

Idaho Rental Application

Any applicant over 18 years old,
who doesn't share credit history,
must apply separately.

PLEASE TELL US ABOUT YOURSELF (2 years residence info needed) email: _____

Name of Applicant Date of birth Social Security # Driver's License#

Name of Spouse Date of birth Social Security # Driver's License#

Applicant's Present Address City State ZIP Cell/Telephone #

Present Landlord Telephone # Monthly Payment How Long?

Reason For Leaving

Applicant's Previous Address City State ZIP Telephone #

Previous Landlord Telephone # Monthly Payment How Long?

Reason For Leaving

Have you ever been evicted? YES NO

Have you ever broken a rental contract? YES NO

Have you ever been convicted of a Felony? YES NO If YES, explain below

Make of Vehicle Year License # State Other vehicles (Truck, RV, Motorcycle)

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Pets (Keeping of Pets requires a deposit and owner's consent)

Name: Sex Breed Color Weight Age

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PLEASE TELL US ABOUT YOUR JOB (2 years required)

Applicant's Current Employer Occupation Supervisor Telephone #

Address City State ZIP Monthly Income How Long?

Applicant's Former Employer Occupation Supervisor How Long?

Address City State ZIP Monthly Income How Long?

Spouse's Current Employer Occupation Supervisor Telephone #

Address City State ZIP Monthly Income How Long?

Spouse's Former Employer _____ Occupation _____ Supervisor _____ How Long? _____
 Address _____ City _____ State _____ ZIP _____ Monthly Income _____ How Long? _____
 Other Sources of Income _____ Amount _____ When Received _____

PLEASE TELL US ABOUT YOUR BANK REFERENCES

Bank Name _____ Address _____ Checking _____ Savings _____ Account Number _____
 Bank Name _____ Address _____ Checking _____ Savings _____ Account Number _____

Other Occupants – Residents Under 18

Name _____ Date of Birth _____ Name _____ Date of Birth _____
 Name _____ Date of Birth _____ Name _____ Date of Birth _____

In Case of Emergency, Notify: Name _____ Phone Number _____

Address _____ City _____ State _____ ZIP _____ Relationship _____

INITIAL

Applicant represents that statements above made are true and correct and hereby authorizes verification of references to include but not limited to credit checks, unlawful detainer checks and telecredit checks and agrees to furnish additional credit references on request, and waives any claim against any person(s) providing such verification. Applicants understand the Security Deposit must be paid within 24 hours of approval and is NON REFUNDABLE if the applicant does not choose to occupy the property. Rent will begin no later than 2 weeks after the application is approved or upon occupancy.

Applicants Signature: _____ Dated: _____

Spouse's Signature: _____ Dated: _____

Address applying for: _____ Property # _____

Approved: _____ Date: _____

Please tell us how you heard about this rental

Sign in yard

Ci f website

Other website

- * DID YOU REMEMBER TO INCLUDE ***
- Non-refundable Application Fee of \$aaaaa per applicant over 18.
 - 3 most recent pay stubs (or tax returns from current and prior year **if self employed**)
 - one fully completed application form per person, or 1 per married couple.
 - reliable names and telephone numbers for verifications
 - Photo of Pet

Rental Verification (Fo not complete: sign authorization below only)

Applicants Name _____ Date _____

Landlords NAME _____ telephone # _____

Address rented _____

Move in Date: _____

Move Out Date: _____

Lease Fulfilled? yes no 30- day notice given yes no

Eviction started? yes no unit left clean when vacated? yes no

Monthly Rent Payment _____ Did they pay timely? yes no

Number of NSF checks: _____ Number of times Late _____

Would you rent to them again? yes no

Did they have pets? yes no If yes, what type? _____

Would you give the pet a good reference? yes no Damage by pet? yes no

If yes, please explain _____

Comments: _____

Authorization:

I authorize _____ to verify the above information including, but not limited to, the obtaining of a credit report and agree to furnish additional information upon request.

Signature of Applicant

Date

Employment Verification (do not complete: sign authorizations below only)

Applicants Name _____

Please verify past two years employment Date _____

Employers NAME _____ telephone # _____

Name of person you spoke with: _____ Position: _____

How long have they been employed : _____ thru _____

Hourly Rate _____ Monthly Wage _____

Comments: _____

Hourly Rate _____ x 40 hours x 52 weeks = _____ ÷ by 12 = _____

Rent _____ x 2 = _____ **Note:** Verified monthly income must be 2 x's the amount of the monthly rent

Authorization: I authorize _____ to verify the above information including, but not limited to, the obtaining of a credit report and agree to furnish additional information upon request.

Signature of applicant Date _____

Applicant's Name _____ **Please verify past two years employment**

Employers NAME _____ telephone # _____

Name of person you spoke with: _____ Position: _____

How long have they been employed : _____ thru _____

Hourly Rate _____ Monthly Wage _____

Comments: _____

Hourly Rate _____ x 40 hours x 52 weeks = _____ ÷ by 12 = _____

Rent _____ x 2 = _____

Note: Verified monthly income must be 2 x's the amount of the monthly rent

Authorization: I authorize _____ to verify the above information including, but not limited to, the obtaining of a credit report and agree to furnish additional information upon request.

Signature of 2nd Applicant _____ Date _____