

CARETAKERS OF AMERICA, INC.
P.O. Box 25745 Colorado Springs, CO 80936
EMAIL: caretakersofamerica@yahoo.com
Business: (719) 338-3880 or (719) 386-8803
Fax: (719) 534-4448

APPLICATION FOR CARETAKER SERVICE CONTRACTOR

Date of Application: _____

CARETAKERS OF AMERICA, INC. DEALS WITH A NEW CONCEPT IN THE FIELD OF REAL ESTATE MANAGEMENT. Our purpose is to care for real estate property during the interim period after the owner has moved out, but before the property has sold. We recruit competent, temporary residents to exercise a high degree of care in the maintenance of the property, inside and out. The advantage to you, the caretaker, is the opportunity to live in a nice residence for a relatively low fee.

PLEASE PRINT:

Applicant's Full Name: _____

Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How Long at Above Address: _____

Phone Number: _____

Alt. Phone Number: _____

E-mail Address: _____

Applicant Social Security Number: _____

Name and Address of Present Landlord:

Phone Number of Landlord _____

Name and Address of Previous Landlord:

Phone Number of Landlord _____

Name and Address of Previous Landlord:

Phone Number of Landlord _____

Employment:

Applicant Employed by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly or Annual Income: _____

Supervisor Name: _____ Phone Number: _____

How Long with Above Employer: _____

TOTAL NUMBER OF ADULTS TO OCCUPY RESIDENCE: _____

Spouse or Roommate's Full Name: _____

Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

How Long at Above Address: _____

Phone Number: _____

Alt. Phone Number: _____

E-mail Address: _____

Applicant Social Security Number: _____

Name and Address of Present Landlord:

Phone Number of Landlord _____

Name and Address of Previous Landlord:

Phone Number of Landlord _____

Name and Address of Previous Landlord:

Phone Number of Landlord _____

Employment:

Spouse/Roommate Employed by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Monthly or Annual Income: _____

Supervisor Name: _____ Phone Number: _____

How Long with Above Employer: _____

Have you ever been evicted or forced to vacate a residence?

If yes, give details:

Are you presently or have you ever been a principal in a lawsuit or bankruptcy?

If yes, give details:

Do you presently or have you had any judgments against you?

If yes, give details:

Make and Year of Car: _____

Plate: _____

Driver's License Number: _____

Make and Year of Second Car: _____

Plate: _____

Driver's License Number: _____

Bank Reference(s): _____

Address: _____

Phone Number: _____

Credit References (Please List Three)

1. _____

2. _____

3. _____

Personal References (Please List Two)

Name

Address

Phone Number

1. _____

2. _____

In Case of a Serious Accident or Illness, Please Notify:

Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please indicate the monthly dollar amount you currently pay for:

Rent (if renting): _____

Mortgage (if you own a home): _____

Renter's Insurance: _____

Utilities:

Water: _____ Electricity: _____

Heat: _____ Other: _____

Please check the following items you currently own:

Stove: _____ Refrigerator: _____ Lawnmower: _____

Washing Machine: _____ Dryer: _____ Microwave: _____

Family Room Furniture: _____ Formal Living Room Furniture: _____

Dining Room Set: _____ Formal Dining Room Set: _____

Office furniture: _____ Bedroom Furniture (please indicate the number of rooms you can fill): _____

Please give the approximate square footage of a home you can fill:

With our main objective being to enhance the showability of a home, we do request pictures of your furnishings when you fill out an application. Please mail the pictures when you send in the application or email them to: caretakersofamerica@yahoo.com. If pictures are not available please explain and give a description of your furniture (i.e. color, size, style):

Please list the 1st, 2nd, & 3rd choices of locations you prefer (Powers, Downtown, Falcon, etc.)

1st: _____ 2nd: _____

3rd: _____

Please state the reason you are interested in being a caretaker: (i.e. money, upgrade living conditions, saving for home purchase, etc.):

Do you have children? _____ If yes, list ages: _____

Do you have pets? _____ If yes, what kind(s)?: _____

Do you or your spouse/roommate smoke? _____

When would you be available to become a caretaker?: _____

Who can we thank for recommending Caretakers of America to you?

Additional Notes:

APPLICANT'S SIGNATURES:

DATE: _____

DATE: _____