

# www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

Required Documentation

* Driver's License
* Social Security Card
* Copy of your last 30 days most current paystubs
* Copy of last 2 years’ tax returns and all W-2's
* Last month's bank statements from all accounts with transaction history.
* Letter of explanation if you have any derogatory items on credit report.
* Optional: If there is a cosigner please bring copy of cosigner's driver's license.
* Housing and Section 8 applicants: please bring a copy of your housing voucher and your eligibility worksheet.
* Social Security or Disability Applicants: Please bring a copy of your Awards Letter.



# www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

# Application Acceptance Policy

Prospective tenants, please read carefully. The following is our screening criteria:

* Prior Favorable Rental History
* Positive reference(s) from previous landlord(s)
* Debt to income ratio to sustain rent
* No prior evictions, judgements, collections, or liens from former landlords
* Background check – ALL prospective tenants age 18 and older must fill out and sign application paperwork and pay required non-refundable application processing fee
* Applicant must provide current official picture ID
* Applicant must pay full rent amount due and full deposit required PRIOR to occupancy
* If pets are allowed at a property a full pet fee of $500 is required prior to occupancy
* All information on rental application and or credit report must be able to be verified
* Credit: while we prefer to see “good” credit for all applicants, we do have some discretion here – we will consider your “big picture” credit wise

Failure to meet the above criteria will result in one or more of the following:

* Denial of rental application
* Requiring a qualified Co-Signer. This option is not always available
* Requiring an additional security deposit if deemed to be more of a “risk”
* Requiring a Co-Applicant



## www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

Each adult (18 or older) must fill out a separate application

There is a non-refundable fee of $25/person or $35 married Rental Application

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Middle Last | | Birth Date | | Social Security # | | | | Driver's License # |
|  | |  | |  | | | |  |
| Any Other Names You've Used In The Past | |  | Home Phone | | | | Cell Phone | |
|  | |  |  | | | |  | |
| All Other Proposed Occupants (18 and Over) | |  | | | Birth Date | Relationship to Applicant | | |
|  | |  | | |  |  | | |
| Rental Applying For? | |  | | | Email:  **\*Required** |  | | |
| Kids? | How Many? |  | | |  | Married? | | |
|  | |  | | |  | IF YES, SPOUSE MUST FILL OUT AN APPLICATION | | |

**Rental/Residence History** **Need a 2-year History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Residence | Previous Residence | Prior Residence |
| Street Address |  |  |  |
| City |  |  |  |
| State & Zip |  |  |  |
| Last Rent Amount Paid |  |  |  |
| Owner/Manager and Phone Number |  |  |  |
|  |  |  |
| Reason for leaving |  |  |  |
| Is/Was rent paid in full? |  |  |  |
| Did you give notice? |  |  |  |
| Were you asked to move? |  |  |  |
| Name(s) in which your utilities are now billed: |  |  |  |
|  | From/To | From/T0 | From/To |
| Dates of Residency |  |  |  |

Employment History **Need a 2-year History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Current Employment | Previous | | Prior Employment | | |
| Employed By |  |  | |  | | |
| Address |  |  | |  | | |
| Employer's Phone |  |  | |  | | |
| Occupation |  |  | |  | | |
| Name of Supervisor |  |  | |  | | |
| Monthly Gross Pay |  |  | |  | | |
| Dates of Employment | From/To | From/To | | From/To | | |
|  | | | Bank/institution Name | | Balance on Deposit or Balance Owed |
| Savings Account | | |  | |  |
| Checking Account | | |  | |  |
| Credit Card | | |  | |  |
| Auto Loan | | |  | |  |

Vehicles

(Include Vehicles belonging to other proposed occupants also)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make | Model | Color | Year | License Plate |
|  |  |  |  |  |
|  |  |  |  |  |

**References- Must have 3!** **2 References cannot be related to you**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship |  |  |  |
| Name |  |  |  |
| Street Address |  |  |  |
| City |  |  |  |
| State & Zip |  |  |  |
| Phone Number |  |  |  |
| By signing the application, you grant us permission to communicate with all the contacts listed in this section in the event we can’t locate you.  Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf. | | | |

General Information

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been served a late rent notice? | Do any of the people who would be living in the apartment smoke? | | How long do you think you would be renting from us? |
|  |  | |  |
| Have you ever filed for bankruptcy? If so, When? | When would you be able to move in? | | Have you ever been convicted of a felony? |
| Have you ever been served an eviction notice, if so, when? | How many pets do you have, list Type, Breed, approx. Weight &Age)? | | |
|  |  | |  |
| Have you had any reoccurring problems with you current apartment or landlord? If so, please explain. | | | |
|  | | | |
| Why are you moving from your current address? | | | |
|  | | | |
| List any verifiable sources and amounts of income you wish to have considered (optional): | | | |
|  | | | |
| If you were to run into financial difficulty in the future and couldn’t come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person’s name, address, & phone # so that we can use them as a reference for you. | | | |
|  | | | |
| Have you been a party to a lawsuit in the past? If yes, please explain why? | | | |
|  | | | |
| We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on? | | | |
|  | | | |
| How did you hear about us? | | Emergency Contact: | |
|  | |  | |



## www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

# Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal background check to be made, along with verification of any information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in

the rejection of this application. I understand that this is an application for a rental and does not constitute a lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the rental. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

www.propropertylcv.com



Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

Not Being Honest on Your Budget is an IMMEDIATE Disqualification!

Child support, alimony, etc………………………………………………………………………. $\_\_\_\_\_\_\_\_\_

Cell phone ……………….………………………………………………………………………..$\_\_\_\_\_\_\_\_\_

Electric Bill………………………………………………………………………………………..$\_\_\_\_\_\_\_\_\_

Internet…………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Renters Insurance………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Rent or Mortgage Payment..……………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Credit Card Payments…………………………………………………………………………..….$\_\_\_\_\_\_\_\_\_

Student Loan Payments…………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Groceries…………………………………………………………………………………………...$\_\_\_\_\_\_\_\_\_

Eating Out………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Car Payment………………………………………………………………………………………..$\_\_\_\_\_\_\_\_\_

Car Insurance……………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Gas………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Daycare and Babysitting……………………………………………………………………………$\_\_\_\_\_\_\_\_\_

Activities and lessons……………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Clothing……………………………………………………………………………………………..$\_\_\_\_\_\_\_\_\_

Toiletries and Care products………………………………………………………………………..$\_\_\_\_\_\_\_\_\_

Other Debt Payments……………………………………………………………………………….$\_\_\_\_\_\_\_\_\_

Total Expenses: $\_\_\_\_\_\_\_\_\_



## www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723 601 Bryden Ave Lewiston, ID 83501

Authorization to Request, Verify, and Obtain My

Personal Information

I, , authorize Pro-Property Management LLC to request and obtain any information needed including:

Credit Report Background Check

Verification of Employment Verification of Rent

Check Personal References References from current and

past neighbors

Signature: Date:



## www.propropertylcv.com

Email: proproperty6723@gmail.com Office Number: 208-413-6723

601 Bryden Ave Lewiston, ID 83501

Approval from Co-Signer to be held responsible

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am co-signing for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to rent a home located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that if payments are not made at any point during the entire duration of the lease or any subsequent lease renewals then I will be held fully responsible for any rent and or damages due.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Co-signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Co-signer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* Cosigner must provide a valid copy of their driver’s license or government issued ID. \*\*\*