

# RENTAL APPLICATION

Evergreen Suites  
605 E. Main St.  
Grangeville, ID 83530  
(208) 983-2587, 1-888-832-5251  
cell: (503) 314-2855  
Email: evergreen@mtida.net

APPLICANT SCREENING FEE: \$15.00 (plus \$15.00 for each additional applicant except for spouse) PLEASE PAY BY CASHIER'S CHECK OR MONEY ORDER ONLY. We do not accept Section 8 applicants. NO INSIDE SMOKING PERMITTED!

Prospective Address \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

## 1. APPLICANT PERSONAL INFORMATION

PLEASE PRINT:

Applicant full name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of birth \_\_\_\_\_ Mother's maiden name \_\_\_\_\_ Driver's License number \_\_\_\_\_ State \_\_\_\_\_  
Year & make and model of automobile \_\_\_\_\_ License plate # \_\_\_\_\_ State \_\_\_\_\_

## 2. APPLICANT RENTAL HISTORY

Present address \_\_\_\_\_ Phone # \_\_\_\_\_ Rental rate \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Landlord's phone # \_\_\_\_\_ Length of tenancy \_\_\_\_\_  
Why are you vacating? \_\_\_\_\_  
Previous address \_\_\_\_\_ Phone # \_\_\_\_\_ Rental rate \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Landlord's phone # \_\_\_\_\_ Length of tenancy \_\_\_\_\_

## 3. APPLICANT SOURCE OF INCOME

Current employer \_\_\_\_\_ Work phone # \_\_\_\_\_ Length of employment \_\_\_\_\_  
Employer address \_\_\_\_\_ Job title \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Total Monthly take home income (after taxes) \$ \_\_\_\_\_ per month  Wages/Salary  Govmnt assistance  Other

## 4. APPLICANT CREDIT REFERENCES

Credit/debt information used to determine your capacity to pay your rent based upon your current income and monthly payments:

1. How many credit card payments do you make monthly? \_\_\_\_\_ Total Monthly Payment(s) \$ \_\_\_\_\_
2. How many monthly loan payments (other than credit cards)? \_\_\_\_\_ Total Monthly Payment(s): \$ \_\_\_\_\_
3. Do you make monthly child support payments? \_\_\_\_\_ Total Monthly Payment(s): \$ \_\_\_\_\_

(Check the appropriate boxes) Do you have a  Savings Account  Checking Account ?

Does anyone on this application have previous credit problems or bankruptcy?  No  Yes. If yes, please explain: \_\_\_\_\_

## 5. APPLICANT OTHER INFORMATION

Has anyone on this application ever been evicted from any tenancy?  No  Yes If yes, please explain: \_\_\_\_\_

Has anyone on this application ever willfully and intentionally refused to pay rent when due?  No  Yes. If yes, explain: \_\_\_\_\_

Do you know of anything that may interrupt income or ability to pay rent?  No  Yes If yes, please explain \_\_\_\_\_

Has anyone on this application ever been convicted of a crime?  No  Yes. If yes, what and when? \_\_\_\_\_

Is anyone on this application currently on probation or parole?  No  Yes If yes, for what offense? \_\_\_\_\_

What is the name of your probation officer? \_\_\_\_\_ Probation officer's phone number \_\_\_\_\_

Have you or anyone on this application ever been convicted of manufacturing, delivery and/or use of a controlled substance?  No  Yes. If yes, please explain \_\_\_\_\_

Nearest relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Personal reference \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

PLEASE SEE REVERSE SIDE

Single or Both Applicant(s) sign on Reverse

Names and ages of all to occupy the unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet Name \_\_\_\_\_ Type/Breed \_\_\_\_\_ Size \_\_\_\_\_ Sex \_\_\_\_\_ Outdoor/Indoor \_\_\_\_\_  
Pet Name \_\_\_\_\_ Type/Breed \_\_\_\_\_ Size \_\_\_\_\_ Sex \_\_\_\_\_ Outdoor/Indoor \_\_\_\_\_

Do you have or intend to use:  Waterbed  Aquarium  Piano/Organ Do you smoke?  Yes  No

**1. CO-APPLICANT PERSONAL INFORMATION**

PLEASE PRINT:

Applicant full name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of birth \_\_\_\_\_ Mother's maiden name \_\_\_\_\_ Driver's License number \_\_\_\_\_ State \_\_\_\_\_  
Year & make and model of automobile \_\_\_\_\_ License plate # \_\_\_\_\_ State \_\_\_\_\_

**2. CO-APPLICANT RENTAL HISTORY**

Present address \_\_\_\_\_ Phone # \_\_\_\_\_ Rental rate \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Landlord's phone # \_\_\_\_\_ Length of tenancy \_\_\_\_\_  
Why are you vacating? \_\_\_\_\_  
Previous address \_\_\_\_\_ Phone # \_\_\_\_\_ Rental rate \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Landlord's phone # \_\_\_\_\_ Length of tenancy \_\_\_\_\_

**3. CO-APPLICANT SOURCE OF INCOME**

Current employer \_\_\_\_\_ Work phone # \_\_\_\_\_ Length of employment \_\_\_\_\_  
Employer address \_\_\_\_\_ Job title \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Total Monthly take home income (after taxes) \$ \_\_\_\_\_ per month  Wages/Salary  Govmnt assistance  Other

**4. CO-APPLICANT CREDIT REFERENCES**

Credit/debt information used to determine your capacity to pay your rent based upon your current income and monthly payments:

1. How many credit card payments do you make monthly? \_\_\_\_\_ Total Monthly Payment(s) \$ \_\_\_\_\_  
2. How many monthly loan payments (other than credit cards)? \_\_\_\_\_ Total Monthly Payment(s): \$ \_\_\_\_\_  
3. Do you make monthly child support payments? \_\_\_\_\_ Total Monthly Payment(s): \$ \_\_\_\_\_

(Check the appropriate boxes) Do you have a  Savings Account  Checking Account ?

Does anyone on this application have previous credit problems or bankruptcy?  No  Yes. If yes, please explain: \_\_\_\_\_

**5. CO-APPLICANT OTHER INFORMATION**

Has anyone on this application ever been evicted from any tenancy?  No  Yes If yes, please explain: \_\_\_\_\_

Has anyone on this application ever willfully and intentionally refused to pay rent when due?  No  Yes. If yes, explain: \_\_\_\_\_

Do you know of anything that may interrupt income or ability to pay rent?  No  Yes If yes, please explain \_\_\_\_\_

Has anyone on this application ever been convicted of a crime?  No  Yes. If yes, what and when? \_\_\_\_\_

Is anyone on this application currently on probation or parole?  No  Yes If yes, for what offense? \_\_\_\_\_

What is the name of your probation officer? \_\_\_\_\_ Probation officer's phone number \_\_\_\_\_

Have you or anyone on this application ever been convicted of manufacturing, delivery and/or use of a controlled substance?  No  Yes. If yes, please explain \_\_\_\_\_

Nearest relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Personal reference \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial as an applicant, loss of any security deposit, or subsequent termination of tenancy upon the determination of the falsification. I authorize EVERGREEN SUITES and its agents to make any inquiries necessary to evaluate my prior landlord references, qualifications and credit standing. This application is subject to approval of owner/agent before occupancy of the premises may occur. This application is not considered complete and will not be processed without the application fee. Application may take 3-4 business days to process.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_ PM # \_\_\_\_\_ Application fee paid: \$ \_\_\_\_\_  
Deposit paid: \$ \_\_\_\_\_ Verification of photo ID?  No  Yes Type: \_\_\_\_\_  
Screening Fee disclosure provided?  No  Yes Agent initials \_\_\_\_\_