

**Metro West Investments 1630 30<sup>th</sup> street # 252, Boulder, CO. 80301 (303) 442-5076**

**Tenant Personal and Credit Information**

(In the event of co-tenants, other than spouses, use separate sheet for each tenant)

Address	Apt#
Name	Date of Birth
Present Address	Social Security Number/ State Issued
City/State/ Zip	Drivers License Number/ State Issued
Phone Number/ Cell Phone Number	Driver License Expiration date
Business Phone Number	Car Make/ Model/ Color/year
How Long at Present address?	Car License Number/ state
Landlord at Present address?	Present Landlord Phone Number
Previous Address?	City/State/Zip
How Long at Previous Address?	Landlord's Name At Previous Address?
Previous Landlord Phone Number?	Any Pets?

Occupation	Present	Prior*
Employer		
Self-Employed DBA Name		
Business Address		
Business Phone		
Type of Business		
Position Held		
Name & Title of Supervisor		
How Long		
Monthly Gross Income		

**If employed or Self-employed Less than Two Years**

Bank	Address	Phone	Account Number	Type of Account
Credit	Account Number	Address	Highest Amount Owed	
Personal	Address	City/State/Zip	Phone Number	Length of Acquaintance
Nearest Relative (Parents)	Address	City/state/ Zip	Phone Number	Relationship(Father/Mother)

Have you ever filed a petition of bankruptcy? \_\_\_\_\_ Have you ever been evicted from any Tenancy? \_\_\_\_\_ Have you ever willfully or intentionally refused to pay rent when due? \_\_\_\_\_

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT, AUTHORIZE IT'S VERIFICATION AND THE OBTAINING OF A CREDIT REPORT. I AGREE THAT LANDLORD MAY TERMINATE ANY AGREEMENT ENTERD INYO RELIANCENT ON ANY MISSTATEMENT MADE ON THIS CREDIT INFORMATION FORM.

Electronic printed signatures (instead of handwritten signatures) are legal and accepted under the Uniform Commercial Code, As follows, "Any form of writing, stamping or printing of a name, initials, or mark makes the instrument signed". I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic Copy of the Release will be valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application fee \$37.00**

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