

Powell Enterprises  
2017 Alsop Lane  
Laramie, Wyoming 82072  
Phone: (307) 745-7063  
Fax: (307) 745-8177

Equal Housing Opportunity  
We do not discriminate on the basis of  
race, color, religion, sex, handicap,  
familial status or national origin.

### **Rental Application**

The undersigned, proposed Tenant (Applicant), hereby makes application for lease of an apartment. Applicant has deposited a fee in the amount of \$ \_\_\_\_\_ as an application fee in consideration for management taking the dwelling unit off the market while considering approval of this application. If Applicant is approved and the contemplated lease is entered into, the application fee shall be credited to the required security deposit. If Applicant is approved but fails to enter into the lease agreement or fails to take residency, or changes decision on occupancy of the unit, the application fee shall be forfeited. If Applicant is not approved, the application fee shall be returned to Applicant.

#### **To Be Completed by Applicant**

Full Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_  
Name of Co-Applicant: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_  
List of Dependents (Excluding Co-Applicant): \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

#### **Nearest Living Relative**

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

#### **Please give your Residence History for the Past 5 years**

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

#### **Please give your Employment Information**

Applicant Status [ ] Employed Full-Time [ ] Employed Part-Time  
[ ] Student [ ] Retired [ ] Unemployed  
Present Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_  
Co-Applicant Employer \_\_\_\_\_ How Long \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

**CONTINUED OVER**

Personal References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Bank Reference:

Checking: [ ] Savings: [ ] Loan: [ ]  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Automobile 1/Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
 Has the exhaust system on this automobile been modified, from the original equipment,  
 with and after-market exhaust system? Yes No  
 Does this automobile have a quiet exhaust system that will not disturb other tenants or  
 neighbors? Yes No

Automobile 1/Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
 Has the exhaust system on this automobile been modified, from the original equipment,  
 with and after-market exhaust system? Yes No  
 Does this automobile have a quiet exhaust system that will not disturb other tenants or  
 neighbors? Yes No

Additional Information

I understand that all units are non-smoking and no pets.	Yes	No
Have you ever been evicted from any tenancy or been asked to move out?	Yes	No
Have you ever willfully or intentionally refused to pay any rent when due?	Yes	No
Have you ever been sued for damage to rental property?	Yes	No
Do you know of anything which may interrupt your ability to pay?	Yes	No
Have you ever filed for bankruptcy?	Yes	No
Have you ever been convicted of a felony?	Yes	No

Please give any additional information that might help management evaluate your application:

How did you hear about our property? \_\_\_\_\_  
 Desired start date of occupancy: \_\_\_\_\_  
 Studio or one bedroom? \_\_\_\_\_

**Applicant hereby represents that all the above statements are true, correct and complete. Applicant authorizes verification of the above information provided including, but not limited to obtaining a consumer credit report and agrees to furnish additional information upon request. Applicant understands that any false answers or statements on this application shall be grounds for non-approval and/or eviction.**

\_\_\_\_\_  
 Signature Date Signature Date