



123 West 12th Avenue
 Denver, CO 80204
 telephone: 303.333.1999
 fax: 303.333.5955

Applicant Information			
Name:			
Date Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Drivers License # :			State:
Employment Information			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Hourly or Salary (Please circle one)	Annual Income:	
Assets (cash, real estate, trust, ect):			
Emergency Contact Information			
Name:		Phone:	
Relationship:			
Applicant (Co-Signor/Guarantor) Consent			
<p>I hereby consent to allow Cornerstone Apartment Services, Inc. through its designated agent and its employees, to obtain and verify my credit and criminal information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Cornerstone Apartment Services, Inc. and its agent shall have the continuing right to review my credit information, criminal background, rental application, payment history and occupancy history for account review purposes and for improving application review methods.</p>			

Property: _____

Unit #: _____

 Applicant (or CoSignor/Guarantor) Name

 Date



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Reservation Deposit and Receipt

Applicant hereby deposits the amount of \$_____, to hold unit_____ located at _____.
If the application is approved, and the applicant does not enter into a lease agreement within 72 hours of notification of approval (Reservation Deadline), then the amount deposited shall be forfeited by applicant and retained by Cornerstone Apartment Services, Inc. as liquidated damages.

If the applicant is not approved, or if the applicant withdraws this application by Reservation Deadline, then the deposit shall be refunded within 5 business days .

READ AND ACCEPTED:

Applicant: _____ Date: _____

Leasing Agent: _____ Date: _____

Office Use Only

Application Approved: Yes____ No____
Applicant Notification: Date_____ Time_____
Method of Notification: Phone_____ Fax_____ Email_____ In Person _____