



BATTLEMENT MESA RENTAL APPLICATION

Please complete all information on the following pages of the application. *Applications with information missing cannot be processed and will be held until applicants provide the necessary information.* Following are the minimum items needed in order to process an application:

- **\$40.00 non-refundable application fee.**
(Extra fees may be applicable for more than two applicants)
- **\$20.00 non-refundable application fee for sub-leasing**
(Extra fees may be applicable for more than two applicants)
- **Driver's license #, SS #, DOB and current address on all persons over 18 years of age.**
- **Picture ID of all persons over 18 years of age.**
- **Proof of income.**
 - * **Current paystubs – (minimum of 3 required)**
 - * **If self-employed Prior year tax return and bank statement**
- **Reference from previous landlord or correct phone # where residency can be verified.**
- **Credit Reference letter from Xcel Energy (1-800-895-4999)**
(Have Xcel fax Credit Reference Letter to 970-285-9721)
- **Signature of all applicants.**

HOW DID YOU HEAR ABOUT US?

Please allow a minimum of 7 - 10 business days to process application.



RENTAL APPLICATION

PO Box 6000, Parachute, CO 81635

PERSONAL INFORMATION

APPLICANT'S LAST NAME FIRST NAME M. INITIAL DRIVER'S LICENSE SS# DATE OF BIRTH

SPOUSE LAST NAME FIRST NAME M. INITIAL DRIVER'S LICENSE SS# DATE OF BIRTH

CO-TENANT(S) NAME(S) ONLY, SEPARATE APPLICATION(S) REQUIRED

E-MAIL ADDRESS

RESIDENTIAL HISTORY

CURRENT ADDRESS CITY STATE/ZIP PHONE

RENT OWN HOME - MONTHLY PAYMENT \$ _____

IF RENTING:

MOVE-IN DATE _____ MONTHLY PAYMENT \$ _____ REASON FOR LEAVING _____

LANDLORD NAME ADDRESS CITY STATE/ZIP PHONE

PREVIOUS ADDRESS (IF LESS THAN 1 YEAR) CITY STATE/ZIP

MOVE-IN DATE _____ MONTHLY PAYMENT \$ _____ REASON FOR LEAVING _____

LANDLORD NAME ADDRESS CITY STATE/ZIP PHONE

EMPLOYMENT

CURRENT EMPLOYER NAME ADDRESS CITY STATE/ZIP PHONE

SUPERVISOR _____ START DATE _____ SALARY _____ PAY PERIOD _____ POSITION _____

PREVIOUS/SPOUSE EMPLOYER ADDRESS CITY STATE/ZIP PHONE

(Circle One)

SUPERVISOR _____ START DATE _____ SALARY _____ PAY PERIOD _____ POSITION _____

HAVE YOU EVER LIVED AT BATTLEMENT MESA BEFORE? IF SO, WHERE?

NON-REFUNDABLE PROCESS FEES _____ (Make Check Payable to BMC)

CREDIT CARD # _____ EXP DATE _____ SIGNATURE _____

NAME ON CARD _____

I hereby consent to allow Battlement Mesa Co., through its designated agent and its employees, to obtain and verify my credit information (including a criminal background check) for the purpose of determining whether or not to lease to me a unit. I understand that should I lease a unit, BMC and it's agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for occupant review purposes and for improving application methods.

Applicant _____ Applicant _____ Date _____

Signature

Signature



CONTACT PERSON IN CASE OF EMERGENCY:

Full Name _____ **Phone**(____) _____

Street Address _____ **City** _____ **State** _____ **Zip** _____ **Relationship** _____

LIST ALL VEHICLES TO BE PARKED ON PREMISES

Make **Model** **Year** **License #**

Have you (or anyone named on this application) ever been delinquent in payment of rent or any other financial obligation Yes/No

If yes, please explain: _____

Have you (or anyone named on this application) ever been a defendant in an unlawful detainer(eviction)lawsuit? Yes/No

If yes, please explain: _____

Have you (or anyone named on this application) ever been convicted of a crime? Yes/No

If yes, please explain: _____

APPLICATION CONDITIONS

1. If applicant has misstated the number of person's in applicant's family or the number of persons intended to occupy the rental unit, or if applicant has made any misstatement of material facts relating to the application and/or lease, or if the applicant fails to complete the application, landlord at its option may deny this application, cancel the lease without notice, and evict applicant.
2. If the applicant and Battlement Mesa Company shall enter into a lease, this application shall become a part of the lease as fully set forth therein.
3. Upon approval, applicant may hold a unit, if available, for up to **14 days** with a deposit. After **14 days** the applicant will be responsible for the rent or the applicant relinquishes claim to the unit and the deposit may be used at the discretion of the landlord as liquidated damages or to offset costs incurred due to lost revenue.

Battlement Mesa Company reserves the right to reject this application and refuse possession of the above mentioned accommodation. I/We have read the forgoing and certify that the information herein submitted by Me/Us is true and correct. I understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit/criminal background/employment/rental history and to provide information about your credit experience with me.

Notice to prospective lessee: All leasing Counselors are or will be acting as agents of lessor with the duty to represent lessor's interests and will not be your agents.

**P.O. Box 6000
Battlement Mesa, Co 81636**

**Phone 1-970-285-9740
Fax 1-970-285-9721**



Battlement Mesa Company
PO Box 6000
Parachute, CO 81635
(970) 285-9740 • fax (970) 285-9721

LANDLORD REFERENCE FORM

Applicant: Please only sign the bottom.

DATE: _____

TO: _____

Please fill in the following regarding tenant: _____

Tenant rented: From _____ to _____

Amount of monthly rental payment \$ _____

Does/Did applicant pay as agreed? _____

Has applicant ever had late payments? _____ Number of times over 15 day's late _____

Have you ever begun eviction proceedings for non-payment of rent? _____

How many tenant shared the apartment with the applicant? _____

Did the applicant interfere with the rights of peaceful enjoyment of others? _____

If so, describe _____

Would you rent to this applicant again? _____. If not, why? _____

Was applicant's deposit returned to them? _____

Please fax back this completed reference form to (970) 285-9721. It would be greatly appreciated. Thank you for your help.

Leasing Manager

Date

I/We hereby authorize any person or company to supply you with any information requested concerning me/us.

Date _____ Signature _____

Date _____ Signature _____



WE DO BUSINESS IN ACCOURDANCE WITH THE FEDERAL FAIR HOUSING LAW

DATE: _____ DAYTIME PHONE:(____) _____ NAME: _____

HOW DID YOU HEAR ABOUT US? *(Please be specific)*

TYPE OF HOME DESIRED: UNFURNISHED CONTRACTOR UNIT

Modular Home	Willow Park Apts. *	Willow Ridge Apts. *
Single Wide	1 Bedroom/1 Bath	1 Bedroom/1 Bath
Double Wide	2 Bedroom/1 Bath	2 Bedroom/2 Bath
Washer/Dryer	2 Bedroom/2 Bath	3 Bedroom/2 Bath
		2 Bedroom/Den/2 Bath

SUBLEASING THE UNIT AT _____

**subject to our covenants and restrictions*

**Pets are restricted in Willow Park and Willow Ridge Apartments*

DESIRED MOVE-IN DATE _____ LENGTH OF LEASE _____

PLEASE LIST ALL OTHER PROPOSED OCCUPANTS:

FULL NAME	DATE OF BIRTH	RELATIONSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL PETS:

BREED	WEIGHT	HEIGHT
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Dear Future Tenant:

Hope this letter finds you and your family well. Due to the ever changing insurance requirements from our insurance company, as of January 1, 2014, all new tenants will be REQUIRED to carry renter's insurance for the full term of your lease.

Proof of this insurance must be on file in the Battlement Mesa Company's leasing office prior to move in and at the time of lease renewal.

Renter's insurance provides personal property and liability coverage to you, the tenant. The amount of personal property coverage is at your discretion, depending on the value you place on your household goods. In addition to your personal property limit, a minimum of \$100,000 liability coverage is required by Battlement Mesa Company.

The cost of this coverage will vary with each tenant, but tends to be less expensive, typically \$150.00 to 200.00 a year when combined with your existing car, motorcycle, or any other existing policies you may have. We have attached a list of local insurance companies, or simply call your present insurance agent. Please call us at 285-9740 or stop by the office, if you have any questions.

Respectfully,

Jason Fletcher
Vice President Commercial/Residential Leasing



Local Insurance Agents

Rifle Insurance Agency-Jack Sours	970-625-1689
State Farm Insurance-Dee McCown	970-625-5678
Farmers Insurance-Robert Loter	970-625-8800
Rifle Insurance Service	970-625-2733
Farm Bureau Insurance-Rhonda Krell	970-625-1496
Canyon Insurance	970-625-2192
Pearson Insurance-Kasey Pearson-Nispel	970-625-5075

The customer must sign a properly completed authorization form in order to have Xcel Energy make a one-time release of customer-specific information other than Customer Energy Usage Data to a third party.

The authorization form must include the following information:

- (1)** A description of the purpose(s) served by releasing the information to a third party.
- (2)** Details about the identity of the third party to whom the information is to be released.

If any of this information is not provided, or the form is otherwise incomplete, it will not be accepted by Xcel Energy.

AUTHORIZATION FOR ONE-TIME RELEASE OF INFORMATION
(OTHER THAN CUSTOMER ENERGY USAGE DATA)

(1) INFORMATION TO BE RELEASED

The customer requests release of his/her information for the following purpose(s):

- Credit reference (release includes customer name, mailing address, Xcel Energy account number, service address and service dates, service type/s, and credit history details with Xcel Energy)
Service verification (release includes customer name, mailing address, Xcel Energy account number, service address and dates, and service type/s)
Lock authorization (release includes property owner name and mailing address, Xcel Energy account number, service address, service type/s, and meter number/s)
Other (specify):

Exclusion: In no case will this form be used to have Xcel Energy release the customer's Social Security Number or any financial account number to a third party.

(2) THIRD PARTY RECIPIENT INFORMATION:

Recipient's name: Battlement Mesa Company

Physical/mailling address: 73-G Sipprelle Dr, Battlement Mesa, CO 81636 / PO Box 6000, Battlement Mesa, CO 81636

Phone: (970)285-9740 Fax(970)285-9721

Email: Reception@Battlementmesa.com

CUSTOMER'S CONSENT

Your information is treated as private by Xcel Energy. You are not required to authorize the disclosure of your information to a third party, and your decision not to authorize the disclosure will not affect your utility services. Note that Xcel Energy will have no control over the information disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the recipient maintains the confidentiality of the information or uses it as authorized by you.

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize Xcel Energy to disclose your information as specified in this form.

Until Xcel Energy fulfills your authorized release, you may withdraw consent for release by sending a written request with your name and service address to Xcel Energy at P.O Box 8 Eau Claire WI 54702 or datarequest@xcelenergy.com.

CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

SIGNATURE OF CUSTOMER OF RECORD

PRINTED NAME

DATE SIGNED

