PLATTE VIEW APARTMENTS PARTNERS R.L.L.P. 614 East M. Street Casper, WY 82604 Phone: 307-234-9932 Fax: 307-265-6144 (PRELIMINARY RENTAL APPLICATION)

Bedroom Size Requesting:

Apartment Applicants							
NAME OF EACH	D.O.B.	SEX	Social Security Number	United	Need	Full	Race or
HOUSEHOLD MEMBER				States	Accessible	Time	Ethnicity
				Citizen?	Unit?	Student?	
		M F		Y N	Y N	Y N	
		M F		Y N	Y N	Y N	
		M F		Y N	Y N	Y N	
		M F		Y N	Y N	Y N	
		M F		Y N	Y N	Y N	
		M F		Y N	Y N	Y N	

Current Address and Information

Street Address	City	State	Zip Code	Daytime Phone

Has any household member listed above ever had Felony Conviction? Yes or No If yes to the above question please explain Who? When? Where?:_____

Has any household member ever been convicted and a registered sex offender either nationally or in any state? Yes No Please list ALL states that you have resided: _____

Marketing Information: Please let us know how you heard about our property by checking the appropriate box below.[] Newspaper[] Local Housing Authority[] Posted Flyer[] Resident Referral[] Other

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law. I recognize that, as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained regarding my credit history, employment history, criminal history, and housekeeping history, as well as, this information will not be conducted until a unit has become available for lease. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. I state that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature (Head of Household)

(Date)

Applicant Signature (Co-Head/Spouse)

(Date)

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