

MARSH PROPERTIES

Mail back to: PO BOX 1213 CASPER, WY 82602
PHONE 307-262-7513 FAX 307-224-7525

RENTAL APPLICATION

YOUR CREDIT AND YOUR LANDLORD REFERENCE WILL BE CHECKED WITH THIS COMPLETED APPLICATION. THESE ITEMS ARE VERY IMPORTANT TO OUR COMPANY IN MAKING A DECISION FOR APPROVAL.

*NAME (INCLUDE FORMER MARRIED NAMES, MAIDEN/ALIASES): _____

*CURRENT ADDRESS (STATE&ZIP): _____

*DRIVER LIC/ID: State _____ # _____ *SOCIAL SECURITY #: _____*

DOB _____ PHONE (Cell) _____ (Home) _____ (Work) _____

*EMAIL ADDRESS: _____

DO YOU OR OTHER APPLICANTS SMOKE: _____

*NAME & ALL INFO REQUIRED FOR ALL PROPOSED OCCUPANTS:

NAME	RELATIONSHIP	DOB	SOC SEC #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

REFERENCE INFORMATION: (MUST HAVE A GOOD LANDLORD REFERENCE and CREDIT REFERENCE)

CURRENT LANDLORD: _____ LANDLORDS # _____

HOW LONG _____ REASON FOR MOVING _____

IS YOUR RENT CURRENT _____ NUMBER OF LATE PAYMENTS _____ AMOUNT OF SECURITY DEPOSIT _____

CURRENT RENT AMOUNT \$ _____ LEASE ___ YES ___ NO THIRTY DAY NOTICE REQUIRED? ___ YES ___ NO

PREVIOUS LANDLORD _____ PHONE NO. _____ HOW LONG _____

PREVIOUS ADDRESS _____ REASON FOR MOVING _____

WAS YOUR SECURITY DEP RETURNED _____ IF NOT, WHY? _____

CREDIT REF: NAME _____ ACCT# _____ PHONE # _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ SUPERVISOR _____ POSITION _____

HOW LONG _____ PHONE NO: _____ GROSS MONTHLY INCOME: _____

SPOUSE/FRIEND, ETC. INFORMATION (INCLUDE FORMER MARRIED, MAIDEN, ALIASES NAMES USED)

NAME _____ DOB _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____ STATE _____

PRESENT EMPLOYER _____ SUPERVISOR _____ POSITION _____

HOW LONG _____ PHONE NO: _____ GROSS MONTHLY INCOME _____

CURRENT LANDLORD (IF DIFF. FROM ABOVE) _____ PHONE _____

PETS

HOW MANY PETS DO YOU HAVE? _____ TYPE _____ PET DEPOSIT _____

BANK INFORMATION

BANK NAME _____ PHONE NO. _____ CITY _____ STATE _____

TYPE OF ACCOUNT: _____ TYPE OF ACCOUNT: _____



MARSH PROPERTIES

Mail back to: PO BOX 1213 CASPER, WY 82602
PHONE 307-262-7513 FAX 307-237-0755

IN CASE OF EMERGENCY, PLEASE NOTIFY (Including non-payment of rent)

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

IF UNDER TWENTY-ONE (21) A CO-SIGNER COULD BE REQUIRED.

NUMBER OF VEHICLES (INCLUDING COMPANY CARS) _____ LICENSED _____ INSURED BY _____

MAKE/MODEL _____ YEAR _____ COLOR _____ PLATE# _____ STATE _____

MAKE/MODEL _____ YEAR _____ COLOR _____ PLATE# _____ STATE _____

HOW MANY SECURITY DEPOSITS HAVE NOT BEEN RETURNED? _____

HOW MANY LEASES HAVE YOU BROKEN? _____ WHY? _____

HOW MANY TIMES HAVE YOU REFUSED TO PAY RENT? _____ WHY? _____

HOW MANY EVICTIONS HAVE BEEN FILED ON YOU? _____

HOW MANY TIMES HAVE YOU FILED FOR BANKRUPTCY? _____ WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

ARE YOU A REGISTERED SEX OFFENDER IN ANY STATE OR COUNTRY? _____

DO YOU HAVE A HISTORY OF DRUG USE OR OFFENSES? _____

WILL YOU GIVE US PERMISSION TO DO A CRIMINAL BACKGROUND CHECK? _____

IS THERE ANYTHING TO PREVENT YOU FROM PLACING UTILITIES IN YOUR NAME? _____

DO YOU CURRENTLY HAVE UTILITIES IN YOUR NAME? _____ WHAT UTILITIES.? _____

HAVE YOU EVER RECEIVED ANY ASSISTANCE FROM ANY HOUSING AUTHORITY/OTHER FEDERAL AGENCY? _____

DO YOU GIVE US PERMISSION TO VERIFY INFORMATION FROM THESE SOURCES? _____

If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address & phone # so that we can use them as a reference for you:

REFERENCE: _____

RENTAL UNIT APPLIED FOR _____ DESIRED MOVE-IN DATE _____

MONTHLY RENT \$ _____ + UTILITIES PD BY TENANT _____ DEPOSIT \$ _____

I/We hereby certify that I/we Do/Will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. (Current landlord reference and a credit score of 550 or more are most important) 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 18 or older must sign this application.**

DRUG POLICY

DRUG POLICY: Resident, any member of the resident's household, or a guest or other person under the resident's control shall not engage in criminal activity, including Drug-Related Criminal Activity, on or near the premises. "Drug-Related Criminal Activity" means the illegal manufacture, sell, distribute or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act) (21 U.S.C. 802).

Resident, any member of the resident's household, or guest or other person under the resident's control shall not engage in any act intended to facilitate criminal activity, on or near project premises.

Resident or member of the household will not permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual(s) engaging in such activity is a member of the household or a guest.

Resident or member of the household will not engage in the manufacture, sale or distribution of illegal drugs at any location, whether on or near project premises or otherwise.

Resident, any member of the resident's household, or guest or other person under the resident's control shall not engage in acts of violence or threats of violence, including but not limited to, the unlawful discharge of firearms, on or near project premises.

Violation of the above provisions shall be a material violation of the lease and good cause for termination of residency, A single violation of any of the provisions shall be deemed a serious violation and a material noncompliance with the Lease. It is understood and agreed that a single violation shall be a good cause for termination of the Lease. Unless otherwise provide by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

I/We declare the foregoing information is true and correct, and I/we hereby authorize you to conduct an employment, credit check and to verify our references. I have also read and will abide by the above captioned "DRUG POLICY".

HALF OF DEPOSIT TO HOLD THE UNIT FOR 48 HOURS: \$ _____
(Refundable if not approved by us; forfeited by you if approved by us and you don't rent the unit)

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANTS SIGNATURE _____ DATE _____

CO-SIGNER SIGNATURE _____ DATE _____

CO-SIGNER SIGNATURE _____ DATE _____

