

**ATTENTION: ONLY ONE APPLICANT PER FORM  
INFORMATION VERIFICATION AGREEMENT**

The agreement made and concluded this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between \_\_\_\_\_, hereafter "Owner" and \_\_\_\_\_, hereafter "Applicant"

For and in consideration of the promises and covenants herein, the parties hereby agree as follows:

1. The Applicant shall pay to the Owner a nonrefundable fee upon the execution of this Agreement in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_) to cover the administration costs, expenses and time of the Owner to verify the information submitted by the Applicant to determine whether or not the Owner will or will not rent premises owned and controlled by the Owner to the Applicant.

2. Applicant authorizes the Owner, his employees, agents or representatives to make any and all inquiries necessary to verify the information provided herein, including but not limited to, direct contact with Applicant's employer, past employers, landlords, credit, credit bureaus, neighbors, police agencies and any and all other sources of information which the Owner may deem necessary and appropriate within his sole discretion.

3. The Application represents to the Owner that all information provided for herein is true, accurate and complete to the best of Applicant's knowledge and further, agrees that if any such information is not as represented, the Applicant may, at the Owner's sole discretion, be disqualified as a tenant.

4. The Applicant provides the following information to the Owner:

5. Screening of property address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ intelius.com report: \_\_\_\_\_  
Property deeded in the name of: \_\_\_\_\_

**Applicant** \_\_\_\_\_ Email \_\_\_\_\_  
SS# \_\_\_\_\_ Approximate Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Text number: \_\_\_\_\_ Move In Date: \_\_\_\_\_  
Driver's License State \_\_\_\_\_ Drivers License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Current Telephone # \_\_\_\_\_ Is this your telephone #? Yes or No

If not Whose Telephone # is it? \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Your Telephone # \_\_\_\_\_

Name of Owner or Manager \_\_\_\_\_  
Telephone # \_\_\_\_\_ Where do you pay rent? \_\_\_\_\_  
When did you move in? \_\_\_\_\_ Rent amount now paid? \_\_\_\_\_  
Have you given notice? Yes or No Have you been asked to leave Yes or No  
Did you pay rent on time Yes or No

**PREVIOUS ADDRESS** \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Name of Manager or Owner \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Address where you paid rent \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_  
What rent amount did you pay? \_\_\_\_\_ When did you move in? \_\_\_\_\_  
When and why did you move out? \_\_\_\_\_

Did you give notice? Yes or No Were you asked to leave? Yes or No  
Did you pay your rent on time? Yes or No

**PREVIOUS ADDRESS:** \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

Name of Manager or Owner \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Address where you paid rent? \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

What rent amount did you pay? \_\_\_\_\_ When did you move in? \_\_\_\_\_  
When and why did you move out? \_\_\_\_\_  
Did you give notice Yes or No Were you asked to leave Yes or No  
Did you pay your rent on time? Yes or No

**CURRENT EMPLOYMENT** \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Occupation \_\_\_\_\_ Hire Date \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary \_\_\_\_\_ Year/ Month/ Weekly /Hourly

Full time Yes or No If Part time, how many hours per week? \_\_\_\_\_

**SHADOW & LIGHT CORPORATION Phone: 303-368-0402 Fax: 303-368-4815**

**OTHER CURRENT EMPLOYMENT** or source of income: \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Reason ( SS, Child Support, 2<sup>nd</sup> job, etc.) \_\_\_\_\_  
 If Employment give hire date: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Amount of Income received \_\_\_\_\_ Year/ Monthly / Weekly/ Hourly  
 Full time Yes or No \_\_\_\_\_ If part time, how many hours per week? \_\_\_\_\_

**PERSONAL REFERENCES:** Note two relatives and two friends

Name	Full Address	Telephone	Relationship
1.			
2.			
3.			
4.			

# of People to Occupy the Home? \_\_\_\_\_  
 List below names and relationships of all to occupy the home.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PETS? Yes or No # of Pets \_\_\_\_\_ Give details of pets- type and size

Do you have an account with a utility company? Yes or No If yes is it current? Yes or NO  
 Have you ever been late paying the bill? Yes or No  
 Is the total move in amount available now? ( rent and deposit) Yes or No  
 Have you ever broken a lease? Yes or No  
 Have you ever been evicted? Yes or No If yes- When? \_\_\_\_\_  
 Why were you evicted? \_\_\_\_\_  
 Have you ever been convicted of a felony? Yes or No

**VEHICLES, MOTORCYCLES, MOTORIZED VEHICLES, BOATS, ETC.**  
**TYPE MAKE MODEL YEAR LICENSE# VEHICLE# ( VIN)**  
 (car, boat, etc.) \_\_\_\_\_

**OWNER IS NOT LIABLE TO THE APPLICANT, HIS HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS FOR ANY DAMAGE OF ANY KIND, ACTUAL OR CONSEQUENTIAL BY REASON OF THE VERIFICATION BY THE OWNER OF THE INFORMATION PROVIDED by the APPLICANT AND, APPLICANT HEREBY RELEASES THE OWNER, HIS AGENT, EMPLOYEES, AND/OR REPRESENTATIVES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION OF ANY KIND OR NATURE THAT MAY ARISE BY VIRTUE OF THE EXECUTION OF THE AGREEMENT PROVIDED HEREIN.**

**By the signature below the applicant approves the landlord or his agents to inspect their current resident at any time and without an appointment before final approval of application (s).**

In witness whereof the parties have set their hand on the date first written below

Date: \_\_\_\_\_ Applicant \_\_\_\_\_

**Do not write in this section This is to be completed by interviewer**

Credit report: (if favorable/unfavorable) by: \_\_\_\_\_  
 Other comments: \_\_\_\_\_  
 Deposit: \_\_\_\_\_ Option: \_\_\_\_\_ Monthly rent \_\_\_\_\_  
 Unit Applying for: \_\_\_\_\_  
 Term of lease? \_\_\_\_\_ Months \_\_\_\_\_ Total lease? \_\_\_\_\_  
 Move in date? \_\_\_\_\_ Lease expires? \_\_\_\_\_ # of keys \_\_\_\_\_  
 Total number of occupants? \_\_\_\_\_ Separate Pet fee if any \_\_\_\_\_  
 Utilities to be paid by tenant. Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_  
 Trash pick up if applicable \_\_\_\_\_

**Shadow and Light Corporation  
 P. O. Box 471012  
 Aurora, CO 80047  
 303-745-0402 FAX: 303-368-4815**