RENTAL APPLICATION

EX-CELL PROPERTY MANAGEMENT 128 E LOCUST AVENUE, SUITE B, COEUR D' ALENE, ID 83814

PHONE: (208) 676-0900 FAX: (208) 676-0910

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| IDENTIFICATION | | | | | | | |
| Applicant's Name | | | SS# | | | Date of Birth | |
| Co-Applicant's Name | | | SS# | | | Date of Birth | |
| Appl. Drivers Lic.# State | | | | Co-app Drivers Lic # State | | | |
| Home Phone: ( ) | | | | Work phone: ( ) | | | |
| Name and relationship of ALL persons to live in unit (include names and ages of all minors) | | | | | | | |
|  | | | | | | | |
| Make, Model & Year of Car #1 | | | | | Lic# State: | | |
| Make, Model & Year of Car #2 | | | | | Lic# State: | | |
| Other Vehicles (boat, RV, motorcycle, truck, etc) | | | | | | | |
| Pet(s): List ALL pets, Breed/ Weight/ Age | | | | | | | Waterbed? |
| A  P  P  L  I  C | EMPLOYMENT HISTORY | | | | | | |
| CURRENT Employer: | | | | Day Phone: ( ) | | |
| Employers Address: City State/Zip | | | | | | |
| Monthly Gross Income: $ | | How Long? | | | Full time/Part time? | |
| Job Title: | | | Supervisor: | | | |
| PREVIOUS Employer: | | | | Day Phone: ( ) | | |
| Employers Address: City State/Zip | | | | | | |
| Monthly Gross Income: $ | | How Long? | | | Full time/Part time? | |
| C  O  A  P  P  L  I  C | CURRENT Employer: | | | | Day Phone: ( ) | | |
| Employers Address: City State/Zip | | | | | | |
| Monthly Gross Income: $ | | How Long? | | | Full time/Part time? | |
| Job Title: | | | Supervisor: | | | |
| PREVIOUS Employer: | | | | Day Phone: ( ) | | |
| Employers Address: City State/Zip | | | | | | |
| Monthly Gross Income: $ | | How Long? | | | Full time/Part time? | |
| Job Title: | | | Supervisor: | | | |
| RENTAL HISTORY | | | | | | | |
| CURRENT ADDRESS: Apt: City State/Zip | | | | | | | |
| Rent / Own? | | Rent/Payment Amount$ | | | Rental Period From: To: | | |
| Reason for leaving? | | | | | | | |
| Landlord / Rental Agency / Mortgage Company Name: | | | | | | | |
| Day Phone ( ) | | | | Night Phone ( ) | | | |
| PREVIOUS ADDRESS: Apt: City State/Zip | | | | | | | |
| Reason for leaving? | | | | | | | |
| Landlord / Rental Agency / Mortgage Company Name: | | | | | | | |
| Day Phone ( ) | | | | Night Phone ( ) | | | |

PROPERTY APPLYING FOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| PERSONAL HISTORY HAVE YOU EVER? | | |
| A  P  P | Filed Bankruptcy? Type: | Been Evicted? Why? |
| Been convicted of a criminal offense? | Charge? |
| Please explain: | |
| Been convicted of, pled guilty or "no contest" to a misdemeanor OR felony involving sexual misconduct? (resulting in OR not resulting in a conviction) | |
| Please explain: | |
| C  O  A  P | Filed Bankruptcy? Type: | Been Evicted? Why? |
| Been convicted of a criminal offense? | Charge? |
| Please explain: | |
| Been convicted of, pled guilty or "no contest" to a misdemeanor OR felony involving sexual misconduct? | |
| P | (resulting in OR not resulting in a conviction) | |
| Please explain: | |
| PERSONAL REFRENCES (NOT RELATED TO YOU) | | |
| Name: Years Known: Phone: | | |
| Name: Years Known: Phone: | | |
| Name: Years Known: Phone: | | |

You are being charged a $50.00 (fifty dollar) application/ background check fee per person over the age of 18 for screening your application or $75.00 (seventy five dollars per married couple. This includes calling your employer(s), references, current and former Landlords, financial institutions, a credit report, checking public records and verifying all information on this application. Applicant(s) represent that all of the above statements are true and complete. Applicant(s) acknowledge that giving false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/ or forfeiture of deposits and may constitute a criminal offense under laws of the State of Idaho. Applicant(s) understand that they acquire no rights to the premises until a Security Deposit is paid when requested by the Landlord/ Manager.

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| SIGNATURES |
| APPLICANT DATE: |
| CO-APPLICANT DATE: |
| EMERGENCY |
| IN CASE OF EMERGENCY PLEASE NOTIFY: |
| DAY PHONE ( ) NIGHT PHONE ( ) |
| DESIRED MOVE IN DATE: |
| If your credit does not meet our standards you will be required to pay a last months rent in advance. Are you able to do so? |

Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_