

RENTAL APPLICATION

Bluth Apartments
348 East 14th Street
Idaho Falls, Idaho 83404
Phone: (208) 528-8708
Fax: (208) 529-8150

Property Address: _____

Applicant Name: _____ Telephone: _____

Social Security Number: _____

Driver's License Number: _____

Present Address _____

Street

City

State

Zip Code

Present Landlord or Mortgage Company: _____

Present Landlord or Mortgage Company Telephone Number: _____

Time at Present Address: From _____ to _____

Reason for Leaving: _____

Previous Landlord or Mortgage Company: _____

Previous Address: _____

Street

City

State

Zip Code

Time at Previous Address: From _____ to _____

Reason for Leaving: _____

Present Employer: _____ Telephone: _____

Co-Applicant Full Name: _____ Telephone: _____

Co-Applicant Employer: _____ Telephone: _____

Have You or Co-Applicant Ever:

Been sued for non-payment of rent? Yes ___ No ___

Been evicted or asked to move out? Yes ___ No ___

Broken a Rental Agreement or Lease? Yes ___ No ___

Been sued for damage to rental property? Yes ___ No ___

Declared bankruptcy? Yes ___ No ___

Do you smoke? Yes ___ No ___

Have you ever been convicted of a misdemeanor or a felony? Yes ___ No ___

(Over)

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INFORMATION ON THOSE WHO WILL OCCUPY THE UNIT.

Name Birthday Sex Social Security# Relationship

Monthly Net Income:

Applicant _____

Co-Applicant _____

Total Number of vehicles: _____

Do You Have A Pet: _____ Type: _____ Breed _____ Weight _____

How did You Hear About Our Property: _____

EQUAL OPPORTUNITY POLICY

Bluth Apartments provides equal housing opportunity for all persons. Ownership and management prohibits acts that discriminate against an individual's national Origin, in violation of the fair Housing Act.

AUTHORIZATION

Please read carefully before signing

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify the references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry.

Signed: _____ Date: _____

Signed: _____ Date: _____