

MARSH PROPERTIES

Mail back to: PO BOX 1213 CASPER, WY 82601
PHONE 307-262-7513 FAX 307-237-0755

RENTAL APPLICATION

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

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

CURRENT ADDRESS (STATE&ZIP):

Driver's License State and #

SOCIAL SECURITY #: DOB PHONE (H) (W)

EMAIL ADDRESS:

DO YOU OR OTHER APPLICANTS SMOKE:

NAME OF ALL PROPOSED OCCUPANTS:

NAME	RELATIONSHIP	DOB	SS#
1.			
2.			
3.			
4.			

REFERENCE INFORMATION: (MUST HAVE A GOOD LANDLORD REFERENCE and CREIT 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 IS 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:

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

NAME: ADDRESS: PHONE

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NO: IF UNDER TWENTY-ONE (21) A CO-SIGNER COULD BE REQUIRED.

NUMBER OF VECHILES (INCLUDING COMPANY CARS) LICENSED INSURED BY

MAKE/MODEL YEAR COLOR PLATE# STATE

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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 ANY UTILITIES IN YOUR NAME? WHAT UTS.?

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-Relate 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”.

A \$ 20.00 APPLICATION FEE IS CHARGED TO PROCESS THIS APPLICATION AND MUST BE INCLUDED WITH THIS APPLICATION. WE WILL NOT PROCESS THIS APPLICATION WITHOUT THE \$ 25.00 FEE. (Each additional adult, add \$ 10.00/adult)

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

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CO-SIGNER

CO-SIGNER