Dated		Applicant signed	Dated	D	Oppingin Signed
NO understribe to the holding the polication. By signing this application, you authorize information as necessary. We certify that to the best of mylour knowledge all REFUNDABLE PROCESSING FEE OF \$50.00 per amount specified for applied for properly has been by the unit being held, applicant forfeits the holding the content of the process of the proc	the information listed on this appli d employment verification, bank I ndlord and landlord's agency. If subsequent eviction. A NON-F erty until a holding deposit in the d applicant chooses not to occup	be conducted regarding credit reports, rental an screening process to la credit reports to la credit reports to the rental of tenancy or denial of tenancy or rights to the rental propplication is accepted an	that a screening will le. ID 83704, to obtain obtained during the contract on may be grounds it relshefwe acquires no hin 21 days. If the aphin 21 days.	ig laws, you are advised is 1704 Regal Ave, Bois is 1704 Regal Ave, Bois release any information or misleading informationation in the properties of the pro	In compliance with the fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application. By signing this application, you authorize American Property Management, Inc., whose address is 1704 Regal Ave, Boise, ID 83704, to obtain credit reports, rental and employment verification, bank information and character information, statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. A NON-REFUNDABLE PROCESSING FEE OF \$50.00 per paid. If this applicant is not accepted, the holding deposit will be refunded within 21 days. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfielts the holding deposit will be refunded within 21 days. If the application is accepted and applicant chooses not to occupy the unit being held, applicant of the holding deposit of the property has been deposit and no portion of it shall be returned.
		O INTERNITOR	? YES N	RIMINAL OFFENSE	HAVE YOU EVER BEEN CONVICTED OF A C
ip Phone	State Zip	City	Address	Relationship	rersonal Kenerence
Zip Phone	State Z	City	Address	Relationship	Emergency contact
Zip Phone	State Z	City	Address	Relationship	Emergency Control
Zip Phone ()	tate		Address	Relationship	Name of APPLICANT'S nearest relative
	INFORMATION		IMPORTANT		T 5
Savings Acct. #		Address		Account #	Bank or Savings & Loan
Checking Acct. #		Address		Account #	or Savings or
Monthly Payment	Total Debit	Address	Account #	owed to	Charge Acc
		License Plate		Motorcycles, R.V., etc.) Make, Model, &	Vehicles (Boats, Vans,
Monthly Payment	to Address	U	State Car	License Plate	HI (MANG & MOUGI)
	FERENCES	& LOAN	REDIT	2	PART 4
additional income is to be included for	lisclosed unless such	maintenance need not be d	separate mainter		qualification hereunder. Amount
Occupation/Department		Phone	State 21p		Applitional income such as still
Dates FromTo	Supervisor's Name		ny saiai		
Occupation/Department			2		SPOUSE Employment by
From To			State 7in		Address
Dates	sor's Name		Monthly Salary		APPLICANT Previous Employment
Occupation/Department		Zip Phone	State Z		Address City
Date	upervisor's Name	0,1	Monthly Salary S		APPLICANT Employed By
		- 1	EMBLO		PART 3
	Rent	Own	nber	Phone Number	Previous Contact/Agent/Owner Name
State Zip		Landlord	ComplexLa	Co. Apt.	Previous Mortgage Co Mngment
Monthly Payment	Dates Phone	Zip	State	City	SPOUSE'S Previous Address
	Rent	Own		T indie Number	
tate Zip	City	Langiorg			
\$	То	From		3	Previous Mortoage Co Mnoment
Mosthic	SIDENCE HISTORY	US RESIDE	PREVIOUS RE	City	PART 2 APPLICANT'S Previous Address
Monthly Payment	А	Phone Number			Contact/Agent/Owners Name
City	Landlord	Apartment Complex	Apar	Management Co.	Name of Present Mortgage Co
Dates OWN	p Phone	State Zip	City		dills Fresent Address
		RESIDENCE HISTORY	RESIDE		
Weight of pet:	a deposit	(eeping of	ets? Type of pet:	Do you have Pets?	Apartment to be occupied by: Persons
Social Security #	Birthdate	Middle	M	First	SPOUSE'S Last Name
Social Security #	OR EACH APPLICANT. Birthdate	iddle rokms Fi	USE, USE SEP, M	First	APPLICANT'S Last Name First Middle Birthdate
	NO ADDRESS	YES	se or State I.D.	of of Drivers Licen	MANAGER CHECK LIST - Visual pro