



ELHI Community Center

115 Ute Street | PO Box 2084

Ignacio, CO, 81137

(970) 563-4100

www.theelhiignacio.org

Rental Application

Organization Name: _____

Business Description: _____

Date Requested: _____ Desired lease start date: _____

Room Requested: _____ Any special needs or requirements? Yes / No

If yes, please explain: _____

Contact Information

Contact Names: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Contact Names: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please describe the intended use of the room. Be as clear as possible as this information is presented to our board of directors and the Ignacio School district before approval is given.

References

Reference Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship: _____ May we contact this reference? Yes / No

References

Reference Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship: _____ May we contact this reference? Yes / No

FOR ELHI OFFICE USE ONLY

Received by: _____ Date: _____

Date of Next Board Meeting: _____

Application: Approved / Denied by ELHI Board Date: _____

Board Member Signatures: _____

Application: Approved / Denied by ISD Date: _____

Reason: _____

Lease Received: Yes / No Date _____

Lease Signed and Returned: Yes / No Date: _____

1st/Last Month's Rent Received: Yes / No Type: Credit Card /Cash /Check

Damage Deposit Received: Yes / No Type: Credit Card /Cash /Check

Credit Card on File:

Name: _____

Number: _____

Expiration: _____ CVV: _____