



Wyoming– Rental Application

Applicant #1 Full Name:	Phone #:
Applicant #2 Full Name:	Phone #:
Applicant #3 Full Name:	Phone #:
Applicant #4 Full Name:	Phone #:

Please complete in full and return this application to the address listed below:

WY TTY Relay Line for the hearing impaired – 1.800.877.9965

There is a \$ _____ non-refundable application fee for each adult applicant in the household.

- **WELCOME!** We are pleased that you have come to _____ 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 for to be signed by **EACH** head-of-household and spouse and all adults (18 years and 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 will 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, along with 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 require a copy of your current state issued driver’s license or state issued ID.**
- 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 Community applying for:

1. Community:	Unit #
2. Community:	Unit #
3. Community:	Unit #
4. Community:	Unit #
5. Community:	Unit #

1 bdrm _____	2 bdrm _____	3 bdrm _____	4 bdrm _____	Other: _____
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Please tell us how you heard about our apartment community? _____

Y / N Have you applied for an apartment with _____ 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 household, beginning with the Head of Household:

Full Name	Relationship	Student Status	Date of Birth	SSN	Race	Optional	
						Ethnicity	Disabled?

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 detail 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 attending 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 a 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 seven (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 student(s) a Title IV/TANF recipients?
- d. **Y / N** Are any full-time student(s) a single parent living with his/her minor child and the parent and child are not dependents on another person(s) tax return?
- e. **Y / N** Has any full-time student formerly been under foster care and is 25 years old or younger?

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 Workers 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 Dependent 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 member of the household receive or expect to receive 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 above?
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: _____

EMPLOYMENT INFORMATION

****NOTE: IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT INFORMATION, INCLUDE ON A SEPARATE PAGE**

Head of Household #1	From:
Current Employer:	To:
Employers Address:	Telephone:
	Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

Head of Household #1	From:
2nd or Previous Employer:	To:
Employers Address:	Telephone:
	Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

Head of Household #2	From:
Current Employer:	To:
Employers Address:	Telephone: Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

Head of Household #2	From:
2nd or Previous Employer:	To:
Employers Address:	Telephone: Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

Head of Household #3	From:
Current Employer:	To:
Employers Address:	Telephone: Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

Head of Household #3	From:
2nd or Previous Employer:	To:
Employers Address:	Telephone: Fax:
Position Held:	Supervisor:
Monthly Gross Income:	Seasonal: Y / N

24. Y / N Does any Adult in the household claim Zero Income? If so, whom? _____

(Please Note: 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.)

ASSETS

Bank:	Telephone: Fax:
Checking Account #	Current Value:
Savings Account #	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 able 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 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 over \$5,000? (*This does not include a personal car but would include paintings, stamp or coin collections, artwork, show cars, antiques, etc.*)
Type of Asset(s): _____
Current Value: \$ _____
- 36. **Y / N** Does anyone in the household have a safe deposit box?
Contents and Value: _____

PERSONAL INFORMATION

- 37. **Y / N** Do you have pets? If yes you will be required to provide proof of vaccination and 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, date filed: _____ Date Discharged: _____
 Are there any current judgements against you? **Y / N**
 If yes, please explain: _____
- 39. Y / N** Does anyone in the household have any special need(s) 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 plead guilty or "No Contest" to a felony?
 If yes, please explain: _____
- 41. Y / N** Has anyone in the household ever been convicted, plead 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 Sexual Offender in any jurisdiction?
 If yes, please explain: _____
- 43.** Please list financial obligations (*including student loans, credit cards, auto and/or home loans, child support, etc.*)

1.	\$ _____/Monthly
2.	\$ _____/Monthly
3.	\$ _____/Monthly
4.	\$ _____/Monthly
5.	\$ _____/Monthly
6.	\$ _____/Monthly
7.	\$ _____/Monthly
8.	\$ _____/Monthly

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 would we contact in the event of an emergency? _____

Relationship: _____ Telephone #: _____

Address: _____ City, ST and Zip: _____



RESIDENCE HISTORY

Current Address:	From:	To:
City and State:	Zip:	Telephone #:

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 members home?
*If yes, please skip to **Personal References**.*

Previous Address:	From:	To:
City and State:	Zip:	Telephone #:
Previous Landlord or Mortgage Holder:	Reason for moving?	

PERSONAL REFERENCES – OTHER THAN FAMILY

Name:	Telephone #:	Relationship:
Name:	Telephone #:	Relationship:
Name:	Telephone #:	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 are 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

Date and Time Received

Authorizing Manager





Rental History Verification Form

➤ Applicant, we will fax this form to your current and previous landlord.

_____ (Applicant) has completed an application to rent a property managed by BlueLine Property Management, LLC. It is important that we determine the applicants current and 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 evaluating the applicant’s rental application. As indicated by the signature at the end of this 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,

Please return form to:

Authorizing Manager Date

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: _____ Date applicant 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 non-payment of rent?
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 guests/visitors damage the property or common area beyond normal wear and tear? If yes, please describe: _____
Did the applicant pay for the damage? Y / N
12. Y / N Did you keep any of the applicants Security Deposit? If yes, how much and why? _____
13. Y / N Did the applicant ever create any noise disturbances or disruptions by the tenants, children or pet(s)?
14. 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: _____
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, please explain: _____
- 21. **Y / N** If the applicant otherwise qualified, would you rent to this applicant again? Why or why not? _____
- 22. Other comments on this applicant rental experience? _____

INFORMATION PROVIDED AND VERIFIED BY:

Name (Please Print):	Company:
Signature:	
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:	
Current Address: (Please include apartment #)	From:	To:
Previous Address: (Please include apartment #)	From:	To:

This form does not apply to me due to the following reason: _____

Applicant Signature:	Date:
Applicant Signature:	Date:

