

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:		Type of pet: _____ Breed: _____ Weight of pet: _____		Do you have Pets? YES ___ NO ___ (Keeping of pets requires a deposit and owner's consent)		

**PART 1 RESIDENCE HISTORY**

Applicants Present Address City State Zip Phone Dates From To OWN RENT State

Name of Present Mortgage Co. Management Co. Apt. Complex Landlord Apartment Complex Landlord City State

Contact/Agent/Owners Name Phone Number Monthly Payment \$

**PART 2 PREVIOUS RESIDENCE HISTORY**

APPLICANT'S Previous Address City State Zip Dates From To Phone Monthly Payment \$

Previous Mortgage Co. Mngmnt Co. Apt. Complex Landlord City State Zip

Previous Contact/Agent/Owner Name Phone Number Own Rent

SPOUSE'S Previous Address City State Zip Dates From To Phone Monthly Payment \$

Previous Mortgage Co. Mngmnt Co. Apt. Complex Landlord City State Zip

Previous Contact/Agent/Owner Name Phone Number Own Rent

**PART 3 EMPLOYMENT HISTORY**

APPLICANT Employed By Monthly Salary Supervisor's Name Dates From To

Address City State Zip Phone Occupation/Department

APPLICANT Previous Employment Monthly Salary Supervisor's Name Dates From To

Address City State Zip Phone Occupation/Department

SPOUSE Employment by Monthly Salary Supervisor's Name Dates From To

Address City State Zip Phone Occupation/Department

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 Debit 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 Metro Management, Inc., whose address is 8919 W. Ardenne Street, Boise, ID 83709, to obtain credit reports, rental and employment verification, bank information and character information as necessary, true and complete. False, fraudulent or misleading information obtained during the screening process to landlord and landlord's agency, JMW, certify that to the best of my/our knowledge all statements are 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 applied for property has been paid. If this application 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 \_\_\_\_\_

