received \$ _____ Date: _____

Accepted _____ Date _____ CPM Representative

Denied _____ Date _____ CPM Representative

Reason: _____

Cancelled _____ Date _____ CPM Representative

Reason: _____
