

RENTAL APPLICATION

Office Use Only:
Unit #: _____
Rent Rate: _____
Refund. Dep. Amt: _____
Non-Ref Pet Fee(s): _____

Aloha Management/The Justice Apartments
Property Location: 240 New 6th Street, Apt. I
Lewiston, ID 83501

(208) 983-2587 cell: (503) 314-2855 1-888-832-5251 (Toll Free Ph/FAX)
Email: evergreensuites@outlook.com - www.justiceapartments.com

APPLICANT SCREENING FEE: \$25.00 (plus \$25.00 for each additional applicant except for spouse) PLEASE PAY BY CASHIER'S CHECK OR MONEY ORDER ONLY. 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 _____
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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 ALOHA MANAGEMENT/THE JUSTICE APARTMENTS 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. **Check One:** Yes, I have TOTAL of all refundable deposit(s), fees, and move-in monies available on or before lease signing. Or, I only have part of move-in monies, but I have at least 50% of deposits & fees. Or, I only have \$ _____ of move-in monies and am requesting a payment plan on balance.

Applicant Signature _____ Date _____ Co-applicant Signature _____ Date _____

NOTE: IF MAILING, MAIL APPLICATION TO: SANDRA EIMERS, 605 E. Main St., #6, Grangeville, ID 83530

For Office Use Only: Background check (prior arrests/convictions/court appearances) _____
Date received: _____ PM # _____ Application fee(s) paid: \$ _____
Deposit paid: \$ _____ Verification of photo ID? No Yes Type: _____
Screening Fee disclosure provided? No Yes Agent initials _____