## LONG TERM RENTAL APPLICATION

Jackson Hole Real Estate Co., LLC

P.O. Box 12769, Jackson, WY 83002

phone: (307) 733-9280

Fax: (307) 201-7527

email: pm@jacksonhole.net

Application must be completed in its entirety by each person planning to occupy the rental

Name:		Cell Phone:
Driver's License #	Sta	nte:
Mailing address:		
Email address:		
What property(s) are you int	terested in?	
How many people will occup	y the rental?	
What are the names of the ot	ther people occupying th	ne rental (each person must submit an application)
Arrival Date:		Departure Date:
Pets?:	Do you s	smoke?:
Employment: Company:		Position:
How long at this job:		Monthly gross income:
Supervisor name and phone	number:	
Rental History: Present address:		own rent
Monthly rent: \$	How long	g at this address?
Current landlord name and p	ohone Number:	
Previous address:		own rent
Monthly rent: \$	How long	g at this address?
Previus landlord name and p	hone number:	
Personal References (not r	elated to you):	
1.Name	Telephone	# years known
2.Name	Telephone	# years known
3.Name	Telephone	# years known
Emergency Contact name an	d phone number:	
I authorize Jackson Hole Rea	l Estate Co., LLC to conta	act references and verify the above information:
Signature:		Date: