

Sweetwater Heights Apartments

2160 Century Blvd.

Rock Springs, WY 82901

Phone: (307) 382-6281 Fax (307) 352-1272

www.sweetwaterapts.com

Cell Phone: _____

APPLICANT #1 Last Name		First	Middle	BIRTHDATE	DRIVER'S LICENSE # and STATE	Soc. Sec. #	
APPLICANT #2 Last Name		First	Middle	BIRTHDATE	DRIVER'S LICENSE # and STATE	Soc. Sec. #	
Other Persons to occupy rental property	1	FULL NAME		RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	2						Total # of occupants:
	3						
	4						Do you have renter's insurance ? () Yes () No
	5						Company:
	6						Do you have a pet ? () Yes () No Type/weight

PART 1 RESIDENT HISTORY (2 YEARS)								
APPLICANT #1	Present Address	City	State	Zip	How Long? from _____ to _____	() Own () Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.		City	State	Zip	Day Phone ()	Night Phone ()		

PART 2 PREVIOUS RESIDENCE HISTORY (2 YEARS)								
APPLICANT #1	Previous Address	City	State	Zip	How Long? from _____ to _____	() Own () Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.		City	State	Zip	Day Phone ()	Night Phone ()		
APPLICANT #2	Previous Address	City	State	Zip	How Long? from _____ to _____	() Own () Rent	Phone	Monthly Payment \$
Name of Present Landlord/Mortgage Co.		City	State	Zip	Day Phone ()	Night Phone ()		

PART 3 EMPLOYMENT HISTORY (2 YEARS)							
APPLICANT #1	Employed By	Department	Supervisor's Name/Co.		How Long? from _____ to _____		
Address		City	State	Zip	Phone	Position Held/Occupation	Monthly Salary \$
APPLICANT #2	Employed By	Department	Zip	Supervisor's Name/Co.		How Long? from _____ to _____	
Address		City	State	Zip	Phone	Position Held/Occupation	Monthly Salary \$
APPLICANT	Employed By	Department	Supervisor's Name/Co.		How Long? from _____ to _____		
Address		City	State	Zip	Phone	Position Held/Occupation	Monthly Salary \$

ADDITIONAL INCOME: Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.

Source: Amount of \$ _____ per _____ Source _____

PART 4 IMPORTANT INFORMATION							
AUTO #1 (Year, Make, Model, Color)	License Plate	State	Payment Made to:		Monthly Payment \$		
AUTO #2 (Year, Make, Model, Color)	License Plate	State	Payment Made to:		Monthly Payment \$		
Name of APPLICANT'S nearest Relative		Relationship	Address	City	State	Zip	Phone ()
Emergency Contact		Relationship	Address	City	State	Zip	Phone ()
Personal Reference		Relationship	Address	City	State	Zip	Phone ()

NON-REFUNDABLE APPLICATION FEE \$35.00 per adult

In compliance with the State and Federal laws, this is to inform you that an investigation involving the statements made on your rental application for residency at the above mentioned apartment community is being initiated.

Have you or any family member or other person planning to reside in our community ever filed bankruptcy?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been indicted or convicted of any felony or misdemeanor offense?

YES _____ NO _____

Have you or any family member or other person planning to reside in our community ever been convicted pled guilty or "No Contest" to a sexual offense?

YES _____ NO _____

HAVE YOU EVER BEEN EVICTED?

YES _____ NO _____

I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize Sweetwater Heights to obtain credit reports, character reports, verification of rental history, income history, IRS Income taxes, pension verifications, bank verifications and employment history as necessary to verify all information put forth in the above referenced application for residency. Faults, fraudulent or misleading information may be grounds for denial of residency or subsequent eviction.

I/We are aware that an incomplete application causes a delay in processing and may result in denial of this application for tenancy.

In addition, applicant has paid \$_____ holding deposit to agent to hold an apartment available from date of application to date of lease initiation. In no event shall this period exceed 30 days. In the event this application is not approved by the owner or the applicant withdraws the application within 72 hours of the date of deposit, the \$_____ holding deposit shall be refunded. After that initial 72 hours period expires, it is understood that should applicant refuse to sign the lease or occupy the premises on the agreed upon date, the holding deposit is thereby forfeited. Upon occupying the premises, the \$_____ holding deposit may be applied to any amounts owing at that time, such as rent due, security deposits, etc.

It is acknowledged and agreed that during the tenancy all persons occupying the premises will be legally residing within the United States.

Signed _____ Signed _____ Dated _____
Applicant #1 Applicant #2

Signed _____ Title _____ Dated _____
Agent for Owner

How did you hear about Sweetwater Heights Apartments? _____

I was referred to Sweetwater Heights Apartments by: Friend _____ Resident _____

If Resident, Name _____ Apt# _____

