

Wyoming Properties - Rental Application

| | |
|-------------------------|---------------|
| Applicant #1 Name _____ | Phone # _____ |
| Applicant #2 Name _____ | Phone # _____ |
| Applicant #3 Name _____ | Phone # _____ |
| Applicant #4 Name _____ | Phone # _____ |

Please complete and return this application to the appropriate address:

WY TTY Relay for the hearing impaired 1-800-877-9975

There is a \$ _____ non-refundable application fee for each adult applicant in the household

- **WELCOME!** We are pleased that you have come to _____ for housing. Our goal is simple: to provide and professionally manage the finest affordable housing in Wyoming.
- Please carefully read and respond to the application questions. Circle "Y" or "N". If you change your answer, please cross through the first answer and initial your correction. **DO NOT USE WHITEOUT.**
- This completed application is required to be signed by **EACH** head-of-household and spouse and all adults (18 years & older) and legally responsible minors who intend to reside at the property. No exceptions.
- This application must be filled out entirely, including telephone numbers to verify all income, assets and references listed. Incomplete information may delay the application process.
- If self employed, you will need to provide a copy of your prior year income tax return (including 1040 and schedule C) and a current year-to-date profit and loss statement for the business.
- For other income such as retirement, public assistance, parental support, financial aid etc., you must have reliable documentation.
- We will need a copy of your current driver's license.
- Head of Household and Spouse and other Adult applicants (i.e., all lease signers!): please fill out all the information in this application pertaining to your dependent children 17 years and younger.
- Discovery of falsified information will result in immediate denial of your application and if discovered subsequent to rental of a unit may result in immediate eviction.

| | | |
|--------------------------------|-----------------|--------------|
| Apartment applying for: | Address: | |
| Project #1 _____ | _____ | Unit # _____ |
| Project #2 _____ | _____ | Unit # _____ |
| Project #3 _____ | _____ | Unit # _____ |
| Project #4 _____ | _____ | Unit # _____ |
| Project #5 _____ | _____ | Unit # _____ |
| Project #6 _____ | _____ | Unit # _____ |

1 bdrm _____ 2bdrm _____ 3bdrm _____ 4 bdrm _____

Please tell us -how did you hear about our apartments? _____

Y / N Have you ever applied for an apartment with _____ before?

Desired date to begin renting? _____



Household Information

1 . Y / N Have You or any member of the household ever used another name(s)?

Name(s): _____

List all persons who will reside in the home, beginning with the Head of the Household:

Student

| Full Name | Relation-ship | Status F/T, P/T. No | Date of Birth | SSN | Optional | | |
|-----------|---------------|---------------------|---------------|-----|----------|-----------|-----------|
| | | | | | Race | Ethnicity | Disabled? |
| 1. | Head of H/H | | | - - | | | |
| 2. | | | | - - | | | |
| 3. | | | | - - | | | |
| 4. | | | | - - | | | |
| 5. | | | | - - | | | |
| 6. | | | | - - | | | |

2 . Is the Head of Household: Married / Divorced / Separated / Widowed / N/A (circle one)
Name of Spouse or Ex-Spouse: _____

3 . Y / N Do you expect any changes to the household composition within the next twelve (12) months?
If yes, please explain who and when: _____

4 . Y / N Will your children live with you at this address at least 50% of the time?
Explanation if needed: _____

5 . Y / N Is there anyone living with you now that will not be living with you at this property?
If yes, please explain: _____

6 . Y / N Are there any absent household members who under normal conditions would live with you?
(example, away in Military or college) If yes, please explain: _____

7 . Y / N Will all of the persons in the household be or have been full time students during five (5) calendar months of this calendar year, or the upcoming calendar year (need not be consecutive months) at an educational institution (other than a correspondence school) with regular faculty and students? *Note: Minor children in full day kindergarten and up are included.*

ONLY answer if all household members could answer "Yes" to question 7., answer the following questions related to full-time student status:

- a. Y / N Are any full-time student(s) married and filing a joint tax return?
- b. Y / N Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?
- c. Y / N Are any full time students a Title IV/TANF recipient?
- d. Y / N Are any full time students a single parent living with his/her minor child and the parent and child are not dependants on another 's tax return?
- e. Y / N Has any full time student formerly been under foster care, and is 25 years old or younger?

Please initial: #1 _____, #2 _____, #3 _____, #4 _____.

Date: #1 _____, #2 _____, #3 _____, #4 _____.



Income

- 8 . Y / N Are you or any member of your household Currently Employed? If you are not currently employed, do you work seasonally or less than 52 weeks a year? Please explain: _____
- 9 . Y / N Are you or any member of your household Self Employed?
- 10 . Y / N Does any member of the household receive regular pay as a member of the Armed Forces?
- 11 . Y / N Does any member of the household receive regular pay from Unemployment or Worker's Compensation? If so from which state? _____
- 12 . Y / N Does any member of the household receive Rental Assistance Payments _____, Public Assistance _____, General Relief _____, Aid to Families with Dependant Children (AFDC) _____ or Temporary Relief to Needy Families (TANF) _____?
- 13 . Y / N Does any member of the household receive Child Support or Alimony? Or expect to in the next 12 months? Monthly Amount \$_____. Is there a Court Order? Y / N
(Please provide most recent documentation)
- 14 . Y / N Does any member of the household receive Social Security, SSI, or other payments from Social Security Administration?
- 15 . Y / N Does any member of the household receive regular payments from Veteran's benefits, Pensions, Retirement benefits, or Annuities?
- 16 . Y / N Does any member of the household receive regular Severance Payments?
- 17 . Y / N Does any household member receive or expect to receive Settlements?
(example: insurance or legal settlements)
- 18 . Y / N Does any member of the household receive gifts or payments on a regular basis (*three or more times a year*) from anyone outside of the household? (*This includes anyone supplementing your income or paying any of your bills*)
- 19 . Y / N Does any member of the household receive any Educational grants, scholarships, or other student benefits?
- 20 . Y / N Does any member of the household receive Lottery winnings or Inheritances?
- 21 . Y / N Does any member of the household receive payments from any rental property, land contracts or any other forms of real estate?
- 22 . Y / N Does any member of the household receive any other income sources or types not listed? If yes, please explain: _____
- 23 . Y / N Does any member of the household expect any changes to their income over the next twelve (12) months? If yes, please explain: _____

Please initial: #1_____, #2_____, #3_____, #4_____.

Date: #1_____, #2_____, #3_____, #4_____.



Employment Information

Note: if additional space is needed for employment information, add on a separate page.

Head of Household #1 _____
Current Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

Head of Household #1 _____
2nd or Previous Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

Household Member #2 _____
Current Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

Household Member #2 _____
2nd or Previous Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

Household Member #3 _____
Current Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

Household Member #3 _____
2nd or Previous Employer: _____
 Employers address: _____
 Position Held: _____
 Monthly Gross Income: _____

From _____ To _____
 Telephone _____
 Supervisor _____
 Seasonal Y / N _____

24 . Y / N **Does any Adult in the household claim Zero Income? If so, who?** _____

(Note that zero income status is not applicable if household member receives income from any source, for example: financial aid, social security, loans, mutual funds, stocks bonds, family assistance etc.)

Please initial: #1 _____, #2 _____, #3 _____, #4 _____.
 Date: #1 _____, #2 _____, #3 _____, #4 _____.



Assets

Bank _____ Phone # _____

Checking Acct. # _____ Current Value: _____

Savings Acct. # _____ Current Value: _____

Each household member is to complete the following information on assets held:

- 25 . Y/N Does anyone in the household have any Cash on Hand? (Do not include cash in the bank)
Current Amount: _____
- 26 . Y/N Does anyone in the household have Trust Funds?
Current Value: _____
- 27 . Y/N Does anyone in the household have a Pension that they are yet unable to receive?
Current Value: _____
- 28 . Y/N Does anyone in the household have CD's or a Money Market Account?
Current Value: _____
- 29 . Y/N Does anyone in the household own any Stocks, Bonds, Annuities or Securities?
Current Value: _____
- 30 . Y/N Does anyone in the household own any Treasury Bills?
Current Value: _____
- 31 . Y/N Does anyone in the household have an IRA, KEOGH or other Retirement Accounts?
Current Value: _____
- 32 . Y/N Does anyone in the household own a whole Life Insurance Policy?
Current Value: _____
- 33 . Y/N Does anyone in the household own any Real Estate?
Fair Market Value: _____
- 34 . Y/N Has anyone in the household disposed of any assets within the last two (2) years for less than fair market value? If yes, please explain: _____
- 35 . Y/N Does anyone in the household have Personal Assets on hand or Personal Property as an Investment valued at over \$5,000? (*This does not include a personal car but does include paintings, stamp or coin collections, artwork, show cars, antiques, etc.*)
Types of asset(s): _____
Current Value: _____
- 36 . Y/N Does anyone in the household have a safe deposit box?
Contents and Current Value: _____

Please initial: #1 _____ #2 _____ #3 _____ #4 _____

Date: #1 _____ #2 _____ #3 _____ #4 _____



Personal Information

37 . Y/N Do you have pets? If yes you will be required to provide proof of vaccination & city pet license if applicable. *Note: Pets are not allowed on some properties .*

If yes, How Many Pets? _____ What type(s) _____
Breed(s) _____ Age(s) _____
Weight(s) _____ Gender(s) _____

38 . Y/N Has anyone in the household ever filed for bankruptcy?
If yes, when _____ Are there any judgments against you? Y/N

39 . Y/N Does anyone in the household have any special needs or requirements that we need to be aware of? If yes, please describe. _____

40 . Y/N Has anyone in the household ever been convicted, or pleaded guilty or "no contest" to a felony?
If yes, please explain _____

41 . Y/N Has anyone in the household ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving Sexual Misconduct whether or not resulting in a conviction?
If yes, please explain _____

42 . Y/N Is anyone in the household required to register as a Violent or Sex Offender in any jurisdiction?
If yes, please explain _____

43 . Please list financial obligations (include student loans, credit cards, auto or home loans, child support, etc.)

1) _____ \$ _____ / Mo
2) _____ \$ _____ / Mo
3) _____ \$ _____ / Mo
4) _____ \$ _____ / Mo
5) _____ \$ _____ / Mo

Automobile Information

Do you own a vehicle? If so, please complete the following:

Make _____ Model _____ Year _____ Color _____ Plate _____

Make _____ Model _____ Year _____ Color _____ Plate _____

Emergency Contact Information

Who should we contact in the event of an emergency?

Relationship _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please initial: #1 _____ #2 _____ #3 _____ #4 _____
Date: #1 _____ #2 _____ #3 _____ #4 _____



Residence History

Current Address _____ How long at this address? From _____ to _____

City _____ State _____ Zip _____

- 44 . Y/N Are you currently living in another family member's home?
If "Yes" please skip to **Previous Address**

Present Landlord or Mortgage Holder _____ Telephone _____

Reason for moving _____

Rent/Mort. Amount: \$ _____

Is your lease expired? Y/N If not, when is your lease expiration date? _____

- 45 . Y/N Was your previous address in another family member's home?
If "Yes" please skip to **PERSONAL REFERENCES**

Previous Address _____ How long at this address? From _____ to _____

City _____ State _____ Zip _____

Previous Landlord or Mortgage Holder _____ Telephone _____

Reason for moving _____

- 46 . Y/N Have you ever been the subject of an eviction proceeding or settlement whether or not a suit was actually filed?

Personal references - other than family

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Certification

I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants and legally responsible emancipated minors must sign application.

(signature of applicant #1)

Date

(signature of applicant #2)

Date

(signature of applicant #3)

Date

(signature of applicant #4)

Date



Rental History Verification Form

***Applicant, we will fax this form to your previous Landlord**

_____ (Applicant) has completed an application to rent a property managed by _____ It is important that we determine the applicant's past rental history of meeting financial obligations. We also need to determine whether the applicant has a record of lease violations or eviction notices. The information that we ask you to supply will be kept confidential and used only for the purpose of evaluation the applicant's rental application. As indicated by the signature at the end of the form, the applicant has consented to the release of the requested information.

We request that this information be supplied within 24 hours so as not to unnecessarily delay this applicant. Your prompt cooperation is appreciated.

Thank you,

Please return to _____

Authorizing Manager Date

Rental History Questions

Address of Applicant's Rental _____

1. Y/N Is the applicant currently living in your community? _____
2. Y/N Are you related to the applicant? If so, relationship: _____
3. Y/N Did the applicant have a lease? _____
4. Date applicant moved in _____ Moved out _____
5. What was the monthly rent? \$ _____
6. Y/N Did the applicant have a record of paying rent promptly? _____
7. If applicant paid late, how many days late? _____ How often? _____
8. Y/N Did you ever begin eviction proceedings against the applicant for nonpayment? _____
9. Y/N Does the applicant still owe you money? If yes, how much? _____
10. Y/N Did the applicant keep the unit clean? _____
11. Y/N Did the applicant or applicant's family or guests damage the property or common areas beyond ordinary wear and tear? If yes, describe _____
Did the applicant pay for the damage? _____ Y/N _____
12. Y/N Did you keep any of the applicant's security deposit? If yes, how much and why? _____
13. Y/N Did the applicant ever threaten the welfare, health or safety of the other residents or employees, become violent, or engage in criminal or drug-related activities? If yes, please describe. _____
14. Y/N Did the applicant ever create any noise disturbances or disruptions by the tenants, children or pets? _____
15. Y/N Did the applicant ever have anyone other than those named on the lease live in the unit? _____
16. Y/N Did the applicant ever have any pets in the unit? If so, were they authorized? Y / N _____
17. Y/N Did the applicant give you proper notice before moving? _____
18. Y/N Did the applicant break the lease? _____
19. Y/N Did the applicant commit any other lease violations? If yes, please describe _____
20. Y/N Did you ever give the applicant a termination notice? If yes, why? _____
21. Y/N If the applicant otherwise qualified, would you rent to this applicant again? Why or why not? _____
22. Other comments on this applicants rental experience? _____

INFORMATION PROVIDED AND VERIFIED BY:

Name (please print) _____
Signature _____

Company _____
Title _____
Date _____

RESIDENT RELEASE

By my signature below, I hereby authorize the release of the information requested on this application to _____.

*Applicant Signature: _____ Date: _____

*Applicant Signature: _____ Date: _____

This form does not apply to me because: _____

*Applicant Signature: _____ Date: _____