

OFFICE USE ONLY					
<b>Please Return Application to:</b> WILSON BLDG 140 East K St Casper, WY 82601	Date Rec'd		Annual Income		# Occupants
	Time Rec'd		Set Aside %		App. Fee Paid
	Manager's Signature:				Background CK ran

**APPLICATION FOR RESIDENCY**

**I. Applicant/Co-Applicant**

Applicant's Name: _____	Co-Applicant's Name: _____
Driver License #: _____ State: _____	Driver License #: _____ State: _____
SS#: _____ DOB: _____	SS#: _____ DOB: _____
Phone #: _____ Cell #: _____	Phone #: _____ Cell #: _____
Email: _____	Email: _____
<b>Student Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student	<b>Student Status:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated

**II. Other Household Members**

If listing children: List only children who are dependent of person listed on this application: **Check Student Status:**

Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____ SS#: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student

Are there any other household members not listed on this or a separate application (i.e. spouse, roommate, etc)?  
 No  Yes If yes, please explain: \_\_\_\_\_

Do you anticipate any changes in the size of your household *within the next 12 months*?  
 No  Yes If yes, please explain: \_\_\_\_\_

**III. Residency History**

List the past **two** years of residency history. If additional space is needed, please attach additional pages to application:

<b>Current Address:</b> _____	<b>Previous Address:</b> _____
City, State, Zip: _____	City, State, Zip: _____
From: _____ To: _____	From: _____ To: _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Phone #: _____ Rent: _____	Landlord's Phone #: _____ Rent: _____

**IV. Employment History**

<b>Applicant's Current Employer:</b>	<b>Co-Applicant's Current Employer:</b>
Employer's Name: _____	Employer's Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____
Supervisor's Name: _____	Supervisor's Name: _____
Anticipated Gross <b>Annual</b> Income: _____	Anticipated Gross <b>Annual</b> Income: _____

**V. Sources of Income**

**Applicant's Sources of Income:**

**Other Household Members' Sources of Income:**

Source:	Gross Amount Received:	
SSI/SSA:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Have Child Support Order:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Military/VA Benefits:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
If other, list source: _____		

Source:	Gross Amount Received:	
SSI/SSA:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Have Child Support Order:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Military/VA Benefits:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
If other, list source: _____		

Does anyone expect any changes in income *within the next 12 months*?

No  Yes If yes, please explain: \_\_\_\_\_

Does any adult member have zero income:  No  Yes If yes, which one: \_\_\_\_\_

Will your household be receiving Section 8 rental assistance at time of move-in:  No  Yes

**VI. Household Assets**

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?

No  Yes If yes, list type of asset and name of institution:

Account Owner	Type of Asset	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

No  Yes If yes, please explain: \_\_\_\_\_

Does anyone in your household own a home:  No  Yes

Does anyone in your household in the process of selling a home:  No  Yes

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. **I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

**ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Co-Applicant)

\_\_\_\_\_  
(Printed Name of Co-Applicant)

\_\_\_\_\_  
(Date)



# WILSON BUILDING APARTMENTS

140 East K St | CASPER, WY 82601 | P: 307.233.7010

## APPLICATION & RESIDENT SELECTION INFORMATION

*Note to applicant: This page is for you to retain in reference to our resident selection criteria.*

Submit your completed application to:  
Wilson Building Apartments  
140 E. K St  
Casper, WY 82601  
307-233-7010

---

The application must be signed and the following must be included for the application to be accepted:

- Copies of picture identification on all occupants age 18 and older.
- Copies of Social Security card or Birth Certificate on all occupants.

Once received, the application will be dated and reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application.

Eligibility will be determined based upon the following factors:

- The applicant(s) meet the income criteria.
- References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed.
- **Once qualified** a \$39 application fee will be charged to **each adult applicant**.

Applicant(s) will be notified in writing within ten (10) days of receipt of the application as to the acceptance or denial of this application. If no unit is available at the time of acceptance, applicant's name will be placed on the waiting list.

---

Wilson Building Apartments is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.  
To file a complaint of discrimination write USDA, Director, Office of Civil Rights,  
1400 Independence Ave., S.W., Washington D.C. 20250-9410  
Or call (800)795-3272(voice) or (202)720-6382 (TDD)  
APPLICATION FOR HOUSING at 140 East K St

