

PIERCE PARK VILLAGE, L.L.C.
5445 – 5497 Pierce Park Lane
Boise, Idaho 83714

PLANTATION VIEW VILLAGE, L.L.C.
6103 West State Street
Boise, Idaho 83703

DRUG FREE PROPERTIES
PHONE (208) 345-9007
FAX (208) 345-9021
E-MAIL RENTPPV@GMAIL.COM
WWW.RENTPPV.COM

Business Office
6103 West State Street, #15 Office
Boise, Idaho 83703

ABG PROPERTIES, L.L.C. & BG PROPERTIES, L.L.C.
Locations in Northwest Boise

QUALIFYING STANDARDS
EFFECTIVE APRIL 2017

SMOKE-FREE PROPERTIES

Dear Prospective Resident:

Thank you for your interest in our property. Please note we provide equal opportunity housing to everyone. Our decision to rent to you will be based on the following criteria.

1. **Completely fill out and sign the rental application.** A non-refundable fee of **\$40** will be charged to process each individual application. Each adult residing on the premises – roommates, a husband and wife, etc. - must fill out a separate application. Applications and/or any documents accompanying the application will not be returned once they are submitted, complete or incomplete.
2. All persons 18 years of age and older who will occupy the property must fill out and complete an application and provide the requested documentation. All information on the application must be truthful, accurate, complete and verifiable. If you fail to fill out any part of the application, do not provide the requested documents, provide false, inaccurate or misleading information, references are not verifiable, or refuse to authorize us to run the necessary reports to qualify you as a Resident, we will deny your application.
3. **Each applicant must provide copies of two pieces of valid identification** – one with photo – such as a driver's license or other government issued ID is required and will become part of the completed application.
4. Acceptable credit, rental and criminal history.
 - a. All information showing on the credit report is subject to verification, including previous address and place of employment. The credit report must show mostly good credit experience. We consider the whole financial picture of applicants. Applicants must not have outstanding unpaid judgments, charged-off or collection accounts, repossessions, etc. within the past three years unless those debts have been discharged in bankruptcy. We will consider applicants with bankruptcies and real estate foreclosures.
 - b. Relatives are not acceptable as rental references. Application may be denied for evictions, damages beyond normal wear and tear, illegal activity on premises, refusal to re-rent by previous landlord, paid or unpaid judgments or a balance still owed to a previous landlord.
 - c. A criminal background and registered sex offender search is made on all persons age 18 and older who will occupy the property. We will not consider an applicant who has been convicted of any of the following within the past five years or who is currently on parole for such a criminal conviction regardless of conviction date: drug related or gang involvement of any kind, any violent act against another person, vandalism, arson, theft, sex related, burglary, criminal trespass, stalking, fraud. We will not consider registered sex offenders regardless of the date of the offense.
5. Total of monthly market rent plus reasonable utilities shall not exceed 40% of your gross monthly income. Debt to income ratio shall also be of consideration.
6. An applicant must be gainfully employed and/or have a verifiable, garnishable source of other reliable income. Unemployment payments will not be considered income. In most cases, qualifying gross income of each applicant must be at least three (3) to four (4) times the monthly market rent.
 - a. Qualifying income may be salary (take-home pay), retirement income, social security or SSI, child support, alimony or self-employment or a combination of these. **Copies of an applicants' 12 months of current payroll statements and/or 12 months of bank statements must be submitted with the application.** Other acceptable documentation that would provide proof of income would be W-2's and current year tax returns, in addition to 6 months of payroll statement or 6 months of bank statements. Self-employed applicants or applicants with non-salary income must submit copies of twelve most recent months' bank statements and 3 current years of filed tax returns in lieu of payroll statements.
 - b. Applicants who are not employed (such as retirees, social security recipients, students, etc.) must submit independent confirmation of income or the twelve most recent months' bank statements.
 - c. A new hire, that is, an applicant who has not received a payroll check from his or her current employer, must furnish an employment letter or verification of employment and salary on company letterhead and signed by the business owner or an appropriate corporate officer.
 - d. Applicants with less than 6 months of continuous employment or without established credit or with no rental history may be:
 - i. Denied application
 - ii. Considered with an additional security deposit and/or advanced paid rent and/or qualified co-signer.
7. If any applicant or their guests displays unruly, aggressive, rude, pushy, confrontational, argumentative, combative, threatening, abusive, neglectful, criminal, deceitful or disrespectful behavior - verbal or otherwise - towards the residents, visitors, property, owner, management, employees or agents for the owner, during the application process, ALL applicants will be denied.
8. Refusal by applicant(s)/co-signers to provide requested documents, fill out the application, provide an incomplete application or to permit owner/management/agent for the owner to run reports, gather information, etc. will result in an automatic denial of all applicants.
9. Service and companion animals are welcome with the complete, appropriate, verifiable documentation completed by a qualified person/professional and as required by Owner/management **PRIOR TO PERMITTING THE ANIMAL ON THE PREMISES.** Currently there is a "no pet" policy at the properties we manage. Cats, birds, fish, reptiles, mammals and all other animals, may, in the future, be considered on a case by case basis with additional deposits, additional rent, pet agreements and renters insurance is required.
10. Pet policy: Service & companion animals allowed per government guide lines. At properties that may permit pets under our management, the pets will be considered on a case by case basis. The pet is to be no less than two and one half (2 ½) years old and have lived with the resident a minimum of eighteen (18) consecutive months. Additional deposits for pets - \$300 per pet, max. of two permitted, and a \$25-\$50 increase of rent per month per pet. All pets, including cats, must be of the indoor variety, litter box trained, not allowed outside with out the resident present with the animal directly under resident control with a leash at all times, spayed/neutered and current with all shots and medical needs. All residents must carry renters insurance.
11. To prevent overcrowding and undue stress on plumbing and other building systems, the number of occupants allowed to reside in the property follows the applicable fair housing laws and shall not exceed two people per bedroom per unit, plus one.
12. Subletting is not permitted.
13. If the application is approved, the applicant(s) must sign and agree to the Rental Agreement, take possession of the rental unit, transfer all utilities into their name, pay all deposits and move in monies due and begin paying rent within five (5) days of application approval. Any rental managed by us is available on the market until a Lease/Rental Agreement is signed by all parties, and all deposits, rents and move in monies have been received by Owner/management. No keys will be issued until all applicable utilities are transferred into applicant(s) name prior to signing the Rental Agreement.
14. **Proof of Renter's Insurance is required prior to move-in and receiving keys to the rental unit. No exceptions.**
15. Upon lease signing, first full month's rent and security deposit must be paid by certified funds; money order, cashier's check, certified checks or cash. A personal check will only be accepted with verification from the bank of sufficient funds.
16. **We adhere to a strict no smoking policy and do not accept applicants who smoke...anything. Smoking is not permitted on the premises, inside or outside.**

You will be notified as soon as possible if your application has been accepted. We strive to enforce our Rental Agreement and Rules and Regulations. If you have any questions about our qualifying standards or Rules and Regulations please ask us.

We have exceptional Residents' living in our community. We look forward to you being another one. Thank you for your application.

WE SUPPORT EQUAL OPPORTUNITY HOUSING

PIERCE PARK VILLAGE, L.L.C.
PLANTATION VIEW VILLAGE, L.L.C.
ABG PROPERTIES, L.L.C.
BG PROPERTIES, L.L.C.

5445-5497 North Pierce Park Lane
6103 West State Street
5951 North Pierce Park Lane
Locations in North West Boise

DRUG FREE PROPERTIES
PHONE (208) 345-9007
FAX (208) 345-9021
Website WWW.RENTPPV.COM
E-MAIL RENTPPV@GMAIL.COM

Business Office
6103 West State Street, #15 Office
Boise, Idaho 83703

COSIGNER REQUIREMENTS

In addition to the Qualifying Standards Dated April 2017:

To be a qualified co-signer:

- Co-signer must be over the age of 19
- Live in Ada County, state of Idaho
- Be able to show verifiable, good rental history from an unbiased source (no relatives) for the past 2 years, or ownership of a home
- A good credit history – In the past 5 years no charged off accounts, no evictions, no foreclosures, no past due accounts, no accounts in collections
- Rent of the applied for unit must be less than 30% of the co-signers monthly income
- Co-signer must be able to prove employment with the same company for the past 18 months.

If the co-signer is self-employed please turn in your proof of income (i.e. 3 years of tax returns, 12 months of bank statements, certified balance sheet, income statement, etc.) with the application.

The co-signer will be held responsible for the term of the rental agreement/lease or until the resident(s) move out of the rental unit, which ever is longer. Everyone named on the lease is responsible for the rent.

Upon approval it will be the responsibility of the applicant(s) and the co-signer to have the signature of the co-signer on the lease addendum BEFORE the applicant(s) can move in. If the co-signer has not signed the lease the applicant(s) will NOT be permitted to move in.

*****NOTICE TO CO-SIGNER*****

You are being asked to guarantee this rental agreement/lease. If the tenant does not pay the rent, any charges, fees, costs, property damage, cleaning and repair costs, etc., it will be your responsibility to pay. Be sure you can afford to pay if you accept this responsibility.

APPLICATION TO RENT - PLEASE PRINT SMOKE-FREE PROPERTIES TODAY'S DATE

| | | | | | | | | |
|--|-----------------------------------|--------------------|-----------|--|-----------------|---|-------------|---------------|
| 1. LAST NAME OF APPLICANT | | FIRST (LEGAL NAME) | MIDDLE | SPOUSE'S FIRST & MIDDLE NAME | | APT. TO BE OCCUPIED BY _____ PERSONS | | |
| NAME, RELATIONSHIP AND AGE OF ALL OTHERS WHO WILL OCCUPY APARTMENT | | | | | | | | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | | |
| CONTACT #/CELL PHONE # | E-MAIL/MYSPACE/FACEBOOK PAGE/ETC. | | | EDUCATION/DEGREES/CERTIFICATIONS | | | | |
| RESIDENCE HISTORY FOR THE PAST 3 YEARS AND/OR 2 LANDLORD REFERENCES (BEGIN WITH MOST CURRENT ADDRESS) | | | | | | | | |
| ADDRESS MOVING FROM | | | | CITY | STATE | ZIP | HOW LONG? | PRESENT PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT | |
| REASON FOR MOVING | | | | | | | | |
| STREET ADDRESS | | | | CITY | STATE | ZIP | HOW LONG? | PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT | |
| REASON FOR MOVING | | | | | | | | |
| STREET ADDRESS | | | | CITY | STATE | ZIP | HOW LONG? | PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT | |
| REASON FOR MOVING | | | | | | | | |
| DO YOU HAVE AN ANIMAL/PET? ____Y ____N HOW MANY? _____ WHAT TYPE? _____ WEIGHT OF EACH? _____ | | | | | | | | |
| MARKINGS? _____ AGE? _____ HOW LONG HAVE YOU OWNED? _____ UTD ON SHOTS & LICENSES? ____Y ____N | | | | | | | | |
| NO PETS PERMITTED (GOVERNMENT GUIDE LINES FOLLOWED FOR SERVICE ANIMALS). | | | | All residents must carry renters insurance before taking possession of the rental unit. | | | | |
| 2. APPLICANT EMPLOYED BY: | | | | SUPERVISOR'S NAME | | HOW LONG EMPLOYED? | | |
| ADDRESS | | PHONE | | POSITION HELD OR RANK | | SALARY PT/FT HRS/WK _____ \$ _____ PER _____ | | |
| PREVIOUS EMPLOYER'S NAME AND ADDRESS | | | | | | PHONE | | |
| SPOUSE EMPLOYED BY: | | | | SUPERVISOR'S NAME | | HOW LONG EMPLOYED? | | |
| ADDRESS | | PHONE | | POSITION HELD | | SALARY PT/FT HRS/WK _____ \$ _____ PER _____ | | |
| ADDITIONAL INCOME AMOUNT \$ _____ PER _____ | | | | SOURCE OF ADDITIONAL INCOME | | | | |
| 3. APPLICANT'S NEAREST RELATIVE | | ADDRESS | | CITY | STATE | RELATIONSHIP | PHONE | |
| EMERGENCY CONTACT (INCLDS NON-PAYMENT OF RENT) | | ADDRESS | | CITY | STATE | PHONE | | |

*****PLEASE READ THE QUALIFYING STANDARDS & FILL OUT THIS APPLICATION COMPLETELY. IF ANY SPACES ARE LEFT BLANK THE APPLICATION MAY BE DENIED.*****
 RESIDENTS MUST SHOW PROOF OF RENTERS INSURANCE BEFORE TAKING POSSESSION OF THE RENTAL UNIT. SMOKING IS NOT PERMITTED IN OR ON THE RENTAL PREMISES.

| | | | | | |
|---|---------|------|-------|--------------|-------|
| PERSON WHO COULD HELP YOU OUT FINANCIALLY | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |
| PERSONAL REFERENCE #1 | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |
| PERSONAL REFERENCE #2 | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |

| | | | | |
|--------------------------|-------------------------|--------|----------------|----------------|
| BANK ACCOUNTS | CHECKING - NAME OF BANK | BRANCH | CITY AND STATE | ACCOUNT NUMBER |
| | SAVINGS - NAME OF BANK | BRANCH | CITY AND STATE | ACCOUNT NUMBER |

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ YES _____ NO

HAVE YOU EVER BEEN EVICTED FROM OR ASKED TO LEAVE ANY TENANCY? _____ YES _____ NO HOW MANY TIMES HAVE YOU BEEN EVICTED OR ASKED TO LEAVE ANY TENANCY? _____

WHEN IS THE END OF YOUR CURRENT LEASE/MOVING DATE? _____ HAVE YOU GIVEN AT LEAST 1 MONTH/30 DAYS NOTICE YOU ARE MOVING? _____ YES _____ NO

HAVE YOU EVER WILLFULLY/INTENTIONALLY REFUSED TO PAY RENT OR DAMAGES DUE? _____ YES _____ NO

DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT YOUR INCOME OR ABILITY TO PAY RENT? _____ YES _____ NO

ARE YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, A MEMBER OF THE U.S. ARMED FORCES/NATIONAL GUARD/ETC.? _____ YES _____ NO

IF YES, NAME & CONTACT INFO OF COMMANDING OFFICER _____

IN THE LAST 5 YEARS HAVE YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, BEEN CONVICTED FOR POSSESSION/DEALING/MANUFACTURING ILLEGAL DRUGS/PARAPHERNALIA? _____ YES _____ NO

DO YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, REQUIRE OR QUALIFY FOR ANY SPECIAL ACCOMMODATIONS OR SPECIAL MODIFICATIONS TO THE RENTAL UNIT? _____ YES _____ NO

HAVE YOU OR ANYONE NAMED ON THIS APPLICATION EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ YES _____ NO

PLEASE EXPLAIN ANY YES ANSWERS:

PLEASE LIST ALL **FELONY AND MISDEMEANOR** (EXCEPT SPEEDING) **CONVICTIONS** AND ANY PENDING CIVIL OR CRIMINAL CASES:

LIST OUTSTANDING JUDGMENTS, LIENS, COLLECTIONS:

DO YOU HAVE **MEDICAL/HEALTH INSURANCE**? _____ YES _____ NO DO YOU SMOKE? _____ YES _____ NO *****SMOKING IS NOT PERMITTED IN OR ON THE RENTAL PROPERTY*****

INSURANCE CARRIER NAME AND TYPE OF POLICY _____

5. VEHICLES: HOW MANY VEHICLES WILL YOU KEEP AT THIS ADDRESS? _____: THE NUMBER OF VEHICLES PER UNIT/DWELLING IS LIMITED TO TWO (2)

CAR 1. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

CAR 2. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

MOTORCYCLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

6. APPLICANT: BIRTH DATE _____ DRIVER'S LICENSE NO. _____ STATE _____ SOCIAL SECURITY NO. _____

SPOUSE: BIRTH DATE _____ DRIVER'S LICENSE NO. _____ STATE _____ SOCIAL SECURITY NO. _____

7. NAME AND ADDRESS OF REFERRING PARTY (IF APPLICABLE):

*******PLEASE READ THE QUALIFYING STANDARDS & FILL OUT THIS APPLICATION COMPLETELY. IF ANY SPACES ARE LEFT BLANK/INCOMPLETE THE APPLICANT MAY BE DENIED.*******

I AUTHORIZE VERIFICATION OF ANY AND ALL INFORMATION CONTAINED HEREIN, INCLUDING BANK ACCOUNTS, EMPLOYMENT INFORMATION, BACKGROUND CHECK, AND CREDIT REPORT. UPON ACCEPTANCE OF APPLICATION I AUTHORIZE AND PERMIT MY CREDIT REPORT TO BE OBTAINED AND FURTHER AUTHORIZE THE LANDLORD OR MANAGEMENT TO MAKE FUTURE CREDIT INQUIRIES IN REGARD TO CONTINUED CREDITWORTHINESS AND FOR PURPOSES OF COLLECTION OF UNPAID RENT OR DAMAGES TO PREMISES, SHOULD THAT BECOME NECESSARY. I PERMIT, UPON OCCASION, CONTACT WITH MY EMPLOYER TO VERIFY MY EMPLOYMENT STATUS DURING MY TENANCY. THE INFORMATION HEREIN WILL BE KEPT CONFIDENTIAL AND RETAINED IN YOUR PRIVATE FILE. REFUSAL BY APPLICANT TO PROVIDE REQUESTED DOCUMENTS OR TO ALLOW OWNER/MANAGER TO RUN REPORTS, GATHER INFORMATION, ETC., WILL RESULT IN AN AUTOMATIC DENIAL.

BY MY SIGNATURE BELOW I AKNOWLEDGE THAT I HAVE RECEIVED AND READ THE QUALIFYING STANDARDS AND THE CO-SIGNER QUALIFYING STANDARDS

SIGNATURE OF APPLICANT: _____ **DATE** _____

A \$40.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED FOR EACH INDIVIDUAL APPLICATION. THE APPLICATION FEE WILL NOT BE REFUNDED ONCE THIS APPLICATION IS SUBMITTED, ANY OF THE SUPPORTING DOCUMENTS REQUESTED WILL NOT BE RETURNED ONCE THEY HAVE BEEN SUBMITTED. EACH APPLICANT/POTENTIAL OCCUPANT OF THE RENTAL UNIT 18 YRS. AND OLDER MUST FILL OUT A SEPARATE APPLICATION & SUBMIT THE REQUESTED DOCUMENTATION BEFORE THEY ARE PERMITTED TO LIVE ON THE RENTAL PREMISES.

FEE REC'D _____ YES _____ NO _____ AMT _____ INIT _____

A disabled tenant or applicant may request certain (see manager) modifications of the dwelling unit in accordance with the federal Fair Housing Act at no cost to the disabled person.

RESIDENTS MUST SHOW PROOF OF RENTERS INSURANCE BEFORE TAKING POSSESSION OF THE RENTAL UNIT. SMOKING IS NEVER PERMITTED IN OR ON THE RENTAL PREMISES.

WWW.RENTPPV.COM

RENTPPV@GMAIL.COM

BUSINESS OFFICE - 6103 WEST STATE ST, #15 OFFICE, BOISE, ID 83703

(208) 345-9007 PHONE

(208) 345-9021 FAX

APPLICATION TO RENT - PLEASE PRINT SMOKE-FREE PROPERTIES TODAY'S DATE

| | | | | | | | |
|--|-----------------------------------|--------------------|-----------|--|-----------------|---|-------------------------|
| 1. LAST NAME OF APPLICANT | | FIRST (LEGAL NAME) | MIDDLE | SPOUSE'S FIRST & MIDDLE NAME | | APT. TO BE OCCUPIED BY _____ PERSONS | |
| NAME, RELATIONSHIP AND AGE OF ALL OTHERS WHO WILL OCCUPY APARTMENT | | | | | | | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | |
| NAME _____ | | M/F _____ | DOB _____ | RELATIONSHIP _____ | | SCHOOL GRADE _____ | |
| CONTACT #/CELL PHONE # | E-MAIL/MYSPACE/FACEBOOK PAGE/ETC. | | | EDUCATION/DEGREES/CERTIFICATIONS | | | |
| RESIDENCE HISTORY FOR THE PAST 3 YEARS AND/OR 2 LANDLORD REFERENCES (BEGIN WITH MOST CURRENT ADDRESS) | | | | | | | |
| ADDRESS MOVING FROM | | | | CITY | STATE | ZIP | HOW LONG? PRESENT PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT |
| REASON FOR MOVING | | | | | | | |
| STREET ADDRESS | | | | CITY | STATE | ZIP | HOW LONG? PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT |
| REASON FOR MOVING | | | | | | | |
| STREET ADDRESS | | | | CITY | STATE | ZIP | HOW LONG? PHONE |
| MANAGER/OWNER/LANDLORD'S NAME AND ADDRESS OR MORTGAGE COMPANY | | | | PHONE | MONTHLY PAYMENT | | OWN OR RENT |
| REASON FOR MOVING | | | | | | | |
| DO YOU HAVE AN ANIMAL/PET? ____Y ____N HOW MANY? _____ WHAT TYPE? _____ WEIGHT OF EACH? _____ | | | | | | | |
| MARKINGS? _____ AGE? _____ HOW LONG HAVE YOU OWNED? _____ UTD ON SHOTS & LICENSES? ____Y ____N | | | | | | | |
| NO PETS PERMITTED (GOVERNMENT GUIDE LINES FOLLOWED FOR SERVICE ANIMALS). | | | | All residents must carry renters insurance before taking possession of the rental unit. | | | |
| 2. APPLICANT EMPLOYED BY: | | | | SUPERVISOR'S NAME | | HOW LONG EMPLOYED? | |
| ADDRESS | | PHONE | | POSITION HELD OR RANK | | SALARY PT/FT HRS/WK _____ \$ _____ PER _____ | |
| PREVIOUS EMPLOYER'S NAME AND ADDRESS | | | | | | PHONE | |
| SPOUSE EMPLOYED BY: | | | | SUPERVISOR'S NAME | | HOW LONG EMPLOYED? | |
| ADDRESS | | PHONE | | POSITION HELD | | SALARY PT/FT HRS/WK _____ \$ _____ PER _____ | |
| ADDITIONAL INCOME AMOUNT \$ _____ PER _____ | | | | SOURCE OF ADDITIONAL INCOME | | | |
| 3. APPLICANT'S NEAREST RELATIVE | | ADDRESS | | CITY | STATE | RELATIONSHIP | PHONE |
| EMERGENCY CONTACT (INCLDS NON-PAYMENT OF RENT) | | ADDRESS | | CITY | STATE | PHONE | |

*****PLEASE READ THE QUALIFYING STANDARDS & FILL OUT THIS APPLICATION COMPLETELY. IF ANY SPACES ARE LEFT BLANK THE APPLICATION MAY BE DENIED.*****
 RESIDENTS MUST SHOW PROOF OF RENTERS INSURANCE BEFORE TAKING POSSESSION OF THE RENTAL UNIT. SMOKING IS NOT PERMITTED IN OR ON THE RENTAL PREMISES.

| | | | | | |
|---|---------|------|-------|--------------|-------|
| PERSON WHO COULD HELP YOU OUT FINANCIALLY | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |
| PERSONAL REFERENCE #1 | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |
| PERSONAL REFERENCE #2 | ADDRESS | CITY | STATE | RELATIONSHIP | PHONE |

| | | | | |
|--------------------------|-------------------------|--------|----------------|----------------|
| BANK ACCOUNTS | CHECKING - NAME OF BANK | BRANCH | CITY AND STATE | ACCOUNT NUMBER |
| | SAVINGS - NAME OF BANK | BRANCH | CITY AND STATE | ACCOUNT NUMBER |

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ YES _____ NO

HAVE YOU EVER BEEN EVICTED FROM OR ASKED TO LEAVE ANY TENANCY? _____ YES _____ NO HOW MANY TIMES HAVE YOU BEEN EVICTED OR ASKED TO LEAVE ANY TENANCY? _____

WHEN IS THE END OF YOUR CURRENT LEASE/MOVING DATE? _____ HAVE YOU GIVEN AT LEAST 1 MONTH/30 DAYS NOTICE YOU ARE MOVING? _____ YES _____ NO

HAVE YOU EVER WILLFULLY/INTENTIONALLY REFUSED TO PAY RENT OR DAMAGES DUE? _____ YES _____ NO

DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT YOUR INCOME OR ABILITY TO PAY RENT? _____ YES _____ NO

ARE YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, A MEMBER OF THE U.S. ARMED FORCES/NATIONAL GUARD/ETC.? _____ YES _____ NO

IF YES, NAME & CONTACT INFO OF COMMANDING OFFICER _____

IN THE LAST 5 YEARS HAVE YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, BEEN CONVICTED FOR POSSESSION/DEALING/MANUFACTURING ILLEGAL DRUGS/PARAPHERNALIA? _____ YES _____ NO

DO YOU, OR ANY OTHER PERSON NAMED ON THIS APPLICATION, REQUIRE OR QUALIFY FOR ANY SPECIAL ACCOMMODATIONS OR SPECIAL MODIFICATIONS TO THE RENTAL UNIT? _____ YES _____ NO

HAVE YOU OR ANYONE NAMED ON THIS APPLICATION EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ YES _____ NO

PLEASE EXPLAIN ANY YES ANSWERS:

PLEASE LIST ALL **FELONY AND MISDEMEANOR** (EXCEPT SPEEDING) **CONVICTIONS** AND ANY PENDING CIVIL OR CRIMINAL CASES:

LIST OUTSTANDING JUDGMENTS, LIENS, COLLECTIONS:

DO YOU HAVE **MEDICAL/HEALTH INSURANCE**? _____ YES _____ NO DO YOU SMOKE? _____ YES _____ NO *****SMOKING IS NOT PERMITTED IN OR ON THE RENTAL PROPERTY*****

INSURANCE CARRIER NAME AND TYPE OF POLICY _____

5. VEHICLES: HOW MANY VEHICLES WILL YOU KEEP AT THIS ADDRESS? _____: THE NUMBER OF VEHICLES PER UNIT/DWELLING IS LIMITED TO TWO (2)

CAR 1. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

CAR 2. MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

MOTORCYCLE MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE NO. _____

6. APPLICANT: BIRTH DATE _____ DRIVER'S LICENSE NO. _____ STATE _____ SOCIAL SECURITY NO. _____

SPOUSE: BIRTH DATE _____ DRIVER'S LICENSE NO. _____ STATE _____ SOCIAL SECURITY NO. _____

7. NAME AND ADDRESS OF REFERRING PARTY (IF APPLICABLE):

*******PLEASE READ THE QUALIFYING STANDARDS & FILL OUT THIS APPLICATION COMPLETELY. IF ANY SPACES ARE LEFT BLANK/INCOMPLETE THE APPLICANT MAY BE DENIED.*******

I AUTHORIZE VERIFICATION OF ANY AND ALL INFORMATION CONTAINED HEREIN, INCLUDING BANK ACCOUNTS, EMPLOYMENT INFORMATION, BACKGROUND CHECK, AND CREDIT REPORT. UPON ACCEPTANCE OF APPLICATION I AUTHORIZE AND PERMIT MY CREDIT REPORT TO BE OBTAINED AND FURTHER AUTHORIZE THE LANDLORD OR MANAGEMENT TO MAKE FUTURE CREDIT INQUIRIES IN REGARD TO CONTINUED CREDITWORTHINESS AND FOR PURPOSES OF COLLECTION OF UNPAID RENT OR DAMAGES TO PREMISES, SHOULD THAT BECOME NECESSARY. I PERMIT, UPON OCCASION, CONTACT WITH MY EMPLOYER TO VERIFY MY EMPLOYMENT STATUS DURING MY TENANCY. THE INFORMATION HEREIN WILL BE KEPT CONFIDENTIAL AND RETAINED IN YOUR PRIVATE FILE. REFUSAL BY APPLICANT TO PROVIDE REQUESTED DOCUMENTS OR TO ALLOW OWNER/MANAGER TO RUN REPORTS, GATHER INFORMATION, ETC., WILL RESULT IN AN AUTOMATIC DENIAL.

BY MY SIGNATURE BELOW I AKNOWLEDGE THAT I HAVE RECEIVED AND READ THE QUALIFYING STANDARDS AND THE CO-SIGNER QUALIFYING STANDARDS

SIGNATURE OF APPLICANT: _____ **DATE** _____

A \$40.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED FOR EACH INDIVIDUAL APPLICATION. THE APPLICATION FEE WILL NOT BE REFUNDED ONCE THIS APPLICATION IS SUBMITTED, ANY OF THE SUPPORTING DOCUMENTS REQUESTED WILL NOT BE RETURNED ONCE THEY HAVE BEEN SUBMITTED. EACH APPLICANT/POTENTIAL OCCUPANT OF THE RENTAL UNIT 18 YRS. AND OLDER MUST FILL OUT A SEPARATE APPLICATION & SUBMIT THE REQUESTED DOCUMENTATION BEFORE THEY ARE PERMITTED TO LIVE ON THE RENTAL PREMISES.

FEE REC'D _____ YES _____ NO _____ AMT _____ INIT _____

A disabled tenant or applicant may request certain (see manager) modifications of the dwelling unit in accordance with the federal Fair Housing Act at no cost to the disabled person.

RESIDENTS MUST SHOW PROOF OF RENTERS INSURANCE BEFORE TAKING POSSESSION OF THE RENTAL UNIT. SMOKING IS NEVER PERMITTED IN OR ON THE RENTAL PREMISES.

WWW.RENTPPV.COM

RENTPPV@GMAIL.COM

BUSINESS OFFICE - 6103 WEST STATE ST, #15 OFFICE, BOISE, ID 83703

(208) 345-9007 PHONE

(208) 345-9021 FAX