

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 \_\_\_\_\_

**ALL ADULTS LIVING IN THE APARTMENT MUST FILL OUT AN APPLICATION**

NAMES  
TO APPEAR ON LEASE

last	first	middle initial
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social security number \_\_\_\_\_ date of birth \_\_\_\_\_

LIST ALL OTHERS TO OCCUPY THE APARTMENT

name \_\_\_\_\_ date of birth \_\_\_\_\_

name \_\_\_\_\_ date of birth \_\_\_\_\_

PHOTO I.D. \_\_\_\_\_

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 \_\_\_\_\_  
LANDLORD NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
RENTAL AMOUNT \_\_\_\_\_ DATES RENTED FROM \_\_\_\_\_ TO \_\_\_\_\_  
LANDLORD PHONE # \_\_\_\_\_

VERIFIED \_\_\_\_\_  
COMMENTS \_\_\_\_\_

2. PREVIOUS ADDRESS: \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_  
LANDLORD NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
RENTAL AMOUNT \_\_\_\_\_ DATES RENTED FROM \_\_\_\_\_ TO \_\_\_\_\_  
LANDLORD PHONE # \_\_\_\_\_

VERIFIED \_\_\_\_\_  
COMMENTS \_\_\_\_\_

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 \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ INCOME \_\_\_\_\_ PER \_\_\_\_\_

VERIFIED \_\_\_\_\_  
COMMENTS \_\_\_\_\_

2. NAME OF EMPLOYER: \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ INCOME \_\_\_\_\_ PER \_\_\_\_\_

VERIFIED \_\_\_\_\_  
COMMENTS \_\_\_\_\_

3. OTHER INCOME: PLEASE LIST ANY SSI, PENSION, DISABILITY, STUDENT GRANTS, ETC.  
(VERIFICATION WILL BE REQUESTED)

NAME: \_\_\_\_\_ AMOUNT \_\_\_\_\_ TYPE OF INCOME \_\_\_\_\_  
NAME: \_\_\_\_\_ AMOUNT \_\_\_\_\_ TYPE OF INCOME \_\_\_\_\_

VERIFIED \_\_\_\_\_  
COMMENTS \_\_\_\_\_

**DESCRIPTION OF VEHICLES**

MAKE: \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LIC # \_\_\_\_\_  
MAKE: \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LIC # \_\_\_\_\_  
OTHER: \_\_\_\_\_

PARKING PERMIT # \_\_\_\_\_

DRIVER'S LICENSE # (s) \_\_\_\_\_

Do you own any pets? \_\_\_\_\_ Description \_\_\_\_\_

EMERGENCY CONTACT NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

NUMBER YOU CAN BE REACHED AT NOW: \_\_\_\_\_

Continued on back.....

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 it must sign this application. Acceptance of this application, and any monies deposited herewith is not binding upon the landlord until the landlord approves the application. 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 1<sup>st</sup> 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

.....  
**FOR OFFICE USE ONLY:**

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED** \_\_\_\_\_

**DENIED** \_\_\_\_\_