

# Pro Management

1823 Van Lennen Ave.

Cheyenne, WY 82001

Phone: (307) 634-0488

Fax: (307) 638-4474

## Residential Rental Application

FOR OFFICE USE ONLY Date \_\_\_\_\_ Agent \_\_\_\_\_

Property Address \_\_\_\_\_ Unit No. \_\_\_\_\_ Rent \$ \_\_\_\_\_

**TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information.**

Date of Application \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_

Type and Size of Unit Wanted (No. of Bedrooms, etc.) \_\_\_\_\_

How Did You Hear About Our Property? \_\_\_\_\_

### PERSONAL INFORMATION

Applicant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. & State \_\_\_\_\_

Full Names of All Other Residents	Relationship to You	Date Of Birth

### RESIDENCE HISTORY

PRESENT ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_ At Present Address/Date From \_\_\_\_\_ To \_\_\_\_\_

Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

At Previous Address/Date From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

### EMPLOYMENT INFORMATION

PRESENT STATUS  Employed Full-Time  Part-Time  Not Employed  Retired  Student

PRESENT EMPLOYER (or most recent) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed/From \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

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**EMPLOYMENT INFORMATION CONTINUED**

PREVIOUS EMPLOYER \_\_\_\_\_  
 Previous Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates Employed/From \_\_\_\_\_ To \_\_\_\_\_  
 IF STUDENT, LIST SCHOOL \_\_\_\_\_ School Telephone \_\_\_\_\_  
 Present Grade Level \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

**CO-APPLICANT INFORMATION**

Co-Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Driver's License No. & State \_\_\_\_\_  
 CO-APPLICANT'S EMPLOYMENT  Employed Full-Time  Part -Time  Not Employed  Retired  Student  
**CO-APPLICANT'S EMPLOYER** (or most recent) \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates Employed/From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**CO-APPLICANT'S PREVIOUS EMPLOYER** \_\_\_\_\_  
 Previous Employer's Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates Employed/From: \_\_\_\_\_ To: \_\_\_\_\_  
 Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**CO-APPLICANT'S PRESENT ADDRESS** \_\_\_\_\_  
 Telephone \_\_\_\_\_ At Present Address/Date From \_\_\_\_\_ To \_\_\_\_\_  
 Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**CO-APPLICANT'S PREVIOUS ADDRESS** \_\_\_\_\_  
 At Previous Address/Date From \_\_\_\_\_ To \_\_\_\_\_  
 Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
 Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**OTHER INFORMATION**

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Other Car, Motorcycle, etc. \_\_\_\_\_  
 HOW MANY PETS DO YOU OR OTHER OCCUPANTS OWN? \_\_\_\_\_  
 Kind of Pet, Breed, Weight, and Age \_\_\_\_\_  
 HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No  
 Been evicted or asked to move out?  Yes  No Broken a Rental Agreement or Lease?  Yes  No  
 Been Sued for Damage to Rental Property?  Yes  No Declared Bankruptcy  Yes  No  
 Comments/Explanation \_\_\_\_\_

<b>Other Information Continued</b>			
If there are other sources of income you would like us to consider, please list income, source, and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.			
Amount _____	Per _____	Source _____	Telephone _____
Amount _____	Per _____	Source _____	Telephone _____
Amount _____	Per _____	Source _____	Telephone _____

<b>IN CASE OF EMERGENCY</b>	
Notify _____	Relationship _____
Address _____	
Home Phone _____	Work Phone _____

<b>AUTHORIZATION</b>	
<b>PLEASE READ CAREFULLY BEFORE SIGNING:</b>	
<p><b>Tenant understands Pro Management, Inc. will hold said property for a period of 5 days with receipt of the full deposit amount. Should tenant fail to start paying rent by the 6<sup>th</sup> day, or as otherwise agreed, the deposit amount shall become forfeited at the option of the Owner or his/her agent. In the event tenant withdraws application after approval, the full deposit shall be forfeited. If application is not accepted, deposit will be refunded in full.</b></p> <p>In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry.</p>	
Signed _____	Date _____
Signed _____	Date _____

**APPLICANT: DO NOT WRITE BELOW THIS LINE. THIS SECTION IS FOR MANAGEMENT USE ONLY.**

<b>DISPOSITION OF APPLICATION</b>	
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b> By _____ Date _____
IF NOT APPROVED, INDICATE REASON(S) WHY:	
<input type="checkbox"/> Unfavorable Credit Report	<input type="checkbox"/> Unfavorable Employment Reference
<input type="checkbox"/> Unfavorable Report From Landlord	<input type="checkbox"/> Size or Number of Pets
<input type="checkbox"/> Other (Specify): _____	
_____	

**Deposit Refunded on Check # \_\_\_\_\_ Date \_\_\_\_\_**

**Original Deposit Amount \$ \_\_\_\_\_**

**Cash \_\_\_\_\_ Check \_\_\_\_\_**

**Date Cleared \_\_\_\_\_**