

FOXHILL APARTMENTS
1900 S. MISSOURI #3017
CASPER, WY 82609
(307) 237-5213
(307) 237-2501 FAX

FOR OFFICE USE ONLY

RENTAL APPLICATION

WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER. WE FULLY COMPLY WITH THE FEDERAL FAIR HOUSING ACT. WE DO NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN. WE ALSO COMPLY WITH ALL STATE AND LOCAL FAIR HOUSING LAWS.

APT. # _____
APT. SIZE _____
RENT AMT _____
DISCOUNT _____
TERM _____
MOVE IN DATE _____
LEASING AGENT _____
TODAYS DATE _____

NAMES TO APPEAR ON LEASE
last first middle initial
social security number date of birth

ALL ADULTS LIVING IN THE APARTMENT MUST FILL OUT AN APPLICATION

LIST ALL OTHERS TO OCCUPY THE APARTMENT
name date of birth PHOTO I.D. _____

name date of birth KEYS AUTHORIZED TO: _____

HAVE YOU EVER RENTED UNDER ANOTHER NAME? YES or NO
THE NAME: _____

ARE YOU A U.S. CITIZEN? YES OR NO

RESIDENTIAL HISTORY

- 1. CURRENT ADDRESS: CITY, ST, ZIP VERIFIED
LANDLORD NAME: RELATIONSHIP COMMENTS
RENTAL AMOUNT DATES RENTED FROM TO
LANDLORD PHONE #
- 2. PREVIOUS ADDRESS: CITY, ST, ZIP VERIFIED
LANDLORD NAME: RELATIONSHIP COMMENTS
RENTAL AMOUNT DATES RENTED FROM TO
LANDLORD PHONE #

IF YOU OWN YOUR HOME AND THE ADDRESS DIFFERS FROM ABOVE, PLEASE LIST IT NOW:

CITY, ST, ZIP FROM TO

EMPLOYMENT/OTHER INCOME

- 1. NAME OF EMPLOYER: POSITION VERIFIED
ADDRESS: PHONE COMMENTS
DATES EMPLOYED INCOME PER
- 2. NAME OF EMPLOYER: POSITION VERIFIED
ADDRESS: PHONE COMMENTS
DATES EMPLOYED INCOME PER
- 3. OTHER INCOME: PLEASE LIST ANY SSI, PENSION, DISABILITY, STUDENT GRANTS, ETC.
(VERIFICATION WILL BE REQUESTED)
NAME: AMOUNT TYPE OF INCOME VERIFIED
NAME: AMOUNT TYPE OF INCOME COMMENTS

DESCRIPTION OF VEHICLES

MAKE: MODEL YEAR COLOR LIC # PARKING PERMIT #
MAKE: MODEL YEAR COLOR LIC #
OTHER:
DRIVER'S LICENSE # (s)

Do you own any pets? Description
EMERGENCY CONTACT NAME, ADDRESS AND PHONE NUMBER:
NUMBER YOU CAN BE REACHED AT NOW:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A PROPERTY? _____ IF YES, PLEASE EXPLAIN _____

**FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION
IF THIS APPLICATION IS APPROVED BASED ON ANY MISREPRESENTATION PROVIDED BY THE
APPLICANT AND SAID MISREPRESENTATION IS DISCOVERED AFTER OCCUPANCY; THE CONTRACT
MAY BE CONSIDERED VOID, AND YOU MAY BE EVICTED.**

All adults whose name will appear on the contract or be residing in the apartment, before the landlord will consider residency, must complete an application. Acceptance of this application, and any monies deposited herewith is not binding upon the landlord until the landlord approves the application(s). If approved **\$200.00** of the required **\$400.00** security deposit must be paid to hold the apartment until time of occupancy, upon which time the balance of all monies due must be paid. If approved and the unit is held for more than three (3) working days and the applicant withdraws the application all monies deposited shall be forfeited to the landlord. Keys to an apartment will not be given out until all parties whose name(s) will appear on the lease have signed the lease in front of the landlord, landlord's agent or notary public.

PHOTO I.D. AND THE NON-REFUNDABLE
APPLICATION PROCESSING FEE OF
\$30.00 for the 1st applicant and
\$15.00 for each additional applicant
ARE REQUIRED WITH THE APPLICATION
CASH IS NOT ACCEPTED

**APPLICATION FEE, SECURITY DEPOSIT AND FIRST MONTH'S RENT
MUST BE PAID WITH A
MONEY ORDER OR CASHIER'S CHECK.**

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. The undersigned agrees this application and any information received will remain the property of FOXHILL APARTMENTS LLC.

I hereby grant FOXHILL APARTMENTS LLC the right to process this application for the purpose of obtaining a rental/lease agreement with this property. Additionally, I authorize all corporations, companies and law enforcement agencies, academic institutions, current and former landlords and current and former employers to release information they may have about me. I hereby release said person(s) from any liability and/or responsibility in doing so. A photographic or faxed copy of the authorization shall be as valid as the original.

APPLICANT DATE

APPLICANT DATE

This application was received by:

FOXHILL DATE

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FOR OFFICE USE ONLY:

COMMENTS _____

APPROVED _____

DENIED _____