

LONG TERM RENTAL APPLICATION
Jackson Hole Reservations
P.O. Box 12769, Jackson, WY 83002 phone: (307) 733-6331 Fax: (307) 201-7527
Application Must Be Completed

What property(s) are you interested in? _____

Name: _____ Telephone: _____

Driver's License # _____ State: _____ SSN: _____

Mailing address: _____

Email address: _____

Arrival Month: _____ Departure Month: _____

Pets : _____ Do you smoke: _____

Employment:

Company: _____ Position: _____

How long at this job: _____ Monthly gross income: _____

Supervisor's Name and Phone number: _____

Rental History:

Present address: _____ own _____ rent _____

Monthly rent: \$ _____ How long at this address? _____

Current landlord (Name and Phone): _____

Previous address: _____ own _____ rent _____

Monthly rent: \$ _____ How long at this address? _____

Landlord (Name and Phone): _____

Personal References (not related to you):

1. _____
Name Telephone # years known

2. _____
Name Telephone # years known

3. _____
Name Telephone # years known

Emergency Contact (Name and Phone): _____

I authorize Property Management of Jackson Hole to contact references and verify the above information:

Signature: _____ Date: _____