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 MARR	IED NAMES, MAIDEN/ALIA	SES):					
CURRENT ADDRESS (STATE&ZIP):						
Driver's License State and #							
		PHONE (H)	(W)				
EMAIL ADDRESS:							
DO YOU OR OTHER APPLICANTS	SMOKE:						
NAME OF ALL PROPOSED OCCU	JPANTS:						
NAME RELATION	ONSHIP DC	DB SS#					
1							
2							
3							
4							
REFERENCE INFORMATION: (M	IUST HAVE A GOOD LAND	DLORD REFERENCE and	<u>CREIT REFERENCE)</u>				
CURRENT LANDLORD:		LAN	IDLORDS #				
HOW LONGREASON FO							
			OF SECURITY DEPOSIT				
			TICE REQUIRED?YESNO				
PREVIOUS LANDLORD		_ PHONE NO	HOW LONG				
PREVIOUS ADDRESS							
CREDIT REF: NAME							
	EMPLOYM	ENT INFORMATION					
PRESENT EMPLOYER	SUPERVIS	OR	POSITION				
	GROSS INO						
SPOUSE/FRIEND, ETC. IN	FORMATION (INCLUDE F	ORMER MARRIED, MAI	DEN, ALIASES NAMES USED)				
NAME		D	OB				
			STATE				
			POSITION				
			PHONE				
× ×		ETS					
HOW MANY DETS DO YOU HAVE			DET DEDOGIT				
HOW MANY PEIS DO YOU HAVE	/IY.	PE	PET DEPOSIT				
	BANK INF	ORMATION					
BANK NAME	PHONE NO	CITY	STATE				
TYPE OF ACCOUNT:	TYPE OF ACCO	OUNT:					

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NAME:		IN CASE OF EMERGE			, , , , , , , , , , , , , , , , , , ,		
NUMBER OF VECHILES (NCLUDING COMPANY CARS) LICENSED INSURED BY MAREMODPI YEAR COLOR PLATE# STATE MAREMODPI YEAR COLOR PLATE# STATE HOW MANY SECURITY DEPOSITS HAVE NOT BEEN RETURNED? WHY? WHY? HOW MANY ILASSIS HAVE YOU BROKEN? WHY? WHY? HOW MANY TRANS HAVE YOU HAVE ANA PRINT? WHY? WHY? HOW GOY CAN TRANS HAVE ON DY KANN TAY TOUR HAVE HAVE ANA YOU RUNN HAVE HAVE ON TO NO ARENY TOU TRANS HAVE ON THE NY DUR NAME? WHAT YOU GOY US ANA PRINCE ON THE NY DUR NAME? WHY							
NUMBER OF VECHILES (INCLUDING COMPANY CARS)ILTENSEDNSURED BYMAKE-MODELYEARCOLORPLATEFSTATEMAKE-MODELYEARCOLORPLATEFSTATEMAKE-MODELYEAROLORPLATEFSTATEMAKE-MODELYEAROLORPLATEFSTATEMAKE-MODELYEARNOUPLATE STATEMILENS HAVE YOU BROKENP?WHY?MILENS HAVE YOU BROKENP?WILENS HAVE YOU BROKENP?WILENS HAVE YOU FOR PLATER AND YOU?MILENS HAVE YOU BROKENP?WILENS HAVE YOU BROKENP?WILENS HAVE YOU FOR PLATES HAVE YOU FOR PLATES HAVE YOU BROKENP?WILENS HAVE YOU FOR PLATES HAVE YOU FOR ON PLATES HAVE YOU FOR THE HAVE HAVE YOU FOR ON PLATES HAVE YOU FOR THE HAVE HAVE YOU FOR THE HAVE HAVE ALL AGENCY Y							
MARE-MODEL YEAR COLOR PLATE# STATE MARE-MODEL YEAR COLOR PLATE# STATE HOW MANY SECURITY UPPORTS HARK NOT FHEME NETURNED? WINY WINY WINY HOW MANY SECURITY UPPORTS HARK NOT FHEME NETURNED? WINY WINY WINY HOW MANY TENES HAVE YOU REFUSED TO PAY RENT? WINY? WINY WINY HOW MANY TENES HAVE YOU REFUSED TO PAY RENT? WHEY? HOW MANY TENES HEME YOU FOR USES TO ROTO NO YOU? HOW MANY TENES TEENE CONVECTED OF A FEITER STATE WILY YOU A REGISTERETED SEX OFFENDER IN ANY STATE OR COUNTRY? WINY TUNS TO REFUSED SEX OFFENDER IN ANY STATE OR COUNTRY? DO YOU CURRENTLY TING TO REFUSED YOU FOR MAXME? WILY YOU GYEU US PERMISSION TO DO A CRIMINAL BACKGROUND CHICKS? WILY YOU GYEU US PERMISSION TO VERIFY INFORMATION FROM HILDES EQURCES? If you were to run into francial difficulty in the future and couldn'1 come up with the money to pay the rent, do you know someone that would lan up out money of the sy provide the person's name, address & phone # so that we can use them as a reference for you: Reference:	NO:	IF UNDER TWENTY-	ONE (21) A CO-SIC	SNER COULD BE REQ	UIRED.		
MAREMODEL YEAR COLOR PLATE#STATE	NUMBER OF VECHILES	(INCLUDING COMPAN	VY CARS)	LICENSED_	INSURED B	Y	
HOW MANY SECURITY DEPOSITS HAVE NOT BEEN RETURNED? HOW MANY LEASES HAVE YOU BROKEN WHY? HOW MANY EVICTIONS HAVE REFIN FILED ON YOU? WHY? HOW MANY EVICTIONS HAVE REFIN FILED ON YOU? WHEN? HOW MANY EVICTIONS HAVE REFIN FILED ON YOU? WHEN? HAVE YOU EVIEN BEEN CONNICIED OF A FELONY? WHEN? HAVE YOU EVIEN BEEN CONNICIED OF A FELONY? WHEN? DO YOU HAVE A HISTORY OF DRUG ISSE OR OFFENSES? WHEN? JUL YOU GIVE US PERMISSION TO DO A CARUMINAL BACKGROUND CHECK? STHERE ANY THING TO PREVENT YOU FROM PLACING UTILITIES IN YOUR NAME? DO YOU GURVE LIS PRANISSION TO DEAR CARUMANY BACKGROUND CHECK? STHERE ANY THING TO PREVENT NOT FORMATION FROM THOSE SOLUCENS? IVIE YOU EVIEN REECENTED ANY ASSISTANCE FROM ANY HOUSES ONE CRECK? STHERE ANY THING TO PREVENT NOT OVERARY THOR FORMATION FROM THOSE SOLUCENS? IVIE YOU EVIEN REECENTED ANY ASSISTANCE FROM ANY HOUSE SOLUCENS? STHERE ANY THING TO VERE THE THOR ANT TO REFORM THISE SOLUCENS? IVIE YOU EVIEN RECENTED ANY ASSISTANCE FROM ANY HOUSE SOLUCENS? DESIRED MOVE-IN DATE CONTRAL CREEK DESIRED MOVE-IN DATE CONTRAL CREEK DESIRED MOVE-IN DATE MONTHLY PREVENT - UTILITIES PD BY TENANT DEFOSIT VEV between the down assignment evide the reside the souted the reside the socie the socie the souted the so	MAKE/MODEL	YEAR	COLOR	PLATE#	_STATE		
HOW MANY LEASES HAVE YOU BROKEN? WHY? HOW MANY TWRS HAVE YOU BROKEN? WHY? HOW MANY EVICTIONS HAVE BEEN FILED ON YOU? WHY? HOW MANY TWRS HAVE YOU FILED FOR BANKRUPTCY? WHY? HAVE YOU EVICE BEEN CONVICTED OF A FELONY? WHY? HAVE YOU EVICE BEEN CONVICTED OF A FELONY? WHY? DOY OU LAVE A HISTORY OF DRUG USE OR OFFENDER IN NANY STATE OR COUNTRY? DOY OU UNE SPENDERSTON TO DO A CHINNAL BACKGROUND CHFCK? DO YOU UNE VE A HISTORY OF DRUG USE OR OFFENDER IN NANY STATE OR COUNTRY? DOY OU URAVE A HISTORY OF DRUG USE OR OFFENDER IN NOURS MARKER? DO YOU UNE VE SPENDERSTON TO DO A CHENNAL BACKGROUND CHFCK? WHAT UUS.? HAVE YOU EVICE RECEIVED ANY VILLEITIES IN YOUR NAME? WHAT UUS.? HAVE YOU EVICE RECEIVED ANY ASSISTANCE FROM ANY HOUSING ALTIORITY/OTHER FEDERAL AGENCY? DO YOU CIVE US PERMISSION TO VERIE! IN FORMATION HERMON HELES COURCES? 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:	MAKE/MODEL	YEAR	COLOR	PLATE#	_STATE		
RENTAL UNIT APPLIED FOR	HOW MANY LEASES HA HOW MANY TIMES HA HOW MANY EVICTION HOW MANY TIMES HA HAVE YOU EVER BEEN ARE YOU A REGISTERE DO YOU HAVE A HISTO WILL YOU GIVE US PEI IS THERE ANYTHING T DO YOU CURRENTLY F HAVE YOU EVER RECE DO YOU GIVE US PERM If you were to run into fina would loan you the money	AVE YOU BROKEN? VE YOU REFUSED TO F S HAVE BEEN FILED O VE YOU FILED FOR BA CONVICTED OF A FEL ED SEX OFFENDER IN A ORY OF DRUG USE OR O RMISSION TO DO A CRI O PREVENT YOU FROM IAVE ANY UTILITIES IN IVED ANY ASSISTANC UISSION TO VERIFY INF ncial difficulty in the futur ? If so, provide the person	WHY? PAY RENT? NYOU? NKRUPTCY? NY STATE OR CO OFFENSES? MINAL BACKGRO 4 PLACING UTILIT N YOUR NAME? E FROM ANY HOU FORMATION FROM re and couldn't come 's name, address & pl	WHY? WHEN? UNTRY? UND CHECK? IES IN YOUR NAME? WHAT UTS.? SING AUTHORITY/OT I THESE SOURCES? up with the money to pay none # so that we can use	HER FEDERAL A	GENCY?	
MONTHLY RENT	Kererence						
I/We hereby certify that I/we Do/Will not maintain a separate rental unit in another location. J/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 may eligibility for housing will be based on applicable income inits 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 their application of terminal on of termany after occupancy. All adult applicants 18 or older must sign this application. 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 project premises. Resident, or member of the resident's household, or guest or other person under the resident's control shall not engage in architate criminal activity, on or near project premises. Resident or member of the resident's household, or guest or other person under the resident's control shall not engage in a charcivity is a member of the household or a guest. Resident or member of the resident's household, or guest or other person under the resident's control shall not engage in any net relive previsions shall be a material violation of intergation of residency. A single violation shall be a good cause of violence, including bur, provisions shall be a material violation of the lease and good cause for termination of residency. A single violation shall be a good cause for termination of the lease and good cause for termination of residency. A single violat	RENTAL UNIT APPLIED	FOR		DESIRE	D MOVE-IN DAT	ſE	
understand I/we must pay a security deposit for this apatriment prior to occupancy. <i>U</i> We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria (current landlord herefrence and a credit score of 550 or more are most important)/UWe certify that all information in this application is true to the best of my/our knowledge and <i>U</i> We understand that false statements or information are punishable by law and will lead to cancellation of this application is true to the best of my/our knowledge and <i>U</i> We understand that false statements or information are punishable by law and will lead to cancellation of this application is true to the best of my/our knowledge and <i>U</i> We understand that false statements or information are punishable by law and will lead to cancellation of this application is true to the best of my/our knowledge and <i>U</i> We understand that false statements or information are punishable by law and will lead to cancellation of this application. <i>DRUG POLICY</i> : Resident, any member of the resident's household, or a 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. "Drug-Related Criminal Activity; on or near project premises." Resident any member of the household will not engage in the manufacture, sell of distribution of allegal drugs at any location, whether on or near project premises or othervise. Resident, any member of the resident's household, or guest or other person under the resident's control shall be a good cause for termination of residency. A single violation of any of the provisions shal be deemed a serious violation and a material noncompliance with the Lease. It is understoal and agreed that a single violation of any of the provisions shal be deemed a serious violation and a material noncompliance with the Lease. It is understoal and agreed that a single violation of any of the provisions shal be deemed a serious violation and a	MONTHLY RENT	+ UTILI	TIES PD BY TENA	NT	DEPOSIT		
	understand I/we must pay a seculimits and by management's sele application is true to the best of application or termination of ter DRUG POLICY: Resident, any including Drug-Relate Criminal substance (as defined in Section Resident, any member of the res activity, on or near project prem Resident or member of the hous regardless of whether the indivi- Resident or member of the hous otherwise. Resident, any member of the res including but not limited to, the Violation of the above provision be deemed a serious violation at the Lease. Unless otherwise pro I/We declare the foregoing infor also read and will abide by the a A \$ 20.00 APPLIC MUST BE INCLI APPLICATION V HALF OF DEPOS	urity deposit for this apartment ection criteria.(Current landlord my/our knowledge and I/We un lancy after occupancy. All adul y member of the resident's hous Activity, on or near the premis 102 of the Controlled Substand ident's household, or guest or of ises. ehold will not permit the dwell dual(s) engaging in such activit ehold will not engage in the ma- sident's household, or guest or of unlawful discharge of firearms is shall be a material violation of a material noncompliance wivide by law, proof of violation mation is true and correct, and bove captioned "DRUG POLIC CATION FEE IS UDED WITH THE WITHOUT THE S	prior to occupancy. I/We reference and a credit so derstand that false stater t applicants 18 or older m DRUG POI eschold, or a guest or other es. "Drug-Related Crimin ze Act) (21 U.S.C. 802). other person under the res ing unit to be used for, or y is a member of the hou- unufacture, sale or distribu- other person under the res , on or near project premi- of the lease and good cause the hereby authorize yo CY". CHARGED T IS APPLICAT \$ 25.00 FEE. (HE UNIT FOI	understand that my eligibility ore of 550 or more are most in nents or information are punish ust sign this application. LICY person under the resident's co- nal Activity'' means the illegal dident's control shall not engag to facilitate, criminal activity, schold or a guest. ation of illegal drugs at any loc ident's control shall not engag ses. se for termination of residency, tood and agreed that a single v conviction, but shall be by a p u to conduct an employment, c O PROCESS TH CION . WE WILLI (Each additional R 48 HOURS: \$_	for housing will be bas portant)I/We certify t hable by law and will I ntrol shall not engage manufacture, sell, dist e in any act intended t including drug-related ation, whether on or n e in acts of violence of A single violation of iolation shall be a goo reponderance of the ev redit check and to ver IS APPLIC NOT PROO adult, add \$	sed on applicable income hat all information in this ead to cancellation of this in criminal activity, ribute or use of a controlled o facilitate criminal I criminal activity, ear project premises or r threats of violence, any of the provisions shall d cause for termination of vidence. ify our references. I have ATION AND CESS THIS 10.00/adult)	
CO-SIGNER CO-SIGNER	APPLICANT'S SIGNATU	JRE	DATE	APPLICANTS	SIGNATURE	DATE	
	CO-SIGNER			CO-SIGNEP			