



3355 N. Five Mile Road #250
Boise, Idaho 83713
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RENTAL APPLICATION GUIDELINES

Thank you for your interest in renting from Mountain Ridge Management. In order to be approved in a timely manner the following information must accompany a completed application.

Application

The attached rental application must be filled out completely. Signed and dated. Information not provided will result in rejection of your application. Every adult (18 years and older) is to complete an application even if they will be applying as an occupant.

Application Fee

A **NON-REFUNDABLE** application fee of **\$35.00 per single applicant must** accompany each application. Applications will **NOT** be processed until the fee is paid. No personal checks are accepted, cash or money order only. Credit or criminal reports supplied by applicants are not accepted.

The following information is required by **each** adult (18 years and older) and must accompany every rental application.

1. Photocopy of your drivers license or other ID. This ID must include a photo. This is required for each applicant, and occupant age 18 and older.
2. Provide proof of income for the prior 12 months.
3. Provide proof of income for previous 24 months if self employed or retired.
4. Additional information verifying all other income and sources.

Failure to provide the requested information will deem the application incomplete and will be rejected.



RENTAL APPLICATION

Property Address _____

Desired Move In Date _____

Personal Information

Applicant's Full Name _____

D.O.B _____ Drivers Lic. # _____ SS# _____
Phone # _____ Cell# _____ e-mail _____

Spouse or Co-Applicants Full Name _____

D.O.B _____ Drivers Lic. # _____ SS# _____
Phone# _____ Cell# _____ e-mail _____

Current Address _____ City _____ Zip _____

Dates Living at this address _____

Reason for Moving _____ Rent amount _____

Landlord's Name _____ Phone# _____

Date Notice was given to move _____

Previous Address _____ City _____ Zip _____

Dates Living at this Address _____

Reason for Moving _____ Rent amount _____

Landlord's Name _____ Phone# _____

Previous Address _____ City _____ Zip _____

Dates Living at this Address _____

Reason for Moving _____ Rent amount _____

Landlord's Name _____ Phone# _____

Employment History

Applicant's Occupation/Employment

Self Employed d.b.a. _____

Employers Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

Type of Business _____ Position Held _____

Supervisor's Name _____ Phone# _____

Dates of Employment _____ **Monthly Gross Income** _____

Additional Income _____ Source _____ Amount _____

Previous Occupation/Employment

Self Employed d.b.a. _____

Employers Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

Type of Business _____ Position Held _____

Supervisor's Name _____ Phone# _____

Dates of Employment _____ **Monthly Gross Income** _____

Spouse's Occupation/Employment

Self Employed d.b.a. _____

Employers Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

Type of Business _____ Position Held _____

Supervisor's Name _____ Phone# _____

Dates of Employment _____ **Monthly Gross Income** _____

Additional Income _____ Source _____ Amount _____

Occupants

Full Names of All Occupants (First, Middle and Last Names)

Full Name _____ D.O.B. _____

Full Name _____ D.O.B. _____

Full Name _____ D.O.B. _____

Full Name _____ D.O.B. _____

Credit Reference

Bank Name _____ **Branch** _____

Checking Account# _____ Savings Account # _____

Address _____ City _____ State _____ Zip _____ Phone# _____

Bank Name _____ **Branch** _____

Checking Account # _____ Savings Account # _____

Address _____ City _____ State _____ Zip _____ Phone# _____

Personal Credit References

Name _____ Address _____ Phone# _____

Name _____ Address _____ Phone# _____

Vehicle Information

Make _____ Model _____ License# _____ Year _____ Color _____

Make _____ Model _____ License# _____ Year _____ Color _____

Personal References

Name _____ Address _____
 Phone# _____ Length of Acquaintance _____

Name _____ Address _____
 Phone# _____ Length of Acquaintance _____

Nearest Relative _____ Address _____
 Phone# _____ Relationship _____

Other Information

The following questions must be answered

	Applicant yes / no	Co-applicant yes / no		Spouse/ yes / no
Have you ever had a bankruptcy, collection or judgment? If so, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been evicted? If so explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever willfully or intentionally refused to pay rent? If so, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of a criminal offense? If so, Explain? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony or misdemeanor offense? If so, Explain? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any charges or court date(s) pending? If so, Explain? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a pet? If so, what kind _____ Weight _____ Age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about this property? _____				

Emergency Contact

Name _____ Address _____ Phone# _____

Name _____ Address _____ Phone# _____

Notes: _____

I DECLARE THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF, BUT NOT LIMITED TO, CREDIT CHECKS, CRIMINAL BACKGROUND CHECKS, AND UNLAWFUL DETAINER CHECKS. I AGREE THAT OWNER/MANAGER MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE.

Signature of Applicant _____ Date _____

Print Full Name _____ Date _____

Spouse/Co-Applicant _____ Date _____

Print Full Name _____ Date _____