



P.O. Box 21598  
Cheyenne WY. 82003

307-634-7233 Fax 307-638-9629

**NOTE: DEPOSIT & FIRST MONTH RENT MUST BE IN CASH OR CERTIFIED FUNDS!**

RENTAL APPLICATION

Date \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

Last two years residence \_\_\_\_\_

Previous Landlord (name, address & phone number) \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Names of Dependents \_\_\_\_\_

Name & phone number of closest relative \_\_\_\_\_

Applicants phone numbers: hm \_\_\_\_\_ Wk \_\_\_\_\_ cell \_\_\_\_\_

Name of Insurance Co and Agent \_\_\_\_\_

(We recommend each tenant have renters insurance)

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

All vehicles make, color, year and plate # \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT VERIFICATION MAY BE OBTAINED FROM ANY SOURCE HEREIN. I UNDERSTAND THAT IF I GIVE FALSE INFORMATION, I MAY BE CHARGED PENALTIES OR BE SUBJECT TO CRIMINAL PROSECUTION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_