



**Middle Creek Village, LLC**  
**LEASE ADDENDUM A**  
**PRELIMINARY APPLICATION**

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This is a preliminary application. If you are accepted as a potential tenant, we will verify all information given on this application with third party verifications.

The information you provide on this preliminary application will be treated as confidential. It includes information necessary for determining your preliminary housing eligibility.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. An incomplete application may prevent us from processing your paperwork for housing.

**Please follow these steps to complete your application:**

- Completely fill out application and SIGN the last page.
- Fax or mail the completed application to:
  - Fax: 970-479-8201  
Middle Creek Village  
145 N. Frontage Rd. WEST #A-100  
Vail, Colorado 81657
  - **Make sure to include a check or money order made out to Middle Creek Village for the applicable application fees.**
- Every person over the age of 18 must complete an application and fill out a tenant scoring sheet.

**I. APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Size of unit I am interested in: \_\_\_\_\_ (# of Bedrooms)

I need a handicapped-accessible unit: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Co-Applicant/Spouse: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(If the same as Applicant, write in SAME)

How did you hear about Middle Creek Village? \_\_\_\_\_

Do you anticipate any change in house-hold size in the next 12 months? YES or NO.

Explain: \_\_\_\_\_

**LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD (Include yourself as Head Of Household)**

Name	Relationship (Spouse, Roommate, etc.)	Social Security #	Birth Date	Sex M/F
1.	<i>Head of Household</i>			
2.				
3.				
4.				
5.				
6.				

**II. EMPLOYMENT INFORMATION**

Name of Employer for Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Fax #: \_\_\_\_\_

- Salary:**
- 1- Hourly wage: \$ \_\_\_\_\_
  - 2- Number of hours you work per week: \_\_\_\_\_
  - 3- Number of weeks you work per year: \_\_\_\_\_
  - 4- Do you work overtime on an ongoing basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, # of hours you work per week \_\_\_\_\_

- OR**
- 5- Monthly salary: \$ \_\_\_\_\_
  - 6- Biweekly salary: \$ \_\_\_\_\_
  - 7- Semi-monthly salary: \$ \_\_\_\_\_

Previous Employers: \_\_\_\_\_ Term: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Term: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Term: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Employer for Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Fax #: \_\_\_\_\_

- Salary:**
- 1- Hourly wage: \$ \_\_\_\_\_
  - 2- Number of hours you work per week: \_\_\_\_\_
  - 3- Number of weeks you work per year: \_\_\_\_\_
  - 4- Do you work overtime on an ongoing basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, # of hours you work per week \_\_\_\_\_

- OR**
- 5- Monthly salary: \$ \_\_\_\_\_
  - 6- Biweekly salary: \$ \_\_\_\_\_
  - 7- Semi-monthly salary: \$ \_\_\_\_\_

Name of Employer for Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ ++ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Fax #: \_\_\_\_\_

- Salary:**
- 1- Hourly wage: \$ \_\_\_\_\_
  - 2- Number of hours you work per week: \_\_\_\_\_
  - 3- Number of weeks you work per year: \_\_\_\_\_
  - 4- Do you work overtime on an ongoing basis? Yes \_\_\_\_ No \_\_\_\_  
If yes, # of hours you work per week \_\_\_\_\_
- OR**
- 5- Monthly salary: \$ \_\_\_\_\_
  - 6- Biweekly salary: \$ \_\_\_\_\_
  - 7- Semi-monthly salary: \$ \_\_\_\_\_

**III. BENEFITS INFORMATION**

DO ANY OF THE APPLICANTS RECEIVE THE FOLLOWING BENEFITS?

Type of Benefit	Yes	No	Name of Household Member	Monthly Amount
1. Social Security				\$
2. SSI				\$
3. AND				\$
4. TANF				\$
5. Child Support				\$
6. Alimony				\$
7. Pension				\$
8. OAP				\$
9. Unemployment				\$
10. Other (Please specify)				\$
11. Student Financial Assistance				\$

**IV. ASSETS AND INCOME FROM ASSETS**

LIST ANY ASSETS YOU OR THE CO-APPLICANT HAVE (SUCH AS CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, MUTUAL FUNDS, IRAs, 401(k)s ETC. - EXCLUDE PERSONAL PROPERTY SUCH AS AUTOMOBILES.)

Type of Asset	Name of Financial Institution	Account #	Balance	Interest Rate (if any)

**V. CURRENT HOUSING**

Do you currently:  Rent  Own  Other  
If you own, do you have a mortgage?  Yes  No  
If yes, what is the approximate balance? \$ \_\_\_\_\_  
If other, please describe and provide contact information for verification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. LANDLORD INFORMATION**

*You may skip this section if you currently own your own home.*

Name of current landlord: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_  
Do you own pets?  Yes  No

*If you have lived at this address less than two years, complete landlord information for previous residency.*

Name of previous landlord: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_  
Do you own pets?  Yes  No

**LANDLORD INFORMATION FOR CO-APPLICANT (If the same as APPLICANT, mark "SAME")**

Name of current landlord: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_  
Do you own pets?  Yes  No

*If you have lived at this address less than two years, complete landlord information for previous residency.*

Name of previous landlord: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Date you moved in: \_\_\_\_\_ Date you moved out: \_\_\_\_\_  
Do you own pets?  Yes  No

## VII. ADDITIONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH APPLICANT.

	Applicant	Co-applicant	Co-applicant
1. Are you a full-time student?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
a. Is any other household member a full-time student?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
If so, list names: _____	_____	_____	_____
_____	_____	_____	_____
2. Do you own a business?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
3. Do you own real estate other than your home?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
4. Are you currently receiving Section 8 assistance?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
5. Do you own a pet?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
6. Have you ever used another social security number?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
7. Have you ever filed bankruptcy?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
8. Have you ever been evicted from an apartment?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
9. Have you disposed of more than \$1,000 in assets in the last 2 years for less than market value?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
10. Do you own a vehicle(s)?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Make of vehicle: _____ Year _____ Car License Plate #: _____			
Make of vehicle: _____ Year _____ Car License Plate #: _____			
Explanation to any above responses: _____			
_____			
_____			

## VIII. EMERGENCY INFORMATION

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICATION FEE: \$27.00 - per adult applicant**

Please make check or money order out to Middle Creek Village

Please mail your application and application fee to: **Middle Creek Village**  
**145 N. Frontage Rd. WEST A-100**  
**Vail, Colorado 81657**

Your application fee is used to pay for a credit check, a criminal background check, an employment verification check and a landlord check.

**AUTHORIZATION OF RELEASE OF INFORMATION AND CERTIFICATION**

I/We give my permission to Coughlin Property Management and their authorized agents to obtain a consumer credit report on myself and consent to the authorization of release of information and certification relevant to applying for housing at Middle Creek Village. General information may be shared between professional staff on a need-to-know basis, at the discretion of the Management Agent.

I/We understand that if I have submitted a reservation fee to Middle Creek Village, LLC., that this fee is non-refundable unless I do not meet the required credit and criminal guidelines.

I am/We are applying for housing and state that all information provided herein is true, accurate and complete. The information obtained will be used for management purposes only and will be held in confidence.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date