

# Wyoming Properties - Rental Application

Applicant #1 Name \_\_\_\_\_  
 Applicant #2 Name \_\_\_\_\_  
 Applicant #3 Name \_\_\_\_\_  
 Applicant #4 Name \_\_\_\_\_

Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_

**Please complete and return this application to the appropriate address:**

Mountainside Apts.  
 4109 E. Pershing Blvd #A101  
 Cheyenne, WY 82001

WY TTY Relay for the hearing impaired 1-800-877-9975

\$ 35 Each

There is a \$ 50 non-refundable application fee for each adult applicant in the household Additional Adult

- **WELCOME!** We are pleased that you have come to Mountainside Apts. for housing. Our goal is simple: to provide and professionally manage the finest affordable housing in Wyoming.
- Please carefully read and respond to the application questions. Circle "Y" or "N". If you change your answer, please cross through the first answer and initial your correction. **DO NOT USE WHITEOUT.**
- This completed application is required to be signed by EACH head-of-household and spouse and all adults (18 years & older) and legally responsible minors who intend to reside at the property. No exceptions.
- This application must be filled out entirely, including telephone numbers to verify all income, assets and references listed. Incomplete information may delay the application process.
- If self employed, you will need to provide a copy of your prior year income tax return (including 1040 and schedule C) and a current year-to-date profit and loss statement for the business.
- For other income such as retirement, public assistance, parental support, financial aid etc., you must have reliable documentation.
- We will need a copy of your current driver's license.
- Head of Household and Spouse and other Adult applicants (i.e., all lease signers!): please fill out all the information in this application pertaining to your dependent children 17 years and younger.
- Discovery of falsified information will result in immediate denial of your application and if discovered subsequent to rental of a unit may result in immediate eviction.

Apartment applying for:

Address:

Project #1		Unit #	
Project #2		Unit #	
Project #3		Unit #	
Project #4		Unit #	
Project #5		Unit #	
Project #6		Unit #	

1 bdrm \_\_\_\_\_ 2bdrm \_\_\_\_\_ 3bdrm \_\_\_\_\_ 4 bdrm \_\_\_\_\_

Please tell us -how did you hear about our apartments? \_\_\_\_\_

Y / N Have you ever applied for an apartment with Mountainside Apts. before?

Desired date to begin renting? \_\_\_\_\_



# Household Information

1. Y / N Have You or any member of the household ever used another name(s)?

Name(s): \_\_\_\_\_

List all persons who will reside in the home, beginning with the Head of the Household:

Full Name	Relation-ship	Student Status		SSN	Race	Optional	
		F/T, P/T, No	Date of Birth			Ethnicity	Disabled?
1.	Head of H/H			- -			
2.				- -			
3.				- -			
4.				- -			
5.				- -			
6.				- -			

2. Is the Head of Household: Married / Divorced / Separated / Widowed / N/A (circle one)  
Name of Spouse or Ex-Spouse: \_\_\_\_\_

3. Y / N Do you expect any changes to the household composition within the next twelve (12) months?  
If yes, please explain who and when: \_\_\_\_\_

4. Y / N Will your children live with you at this address at least 50% of the time?  
Explanation if needed: \_\_\_\_\_

5. Y / N Is there anyone living with you now that will not be living with you at this property?  
If yes, please explain: \_\_\_\_\_

6. Y / N Are there any absent household members who under normal conditions would live with you?  
(example, away in Military or college) If yes, please explain: \_\_\_\_\_

7. Y / N Will all of the persons in the household be or have been full time students during five (5) calendar months of this calendar year, or the upcoming calendar year (need not be consecutive months) at an educational institution (other than a correspondence school) with regular faculty and students? *Note: Minor children in full day kindergarten and up are included.*

***ONLY answer if all household members could answer "Yes" to question 7., answer the following questions related to full-time student status:***

- a. Y / N Are any full-time student(s) married and filing a joint tax return?
- b. Y / N Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?
- c. Y / N Are any full time students a Title IV/TANF recipient?
- d. Y / N Are any full time students a single parent living with his/her minor child and the parent and child are not dependants on another 's tax return?
- e. Y / N Has any full time student formerly been under foster care, and is 25 years old or younger?

Please initial: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Date: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_



# Income

- 8 . Y / N Are you or any member of your household Currently Employed? If you are not currently employed, do you work seasonally or less than 52 weeks a year? Please explain: \_\_\_\_\_
- 9 . Y / N Are you or any member of your household Self Employed?
- 10 . Y / N Does any member of the household receive regular pay as a member of the Armed Forces?
- 11 . Y / N Does any member of the household receive regular pay from Unemployment or Worker's Compensation? If so from which state? \_\_\_\_\_
- 12 . Y / N Does any member of the household receive Rental Assistance Payments \_\_\_\_, Public Assistance \_\_\_\_, General Relief \_\_\_\_, Aid to Families with Dependand Children (AFDC) \_\_\_\_ or Temporary Relief to Needy Families (TANF) \_\_\_\_?
- 13 . Y / N Does any member of the household receive Child Support or Alimony? Or expect to in the next 12 months? Monthly Amount \$ \_\_\_\_\_. Is there a Court Order? Y / N (Please provide most recent documentation)
- 14 . Y / N Does any member of the household receive Social Security, SSI, or other payments from Social Security Administration?
- 15 . Y / N Does any member of the household receive regular payments from Veteran's benefits, Pensions, Retirement benefits, or Annuities?
- 16 . Y / N Does any member of the household receive regular Severance Payments?
- 17 . Y / N Does any household member receive or expect to receive Settlements? (example: insurance or legal settlements)
- 18 . Y / N Does any member of the household receive gifts or payments on a regular basis (three or more times a year) from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills)
- 19 . Y / N Does any member of the household receive any Educational grants, scholarships, or other student benefits?
- 20 . Y / N Does any member of the household receive Lottery winnings or Inheritances?
- 21 . Y / N Does any member of the household receive payments from any rental property, land contracts or any other forms of real estate?
- 22 . Y / N Does any member of the household receive any other income sources or types not listed? If yes, please explain: \_\_\_\_\_
- 23 . Y / N Does any member of the household expect any changes to their income over the next twelve (12) months? If yes, please explain: \_\_\_\_\_

Please initial: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Date: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_



# Employment Information

Note: if additional space is needed for employment information, add on a separate page.

## Head of Household #1

Current Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

## Head of Household #1

2nd or Previous Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

## Household Member #2

Current Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

## Household Member #2

2nd or Previous Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

## Household Member #3

Current Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

## Household Member #3

2nd or Previous Employer: \_\_\_\_\_  
Employers address: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Seasonal Y / N \_\_\_\_\_

24 . Y / N Does any Adult in the household claim Zero Income? If so, who? \_\_\_\_\_

(Note that zero income status is not applicable if household member receives income from any source, for example:  
financial aid, social security, loans, mutual funds, stocks bonds, family assistance etc.)

Please initial: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Date: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_



## Assets

Bank \_\_\_\_\_ Phone # \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Current Value: \_\_\_\_\_

Savings Acct. # \_\_\_\_\_ Current Value: \_\_\_\_\_

### Each household member is to complete the following information on assets held:

- 25 . Y/N Does anyone in the household have any Cash on Hand? (Do not include cash in the bank)  
Current Amount: \_\_\_\_\_
- 26 . Y/N Does anyone in the household have Trust Funds?  
Current Value: \_\_\_\_\_
- 27 . Y/N Does anyone in the household have a Pension that they are yet unable to receive?  
Current Value: \_\_\_\_\_
- 28 . Y/N Does anyone in the household have CD's or a Money Market Account?  
Current Value: \_\_\_\_\_
- 29 . Y/N Does anyone in the household own any Stocks, Bonds, Annuities or Securities?  
Current Value: \_\_\_\_\_
- 30 . Y/N Does anyone in the household own any Treasury Bills?  
Current Value: \_\_\_\_\_
- 31 . Y/N Does anyone in the household have an IRA, KEOGH or other Retirement Accounts?  
Current Value: \_\_\_\_\_
- 32 . Y/N Does anyone in the household own a whole Life Insurance Policy?  
Current Value: \_\_\_\_\_
- 33 . Y/N Does anyone in the household own any Real Estate?  
Fair Market Value: \_\_\_\_\_
- 34 . Y/N Has anyone in the household disposed of any assets within the last two (2) years for less than fair market value? If yes, please explain: \_\_\_\_\_
- 35 . Y/N Does anyone in the household have Personal Assets on hand or Personal Property as an Investment valued at over \$5,000? (This does not include a personal car but does include paintings, stamp or coin collections, artwork, show cars, antiques, etc.)  
Types of asset(s): \_\_\_\_\_  
Current Value: \_\_\_\_\_
- 36 . Y/N Does anyone in the household have a safe deposit box?  
Contents and Current Value: \_\_\_\_\_

Please initial: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Date: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_



## Personal Information

37 . Y/N Do you have pets? If yes you will be required to provide proof of vaccination & city pet license if applicable. *Note: Pets are not allowed on some properties.*

If yes, How Many Pets? \_\_\_\_\_ What type(s) \_\_\_\_\_  
Breed(s) \_\_\_\_\_ Age(s) \_\_\_\_\_  
Weight(s) \_\_\_\_\_ Gender(s) \_\_\_\_\_

38 . Y/N Has anyone in the household ever filed for bankruptcy?  
If yes, when \_\_\_\_\_ Are there any judgments against you? Y/N

39 . Y/N Does anyone in the household have any special needs or requirements that we need to be aware of? If yes, please describe. \_\_\_\_\_

40 . Y/N Has anyone in the household ever been convicted, or pleaded guilty or "no contest" to a felony?  
If yes, please explain \_\_\_\_\_

41 . Y/N Has anyone in the household ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving Sexual Misconduct whether or not resulting in a conviction?  
If yes, please explain \_\_\_\_\_

42 . Y/N Is anyone in the household required to register as a Violent or Sex Offender in any jurisdiction?  
If yes, please explain \_\_\_\_\_

43 . Please list financial obligations (include student loans, credit cards, auto or home loans, child support, etc.)

1) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo  
2) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo  
3) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo  
4) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo  
5) \_\_\_\_\_ \$ \_\_\_\_\_ / Mo

## Automobile Information

Do you own a vehicle? If so, please complete the following:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

## Emergency Contact Information

Who should we contact in the event of an emergency? \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please initial: #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_, #4 \_\_\_\_\_

Date: #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_, #4 \_\_\_\_\_



## Residence History

Current Address \_\_\_\_\_ How long at this address? From \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 44 . Y/N Are you currently living in another family member's home?  
If "Yes" please skip to **Previous Address**

Present Landlord or Mortgage Holder \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for moving \_\_\_\_\_

Rent/Mort. Amount: \$ \_\_\_\_\_

Is your lease expired? Y/N If not, when is your lease expiration date? \_\_\_\_\_

- 45 . Y/N Was your previous address in another family member's home?  
If "Yes" please skip to **PERSONAL REFERENCES**

Previous Address \_\_\_\_\_ How long at this address? From \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Landlord or Mortgage Holder \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for moving \_\_\_\_\_

- 46 . Y/N Have you ever been the subject of an eviction proceeding or settlement whether or not a suit was actually filed?

## Personal references - other than family

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Certification

I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. 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 and legally responsible emancipated minors must sign application.

\_\_\_\_\_  
(signature of applicant #1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of applicant #2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of applicant #3)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of applicant #4)

\_\_\_\_\_  
Date



# Rental History Verification Form

\*Applicant, we will fax this form to your previous Landlord

(Applicant) has completed an application to rent a property managed by MountainSide Apts. It is important that we determine the applicant's past rental history of meeting financial obligations. We also need to determine whether the applicant has a record of lease violations or eviction notices. The information that we ask you to supply will be kept confidential and used only for the purpose of evaluation the applicant's rental application. As indicated by the signature at the end of the form, the applicant has consented to the release of the requested information.

We request that this information be supplied within 24 hours so as not to unnecessarily delay this applicant. Your prompt cooperation is appreciated.

Thank you,

Jodie Mack  
Authorizing Manager \_\_\_\_\_ Date \_\_\_\_\_

Please return to MountainSide Apts Fax # 307-772-4802  
4109 E. Pershing Blvd # A101  
Cheyenne, WY 82001

## Rental History Questions

Address of Applicant's Rental \_\_\_\_\_

1. Y/N Is the applicant currently living in your community? \_\_\_\_\_
2. Y/N Are you related to the applicant? If so, relationship: \_\_\_\_\_
3. Y/N Did the applicant have a lease? \_\_\_\_\_
4. Date applicant moved in \_\_\_\_\_ Moved out \_\_\_\_\_
5. What was the monthly rent? \$ \_\_\_\_\_
6. Y/N Did the applicant have a record of paying rent promptly? \_\_\_\_\_
7. If applicant paid late, how many days late? \_\_\_\_\_ How often? \_\_\_\_\_
8. Y/N Did you ever begin eviction proceedings against the applicant for nonpayment? \_\_\_\_\_
9. Y/N Does the applicant still owe you money? If yes, how much? \_\_\_\_\_
10. Y/N Did the applicant keep the unit clean? \_\_\_\_\_
11. Y/N Did the applicant or applicant's family or guests damage the property or common areas beyond ordinary wear and tear? If yes, describe \_\_\_\_\_  
Did the applicant pay for the damage? \_\_\_\_\_ Y/N \_\_\_\_\_
12. Y/N Did you keep any of the applicant's security deposit? If yes, how much and why? \_\_\_\_\_
13. Y/N Did the applicant ever threaten the welfare, health or safety of the other residents or employees, become violent, or engage in criminal or drug-related activities? If yes, please describe. \_\_\_\_\_
14. Y/N Did the applicant ever create any noise disturbances or disruptions by the tenants, children or pets? \_\_\_\_\_
15. Y/N Did the applicant ever have anyone other than those named on the lease live in the unit? \_\_\_\_\_
16. Y/N Did the applicant ever have any pets in the unit? If so, were they authorized? Y / N \_\_\_\_\_
17. Y/N Did the applicant give you proper notice before moving? \_\_\_\_\_
18. Y/N Did the applicant break the lease? \_\_\_\_\_
19. Y/N Did the applicant commit any other lease violations? If yes, please describe \_\_\_\_\_
20. Y/N Did you ever give the applicant a termination notice? If yes, why? \_\_\_\_\_
21. Y/N If the applicant otherwise qualified, would you rent to this applicant again? Why or why not? \_\_\_\_\_
22. Other comments on this applicants rental experience? \_\_\_\_\_

### INFORMATION PROVIDED AND VERIFIED BY:

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_

Company \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

### RESIDENT RELEASE

By my signature below, I hereby authorize the release of the information requested on this application to \_\_\_\_\_.

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form does not apply to me because: \_\_\_\_\_

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_