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

PART 1 RESIDENCE HISTORY

Applicants Present Address	City	State	Zip	Phone	Dates From _____ To _____	OWN ___ RENT ___
Name of Present Mortgage Company Co. _____	Management	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. Landlord _____	Management Co.	Apt. Complex	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. Landlord _____	Management Co.	Apt. Complex	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 _____

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 American Property Management, Inc. whose address is 1704 Regal Ave, Boise, ID 83704, to obtain credit reports, rental and employment verification, bank information and character information as necessary. American Property 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 \$30.00 per individual, or \$40.00 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 applied 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 _____

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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 ()
Personal Reference	Relationship	Address	City	State	Zip ()

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 ___

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Applicant signed _____ Dated _____ Applicant signed _____
 Dated _____

Agent signed _____ Dated _____