

**CARETAKERS OF AMERICA, INC.**

P.O. Box 25745 Colorado Springs, CO 80936

EMAIL: [caretakersofamerica@yahoo.com](mailto:caretakersofamerica@yahoo.com)

Business: (719) 338-3880 or (719) 386-8803

Fax: (719) 534-4448

**APPLICATION FOR CARETAKER SERVICE CONTRACTOR**

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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:

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

If yes, give details:

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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](mailto:caretakersofamerica@yahoo.com). If pictures are not available please explain and give a description of your furniture (i.e. color, size, style):

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

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

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

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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?

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Additional Notes:

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APPLICANT'S SIGNATURES:

_____	DATE: _____
_____	DATE: _____