

RESIDENT APPLICATION

Verity Property Management, Inc. AMO®

200 N. 23rd St. Boise, ID 83702 PH: 208-342-7368 FAX: 208-342-7325

www.veritymgt.com

Name: _____	SSN: _____ - _____ - _____	DOB: _____	
Last First Middle Initial			
Name: _____	SSN: _____ - _____ - _____	DOB: _____	
Last First Middle Initial			
Number of People to Occupy Rental Unit: _____	<i>(this number should NOT include infants under the age of two)</i>		
Name: _____	DOB: _____	SSN: _____ - _____ - _____	Relationship: _____
Name: _____	DOB: _____	SSN: _____ - _____ - _____	Relationship: _____
Name: _____	DOB: _____	SSN: _____ - _____ - _____	Relationship: _____

Current Address: _____	Phone: (day) _____ (eve) _____
City: _____	State: _____ Zip Code: _____ Rent \$ _____
Move-in Date: _____ Month _____ Year	Reason for Leaving: _____
Landlord Name: _____	() Property Management Co. () Privately Owned (check one)
Landlord Business Phone: _____	Landlord Home Phone: _____
Previous Address: _____	
City: _____	State: _____ Zip Code: _____ Rent \$ _____
Lived at this Address From: _____ To: _____	Reason for Leaving: _____
Landlord Name: _____	() Property Management Co. () Privately Owned (check one)
Landlord Business Phone: _____	Landlord Home Phone: _____

Make of Car: _____	Color: _____	Year: _____	License No.: _____
Make of Car: _____	Color: _____	Year: _____	License No.: _____

Current Employer: _____
Address: _____
Position: _____ From: _____ To: _____ Salary: _____
Contact: _____ Phone: _____
Previous Employer: _____
Address: _____
Position: _____ From: _____ To: _____ Salary: _____
Contact: _____ Phone: _____

Spouse Current Employer: _____
Address: _____
Position: _____ From: _____ To: _____ Salary: _____
Contact: _____ Phone: _____
Spouse Previous Employer: _____
Address: _____
Position: _____ From: _____ To: _____ Salary: _____
Contact: _____ Phone: _____

Personal References:
Name: _____ Phone: _____
Name: _____ Phone: _____

In case of emergency notify: _____ Phone: _____
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Have you ever been convicted of a crime? _____ Comments: _____

If you are a person with a disability and need for a reasonable accommodation, contact the manager.

I / We hereby certify that the above information is true and correct, and authorize verification of all information provided. I / We understand that a consumer credit report and criminal background check will be obtained. I / We agree that no other person, except those named above and approved, will occupy the rental unit at any time without prior written consent of the Lessor. I / We further agree that all adults residing in the rental unit are jointly and severally liable for all rent and lease obligations. The undersigned, on the basis of the above information, makes application to rent:

Unit No. _____ Located at _____ for a Rental Amount of \$ _____ Per Month

**A DEPOSIT PAID BY THE APPLICANT IS REFUNDABLE ONLY IF APPLICANT IS NOT APPROVED;
NON-REFUNDABLE IF APPLICANT IS APPROVED BUT FAILS TO TAKE OCCUPANCY OF THE RENTAL UNIT.**

APPLICANT SIGNATURE(S) _____	PROOF OF IDENTIFICATION (DRIVER'S LICENSE NO.) _____
DATE: _____	DATE: _____

Application Fee Paid: _____	Deposit Amount Paid: _____	Date Paid: _____
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Resident Manager: _____	Phone: _____	Fax: _____
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