

Idaho Property Guardian Residential Lease Application

Landlord/Lessor: _____ Date of Application: _____
 Location of Residence: _____

Name of Tenant: _____
 Other Names Tenant has used: _____
 Current Home Phone Number: _____
 Drivers License No. _____ State of Issuance: _____
 Social Security Number: _____ Date of Birth: _____
 Marital Status: _____ Spouse Name: _____
 Children Names: _____
 Name of Tenant #2: _____
 Current Phone No: _____
 SS# Tenant #2: _____
 Who will live in residence except applicant and children?

Place of Employment: _____
 Address: _____
 Supervisor: _____ Phone: _____
 Your Job Title: _____ Work Hours: _____
 Monthly Pay: _____ How long at current job? _____
 Other sources of income: _____

Have you ever filed Bankruptcy? Yes No
 -If yes, court and cause number? _____
 Are you a party to any lawsuit? Yes No
 -If yes, please describe. _____
 Are there any judgments against you? Yes No
 -If yes, please describe. _____

Bank Name: _____ Phone: _____
 Account No: _____ Account No. _____
 Credit References:
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

For Landlord's Use Only
Rent Amount: _____
Deposit: _____
Date Lease to begin: _____
End of Lease: _____
Number of Occupants: _____

(Continued on Page 2)

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Date: _____
 Signed: _____ Date: _____

Do you have any pets that you would like to occupy the residence? Yes No

-If yes, please describe. _____

Note: This provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit? Yes No If yes, provide reason for eviction.

Motor Vehicle Identification: _____

Year	Make/Model	Color	Tag Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Credit Cards

Type:	Card #	Type:	Card #
_____	_____	_____	_____
_____	_____	_____	_____
Creditors	Type Of Debt	Amount Owed	Monthly Payment

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to notify in case of emergency: _____ Phone: _____

Present Address: _____ Zip: _____

How long? _____ Reason for leaving: _____

Name and phone # of owner/manager: _____

Previous Address: _____

When? _____ Reason for leaving: _____

Previous Address: _____

When? _____ Reason for leaving: _____

DISCLOSURE OF MANAGER:

The Manager of the Premises is Idaho Property Guardian:

P.O.Box 190102
Boise, ID. 83719-0102

OWNER DISCLOSURE: The owner of the premises or a person authorized to act for and on behalf of the owner for the purpose of service of process and receiving and receipting for notices and demands is disclosed as:

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

RADON GAS DISCLOSURE. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit.

CONSENT TO CREDIT CHECK

I/We, _____, the undersigned applicant(s) authorize landlord, _____, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Signed: _____

Date: _____

Signed: _____

Date: _____