

MANAGER CHECK LIST - Visual proof of Drivers License or State I.D. YES  NO  ADDRESS \_\_\_\_\_  
 IN THE EVENT OF CO-TENANTS OTHER THAN SPOUSE, USE SEPARATE FORMS FOR EACH APPLICANT.

APPLICANT'S Last Name	First	Middle	Birthdate	Social Security #
SPOUSE'S Last Name	First	Middle	Birthdate	Social Security #

Apartment to be occupied by: Do you have Pets? YES  NO  Type of pet: \_\_\_\_\_ Bred: \_\_\_\_\_ Weight of pet: \_\_\_\_\_  
 (Keeping of pets requires a deposit and owner's consent)

**PART 1**

**RESIDENCE HISTORY**

Applicant's Present Address	City	State	Zip	Phone	Dates From _____ To _____	OWN <input type="checkbox"/> RENT <input type="checkbox"/>
Name of Present Mortgage Co _____ Management Co. _____	Apartment Complex _____	Landlord _____	City	State	Zip	
Contact/Agent/Owners Name	Phone Number	Monthly Payment	\$ _____			

**PART 2**

**PREVIOUS RESIDENCE HISTORY**

APPLICANT'S Previous Address	City	State	Zip	Phone	Dates From _____ To _____	Monthly Payment \$ _____
Previous Mortgage Co. _____ Mngment Co. _____	Apt. Complex _____	Landlord _____	City	State	Zip	
Previous Contact/Agent/Owner Name	Phone Number	Own <input type="checkbox"/> Rent <input type="checkbox"/>				

SPOUSE'S Previous Address	City	State	Zip	Phone	Dates From _____ To _____	Monthly Payment \$ _____
Previous Mortgage Co. _____ Mngment Co. _____	Apt. Complex _____	Landlord _____	City	State	Zip	
Previous Contact/Agent/Owner Name	Phone Number	Own <input type="checkbox"/> Rent <input type="checkbox"/>				

**PART 3**

**EMPLOYMENT HISTORY**

APPLICANT Employed By	Monthly Salary	Supervisor's Name	Dates From _____ To _____
Address	City	State	Zip
APPLICANT Previous Employment	Monthly Salary	Supervisor's Name	Dates From _____ To _____
Address	City	State	Zip
SPOUSE Employment by	Monthly Salary	Supervisor's Name	Dates From _____ To _____
Address	City	State	Zip

ADDITIONAL INCOME such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder. Amount \$ \_\_\_\_\_ per Source \_\_\_\_\_

**PART 4**

**CREDIT & LOAN REFERENCES**

Auto #1 ( Make & Model)	License Plate	State	Car Payment made to	Address	Monthly Payment
Other Vehicles ( Boats, Vans, Motorcycles, R. V., etc.)	Make, Model, & License Plate				
Loans, Charge Accounts & Credit Cards owed to	Account #	Address	Total Debt	Monthly Payment	
Bank or Savings & Loan	Account #	Address	Checking Acct. #		
Bank or Savings & Loan	Account #	Address	Savings Acct. #		

**PART 5**

**IMPORTANT INFORMATION**

Name of APPLICANT'S nearest relative	Relationship	Address	City	State	Zip	Phone
Name of SPOUSE'S nearest relative	Relationship	Address	City	State	Zip	Phone
Emergency Contact	Relationship	Address	City	State	Zip	Phone
Personal Reference	Relationship	Address	City	State	Zip	Phone

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES  NO**   
**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME INVOLVING THE POSSESSION, USE, SALE OR MANUFACTURE OF ILLEGAL DRUGS? YES  NO**

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 Riverside Management Co. Inc. & Metro Management, Inc., whose address is 8919 W. Ardene Street, Boise, ID 83709, to obtain credit reports, rental and employment verification, bank information and character information as necessary. Riverside Management Co. Inc. & Metro Management, Inc. is authorized to release any information obtained during the screening process to landlord and landlord's agency. I/we certify that to the best of my/our knowledge all 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 individual, or \$65.00 for a married couple applies. Applicant understands that he/she/we acquires no rights to the rental property until a holding deposit in the amount specified for property has been 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 forfeits the holding deposit and no portion of it shall be returned.

Applicant signed \_\_\_\_\_ Dated \_\_\_\_\_ Applicant signed \_\_\_\_\_ Dated \_\_\_\_\_  
 Agent signed \_\_\_\_\_ Dated \_\_\_\_\_

