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 HOUSEHOLD MEMBER	D.O.B.	SEX	Social Security Number	r United States Citizen?	Need Accessible Unit?	Full Time Student?	Race or Ethnicity	
		ME		V N	V N	V N		
		M F M F		Y N Y N	Y N Y N	Y N Y N		
		M F		YN	YN	YN		
		M F		YN	YN	YN		
		M F		YN	YN	YN		
		M F		Y N	Y N	Y N		
Current Address and Inf	ormation		•					
Street Address			City	State	State Zip Code Daytime Phone		time Phone	
Anticipated Annual Hous	sehold Income	and Asso	ets					
	Source or Ty	pe of Incon	ne/ Asset		Antio	cipated Ann	ual Income	
					I			
Has any household memb Yes No Please list ALL	per ever been states that yo	convicted ou have re	and a registered sex esided:	offender eit				
Marketing Information: [] Newspaper [] L			you neard about our pro [] Posted Flyer				box below. Other	
I/we understand that the above owner/manager to verify all inverification. I/we certify that I, those listed on this form (other true and complete to the best of recognize that, as a part of you information is obtained regard information will not be conducted request within a reasonable pestate that the information I have	formation provid /we have reveale r than personal prof my/our knowle r procedure for p ing my credit hist ted until a unit he riod of time to re	ed on this A ad all assets roperty). I/ edge and be rocessing n cory, emplor as become a eceive addit	Application/Certification and currently held or previous we further certify that the elief and are aware that fallony application, an investigation, an investigation, and investigation, and investigation, and investigation, and investigation, detailed information and current investigation, detailed information.	nd my/our sign sly disposed of a statements make statements ative consumer story, and hous retand that I man about the nat	ature is our co and that I/we ade in this App are punishable report may be ekeeping histo ay have the rig	onsent to ob have no oth olication/Ce e under Fed e prepared v ory, as well a ght to make	tain such eer assets tha rtification are eral law. I whereby as, this a written	
Applicant Signature (Head of Household)				(Date)				
Applicant Signature (Co-Head/Spouse)			(Date)	FOR	OFFICIAL U	JSE ONLY		
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