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|---------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|-----------|-------------|
| <b>Devin &amp; Stacy Bair</b><br>Office: 307-548-6216                                                                                             |         | <b>Bair Apartments, LLC</b><br>Sunset Drive<br>Greybull, WY |           |             |
|                                                                                                                                                   |         |                                                             |           |             |
| <b>Applicant Information</b>                                                                                                                      |         |                                                             |           |             |
| Name:                                                                                                                                             |         |                                                             |           |             |
| Date of birth:                                                                                                                                    |         | SSN:                                                        |           | Cell Phone: |
| Current address:                                                                                                                                  |         |                                                             |           |             |
| City:                                                                                                                                             |         | State:                                                      |           | ZIP Code:   |
| Other current address:                                                                                                                            |         |                                                             |           |             |
| City:                                                                                                                                             | State:  |                                                             |           | ZIP Code:   |
| <b>Employment Information</b>                                                                                                                     |         |                                                             |           |             |
| Current employer:                                                                                                                                 |         |                                                             |           |             |
| Employer address:                                                                                                                                 |         |                                                             |           | How long?   |
| Phone:                                                                                                                                            | E-mail: |                                                             |           | Fax:        |
| City:                                                                                                                                             | State:  |                                                             |           | ZIP Code:   |
| <b>Emergency Contact</b>                                                                                                                          |         |                                                             |           |             |
| Name of a person not residing with you:                                                                                                           |         |                                                             |           |             |
| Address:                                                                                                                                          |         |                                                             |           |             |
| City:                                                                                                                                             | State:  |                                                             | ZIP Code: | Phone:      |
| Relationship:                                                                                                                                     |         |                                                             |           |             |
| <b>Co-applicant Information</b>                                                                                                                   |         |                                                             |           |             |
| Name:                                                                                                                                             |         |                                                             |           |             |
| Date of birth:                                                                                                                                    |         | SSN:                                                        |           | Phone:      |
| Current address:                                                                                                                                  |         |                                                             |           |             |
| City:                                                                                                                                             |         | State:                                                      |           | ZIP Code:   |
| Other current address:                                                                                                                            |         |                                                             |           |             |
| City:                                                                                                                                             |         | State:                                                      |           | ZIP Code:   |
| <b>Co-applicant Employment Information</b>                                                                                                        |         |                                                             |           |             |
| Current employer:                                                                                                                                 |         |                                                             |           |             |
| Employer address:                                                                                                                                 |         |                                                             |           | How long?   |
| Phone:                                                                                                                                            | E-mail: |                                                             |           | Fax:        |
| City:                                                                                                                                             | State:  |                                                             |           | ZIP Code:   |
| <b>References</b>                                                                                                                                 |         |                                                             |           |             |
| Name:                                                                                                                                             |         | Address:                                                    |           | Phone:      |
|                                                                                                                                                   |         |                                                             |           |             |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |         |                                                             |           |             |
| Signature of applicant:                                                                                                                           |         |                                                             |           | Date:       |
| Signature of co-applicant:                                                                                                                        |         |                                                             |           | Date:       |