## **RENTAL APPLICATION**

Hult Rentals 533 Circle Dr. #3 Casper, WY 82601 Office - 307-265-0927 Cell -307-259-0466 Paul@hultco.com

Date:
Property Address applying for:
Desired Date of Occupancy:

Use <u>Tab</u> key and <u>Shift+ Tab</u> to move throughout the form. Please save this document as your (last, first name) and email it back to <u>Paul@hultco.com</u>

	PERSONAL INFORMATION			
Name:	Home Phone:			
	Cell Phone:			
Date of Birth:	Work Phone:			
Driver's License State:	Email:			
Co-Applicants Name:	Home Phone:			
	Cell Phone:			
Date of Birth:	Work Phone:			
Driver's License State:	Email:			
Number of people to occupy rental unit:				
Do you or any of the proposed occupants smok	re?:			

Full Name of all residents- Include their date of birth and relationship to you			
Name	Date of birth	Relation to you	
1)			
2)			
3)			
4)			
5)			

Do you own Pets?			
Kind of Pet	Breed	Weight	Age
1)			
2)			
3)			
4)			

Has any signer ever been sued for bill?		Has any sign	Has any signer ever been sued for eviction?		
Has any signer ever filed bankruptcy?		Has any sign	Has any signer ever broken a lease?		
Has any signer ever bee	en convicted of a felor	ıy?			
If yes, nature of convict	ion?				
Is the total move-in am	ount available now (r	ent and deposit?)			
	RESIDENCE HI	STORY (LAST TWO	YEARS)		
Present Address:		City:	State:	Zip:	
				Is Rent current?	
Dates From:	To:	Rent/Mon	ith: \$		
Present Landlord:		Phone #:			
		Email:			
Have you given notice?		Have you l	been asked to leave	<u>.</u> ?	
		,			
Previous Address:		City:	State:	Zip:	
		,		Was Rent	
Dates From:	То:	Rent/Mon	th: \$	current?	
Previous Landlord:	1	Phone #:	Phone #:		
		Email:	Email:		
Did you give 30 day not	ice before leaving?	Were you	Were you asked to leave?		
-	Employ	ment Informati	on		
	APPLICA	NT Present Employr	ment		
Present Employer:		Dates From:		То:	
Employer's Address:		City:	State:	Zip:	
Position:					
Supervisor:			Phone:		
		Gross monthly	ross monthly income:		
	APPLICAN	NT Previous Employ			
		Dates From:		То:	
Employer's Address:		City:	State:	Zip:	
Position:					
Supervisor:			Phone:		

Gross monthly income:

Hours/week:

**CO-APPLICANT Present Employment** 

Present Employer:		Dates From:		То:
Employer's Address:		City:	State:	Zip:
Position:				
Supervisor:			Phone:	
Hours/week:		Gross monthly inco		
	CO-APPLICAN	NT Previous Employme	ent	
Previous Employer:		Dates From:		То:
Employer's Address:		City:	State:	Zip:
Position:		<b>1</b>		
Supervisor:			Phone:	
Hours/week:		Gross monthly inco	me:	
	APPLICA	NT - Other Income	51	
Source:			Phone:	
Source:	Phone:			
Credit Score Range: t	O CO-APPLIC	ANT - Other Income		
Source:			Phone:	
Source: Phone:				
Credit Score Range: t	0			
Total Number of Vehicles (Including Company Vehicles):				
Make/Model:	Year:	Color:	License plate	e #/ State:
Make/Model:	Year:	Color:	License plate	#/ State:
Make/Model:	Year:	Color:	License plate	#/ State:
Other Car, ATV, etc.		1		_

## References

Relative:	Relationship:		
Address:	Phone:		
Non-Relative:	Relationship:		
Address:	Phone:		
Emergency Contact			
Name:	Relationship:		
Address:	Phone:		

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors, and any other sources deemed necessary to investigate applicant's background.

All information in this application is true, accurate, and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if any information found is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF A PHOTOCOPY OR FAX OF THIS APPLICATION AT ANY TIME.

X	DATE	
APPLICANT		
x	DATE	
CO-APPLICANT		

A non refundable application fee is required for processing. You will be contacted by TVS (Tenant Verification Services, Inc.)via email regarding past rental, credit and criminal history. Please complete all required information on this form. A separate application must be filled out by each applicant...Thank you.