



140 N Cheyenne St
Powell, WY 82435
(307) 754-4535 (307) 754-7040 Fax

Housing Application

General Family Information

Name of Head of Household

Last _____ First _____ MI _____
Birth Date _____ Male _____ Female _____
Social Security Number _____

Are you a United States Citizen? _____ Yes _____ No

Name of Co-Head of Household

Last _____ First _____ MI _____
Birth Date _____ Male _____ Female _____
Social Security Number _____

Are you a United States Citizen? _____ Yes _____ No

Current Address _____
City _____
State _____
Zip Code _____
Phone Number _____

How many live in your household now? _____

Have you ever lived in subsidized housing? _____ Yes _____ No

If yes, where? _____

When? From _____ to _____

Were you ever evicted? _____ Yes _____ No
If yes, did you owe rent? _____ Yes _____ No

If yes, how much did you owe? \$ _____
Do you have any pets? _____ Yes _____ No
If yes, what kind? _____ Weight _____ Height _____

How many vehicles does the family own? _____
List color, year and license plate number for each vehicle:

Rental History

Are you renting now? _____ Yes _____ No
If yes, who is your landlord?
Name _____
Address _____
Phone Number _____
Current Rent \$ _____ Security Deposit \$ _____

If you are not renting, please explain your current living arrangements:

If you have moved in the last five (5) years, give names and address and phone number of your previous landlords and dates you lived there. Use extra sheet if you need more space.

Name of Landlord	Address	Phone	Dates you lived there	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you or your spouse/co-applicant ever used different names from the names given in this application? _____ Yes _____ No
If Yes, give name(s) and explain _____

Have you or any members of your household ever used social security numbers different from those listed in this application? _____ Yes _____ No

If Yes, give name(s) and explain _____

Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or fro any other reason?

_____ Yes _____ No

If Yes, give name(s) and explain _____

Please list all states that any household member has lived in. _____

Is any household member listed on any state's lifetime sex offender registry?

_____ Yes _____ No

If Yes, list state(s) _____

How did you hear about Rocky Mountain Manor, e.g., newspaper, word of mouth, etc.?

Please give three references (other than family).

Name

Address

Phone Number

Name	Address	Phone Number

What type of room are you interested in?

- _____ Efficiency
- _____ One Bedroom
- _____ One Bedroom with Balcony
- _____ One Bedroom Deluxe
- _____ One Bedroom Deluxe with Balcony
- _____ Two Bedrooms

We have rooms available for rent assistance. If you wish to know about our assistance program, please fill out the Financial Information section. If no assistance is requested, please go to page 8.

Financial Information – Income

Complete this page if any member who will live in the unit has any income. List all employment and non-employment income for all household members. Include Salary and Wages (gross amount), Social Security (gross amount), Supplementary Security Income, IRA, Keogh, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, and any other source of income.

Member Name (Last, First, MI)	Type of Income	Estimated OR Total Income:	Address of Income Source	Contact Person Name and Phone
		\$ _____ per wk per mo		
		\$ _____ per wk per mo		
		\$ _____ per wk per mo		
		\$ _____ per wk per mo		

Use this space for additional income information:

Student Eligibility Rule

For purposes of determining the eligibility of a person to receive assistance under Section 8 of the United States Housing Act of 1937, any financial assistance (in excess amounts received for tuition) that an individual receives under the Higher Education Action of 1965 from private sources or an institution of higher education shall be considered income to that individual except for a person over the age of 23 with dependent children.

Are you enrolled as a student at an institution of higher education?
 _____ (Yes) _____ (No)

Are you receiving financial assistance for tuition?

_____ (Yes) _____ (No)

If yes, please indicate the amount received annually: \$_____

Financial Information – Assets

Complete this page if any member who will live in the unit has any assets. List assets of all household members. Include savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, whole life insurance policies, land, real estate including your home, if you own it, and any other assets.

Member Name (Last, First, MI)	Account Number	Description of Asset	Current Value of Asset	Interest Rate OR Annual Income	Bank/ Credit Union/ Appraiser	Address

Financial Information – Expenses

Name of Head of Household _____

Do you have Medicare Part B? _____ Yes _____ No

Do you have Medicare Supplemental Insurance? _____ Yes _____ No

Name of Insurance Company _____

Cost of Insurance _____ (circle one) monthly – yearly

Monthly Prescription expenses _____

Other Medical Expenses paid out of your pocket

Name of Co-Head of Household _____

Do you have Medicare Part B? _____ Yes _____ No

Do you have Medicare Supplemental Insurance? _____ Yes _____ No

Name of Insurance Company _____

Cost of Insurance _____ (circle one) monthly – yearly

Monthly Prescription expenses _____

Other Medical Expenses paid out of your pocket

Financial Information

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last two years, e.g., a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., Realtor, CD Penalty)	Amount received	Name and Address of Bank, Institution, Real Estate Agent, or Appraiser who can verify

Do you expect any changes in your income, assets, or expenses during the next twelve months?

_____ Yes _____ No

If Yes, give name(s) and explain _____

Application Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit. We certify that all information given in this application is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement. We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, credit, and criminal screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone number, income, and household composition.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

