

Application for Approval to Rent a Room
Jackson Hole Community Housing Trust
Sustaining Our Community through Housing
Collaboration-Innovation-Stewardship

Date: _____

Neighborhood and street address: _____

Homeowner's name: _____

Homeowner's phone number: _____

Homeowner's email address: _____

Number of Parking Spaces: *Available to Homeowner* _____ *Used by Homeowner* _____

Available to Sublessee _____

Sublessee's name: _____

Dog: Yes ___ No ___ Cat: Yes ___ No ___

Sublessee's phone number: _____

Sublessee's email address: _____

Sublessee's employer and contact information: _____

Sublessee's current annual income: _____
(To be verified by two pay checks stubs.)

Lease term - Begin date: _____ End date: _____

Rent per month: _____.

Sublessee has been given a copy of: _____ the ground lease, _____ the CC&R's and
_____ Rules and Regulations.

Sublessee:

Sublessee has read, understands and hereby agrees to adhere to and abide by the ground lease, the covenants, conditions, restrictions and the rules and regulations of the neighborhood.

Signature of Sublessee

Date

Homeowner(s):

I/we, the undersigned homeowner(s), hereby affirm and state that the foregoing information I/we provided herein for consideration and qualification in the approval to rent a room application is complete, true and correct. I/we hereby acknowledge that this conditional variance will be terminated immediately for false application or any false statements made herein.

Signature of Homeowner

Date

Signature of Homeowner

Date

The Jackson Hole Community Housing Trust approval of application:

Annie Cresswell, Executive Director

Date