

MARSH PROPERTIES

PO BOX 1213, CASPER, WY 82602

Cell: (307) 251-2996 marshproperties82@gmail.com

www.marshproperties.net

Rental Application

YOUR CREDIT AND LANDLORD REFERENCE WILL BE CHECKED WITH THIS COMPLETED APPLICATION.

Name (include former married names, maiden/aliases): _____

Current Address to include state and zip code): _____

Driver License/ID: State: _____ #: _____ Social Security #: _____

DOB: _____ Cell Phone #: _____ Home #: _____ Work #: _____

Email Address: _____

Do you or other applicants smoke or vape? _____

NAME & ALL INFORMATION 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: _____ Phone #: _____

How Long: _____ Reason for moving: _____

Is Your Rent Current: _____ Number of Late Payments: _____ Amount of Security Deposit: _____

Current Rent Amount: \$ _____ Lease: ___ Yes ___ No Is a Thirty (30) Notice Required? ___ Yes ___ No

Previous Landlord: _____ Phone #: _____ How Long: _____

Previous Address: _____ Reason for Moving: _____

Was Your Full Security Deposit Returned? ___ Yes ___ No If no, why not? _____

Credit Reference Name and Phone #: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Supervisor: _____ Position: _____

How Long: _____ Phone #: _____ Gross Monthly Income: _____

TENANT #2: INFORMATION (INCLUDING FORMER MARRIED, MAIDEN, or ALIASES USED):

Name: _____ DOB: _____

Social Security #: _____ Driver's License/ID: State _____ #: _____

Present Employer: _____ Supervisor: _____ Position: _____

How Long: _____ Phone #: _____ Gross Monthly Income: _____

PETS:

How Many Pets: _____ Type: _____ House/Crate Trained: ___ Yes ___ No

BANK INFORMATION:

Bank Name: _____ Phone #: _____ City: _____ State: _____

Type of Account: _____ Type of Account: _____



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Emergency Contact Information:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Number of Vehicles (including company cars): _____ Licensed: Yes No 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? Yes No

Are you a registered sex offender in any state or country? Yes No

Do you have a history of drug use or offenses? Yes No

Will you give us permission to do a criminal background check? Yes No

Is there anything to prevent you from placing utilities in your name? Yes No. If so, what is the issue? _____

_____. Do you currently have utilities in your name? Yes No

What utilities? _____

Have you ever received any assistance from any Housing Authority/Federal Agency? Yes No

Do you give us permission to verify information from these sources? Yes No

If you were to run into financial difficulty in the future and could not 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, and phone number so we can use them as a reference for you:

Reference: _____

Rental Unit Applied for: _____ Desired Move-in Date: _____

Current Monthly Rent: \$ _____ Utilities paid by Tenant: _____ Deposit: \$ _____

I/we hereby certify that I/we do not/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 that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that our 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 important in determining eligibility. 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 is 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

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, selling, distribution 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; 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; to engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near project premises or otherwise engage in acts of violence or threat of violence, including but not limited to, the unlawful discharge of firearms. Violation of the above provisions shall be a material violation of the lease and is 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 provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

I/we declare that 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 POLIY."

Applicant's Signature

Date

Applicant's Signature

Date

