



1135 W 6th S P O Box 824
 Mountain Home, ID 83647
 208-587-9021 or 800-447-1012
 Fax: 208-587-3334

Address: _____
 Agent: _____

RENTAL APPLICATION

*Each resident MUST submit a separate application. Each credit report costs \$20.00, payable by applicant(s) and is non-refundable
 2 forms of photo ID are required*

Full Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Sex: Male [] Female []

Present Address: _____ City: _____ State: _____ Zip: _____

Present Landlord: _____ Phone: _____ How Long? _____

Previous Landlord: _____ Phone: _____ How Long? _____

Previous Landlord: _____ Phone: _____ How Long? _____

Social Security #: _____ Driver's License #: _____ Marital Status: [] Married [] Single [] Divorced

Employer: _____ Address _____ Phone: _____ Ext _____

Supervisor: _____ Monthly Income \$ _____ Rank/Position: _____ How Long? _____

Spouse's Full Name: _____ Maiden Name: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____ Work Phone: _____

Employer: _____ Address: _____ Monthly Income: \$ _____

List name, age, relationship of ALL other persons occupying the premises:

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Will you or the occupants have pets? [] Yes [] No Breed: _____ Weight: _____

Why are you leaving your present residence?: _____

Have you or your spouse ever been evicted, broken a rental agreement or lease contract? [] Yes [] No
 If Yes, please explain: _____

Have you or your spouse ever been convicted of a felony? [] Yes [] No Misdemeanor: [] Yes [] No

Desired Length of Lease: _____

In case of emergency please notify: Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ Phone: _____

