

LONG TERM RENTAL APPLICATION

Elk Refuge Inn

phone: (307) 200-4732 Fax: (307) 201-7527 email: elkrefugeinn@jacksonhole.net

Application Must Be Completed

Name: _____ Telephone: _____

Number of Adults _____ Number of Children _____

Name(s) of roomates _____

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

Mailing address: _____

Email address: _____

Arrival Date: _____ Departure Date: _____

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 Elk Refuge Inn to contact references and verify the above information:

Signature: _____ Date: _____