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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.**

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## 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? 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 \_\_\_\_\_