

Warlow Drive Apartments

1720 West Warlow Drive
Gillette, WY 82716
(307) 682-5041

APPLICATION FOR HOUSING

Authorization and Acknowledgement

1. I hereby authorize Warlow Drive Apartments to obtain information, including but not limited to credit reports, bank information, employment/income information, and/or character reports as deemed necessary to process my rental application.
2. I authorize my employers and references to release such information.
3. Warlow Drive Apartments has my permission to release any information I have provided as needed in order to process my application.
4. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds for denial of tenancy, or subsequent eviction.
5. I hereby acknowledge receipt of the Warlow Drive Apartments Rental Policy Statement and understand and agree to its conditions.
6. I understand that the Security Deposit will be refunded to me if the application is denied by Warlow Drive Apartments.
7. I understand that if I withdraw the application and/or I decide not to take the unit or if I fail to execute the lease by the approved occupancy date the Security Deposit will not be refunded to me and the unit will be put back on the rental market.

Applicant Printed Name

Applicant Signature

Date

Applicant Social Security Number

Date of Birth



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OFFICE USE ONLY	
Received by	
Date	
Time	
App fee paid \$	-
SD paid \$	
Cash	<input type="checkbox"/> _Ck <input type="checkbox"/> _Other

APPLICATION FOR HOUSING

Security Deposit and Non Refundable application fee(s) of \$20.00 per application must accompany application. All adults age 18 or older that will be residing in the unit must submit an application form.

Address applied for _____ Rent Amount \$ _____ Expected Occupancy Date ____/____/____
 Desired length of lease (check one) 6 mos. _____ 1 year _____ Other _____

PERSONAL INFORMATION

Applicant Name _____ Home # _____ - _____ - _____
 Social Security Number _____ Date of Birth _____ Cell # _____ - _____ - _____
 Email Address _____ Drivers License _____ State _____ # _____

1. Current Address _____ Street _____ City _____ State _____ Zip _____
 How long have you lived there? _____ From _____ To _____ Rent Amount \$ _____
 Landlord's Name _____ Phone # _____ - _____ - _____

2. Previous Address _____ Street _____ City _____ State _____ Zip _____
 How long did you live there? _____ From _____ To _____ Rent Amount \$ _____
 Landlord's Name _____ Phone # _____ - _____ - _____

First and Last Names and Ages of Everyone Who Will Be Living In This Unit

Do you expect any changes in the number of occupants in the next 12 months? Y or _____ N If yes, please explain

EMPLOYMENT/INCOME

Employed By _____ Phone _____ - _____ - _____
 Employers Address _____ Street _____ City _____ State _____ Zip _____
 Position _____ If military, what Squadron _____ Rank _____
 Length of Employment _____ years _____ months Monthly Income \$ _____
 Other Monthly Income \$ _____ Source _____

OTHER

Have you or anyone who will be living in this unit:

1) Ever been convicted of a crime? Y or _____ N 2) Registered as a sex offender? _____ Y or _____ N 3) Engaged in drug-related criminal activity, methamphetamine use and/or involved in criminal activity that poses a threat to the health, safety or welfare of others? _____ Y or _____ N 4) Been evicted from any rental premises? _____ Y or _____ N If you answered yes to any of these questions please explain _____

Please complete all pages before submitting

Applicant Initials _____



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APPLICATION FOR HOUSING, continued

VEHICLES

- 1) Make Model Year Color State and License plate #
- 2) -
- Make Model Year Color State and License plate #
- 3) List all additional vehicles, trailers, recreational vehicles, etc.

PETS – WARLOW DRIVE APARTMENT NO LONGER ACCEPTS PETS

PERSONAL REFERENCE (unrelated to you)

Name

Address

Street

City

State

Zip

Phone #

__ - ____ -

Cell #

____ - ____ -

-

EMERGENCY CONTACTS (not living with you)

1. Name

Relationship

Address

Street

City

State

Zip

Phone #

__ - ____ -

Cell #

____ - ____ -

-

2. Name

Address

Street

City

State

Zip

Phone #

__ - ____ -

Cell #

____ - ____ -

-

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Applicant Signature

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