

KINGDOM PROPERTY MANAGEMENT

Phone: (208) 457-9279

1869 E Seltice Way #377. Post Falls, ID 83854

MANAGER'S CHECK LIST - Visual proof of Driver's License or State I. D. YES NO Visual proof of Social Security card YES NO

FULL STREAMLINE SHORT CO-SIGNER CREDIT ONLY CRIMINAL ONLY

MANAGEMENT COMPANY	APARTMENT COMMUNITY	REQUESTING AGENT	TELEPHONE #	FAX #

IN THE EVENT OF CO-RESIDENTS OTHER THAN SPOUSE, USE SEPARATE FORMS FOR EACH APPLICANT

APPLICANT CO-APPLICANT ADD-ON ROOMMATE CO-SIGNER

MOVE IN DATE ____/____/____ RENT \$ _____ APARTMENT # _____

APPLICANT/SPOUSE INFORMATION

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE	SOC SEC#	DRIVERS LICENSE #	STATE	DOB
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE	SOC SEC#	DRIVERS LICENSE #	STATE	DOB
Name of Individuals to occupy Rental Unit: (Include Co-Apps/Roommates)			Other Names Used			

CURRENT RESIDENCE HISTORY

APPLICANT'S Present Address	Apt.#	City	State	Zip	Move-In Date	Phone ()	Monthly Payment \$
NAME OF PRESENT LANDLORD <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		City	State	Zip	LANDLORD DAY PHONE	LANDLORD NIGHT PHONE	

PREVIOUS RESIDENCE HISTORY

APPLICANT'S Previous Address	Apt.#	City	State	Zip	Move-In Date	Move-Out Date	Monthly Payment \$
NAME OF PRESENT LANDLORD <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		City	State	Zip	LANDLORD DAY PHONE	LANDLORD NIGHT PHONE	
APPLICANT'S 2ND Previous Address	Apt.#	City	State	Zip	Move-In Date	Move-Out Date	Monthly Payment \$
NAME OF PRESENT LANDLORD <input type="checkbox"/> Mortgage Co. <input type="checkbox"/> Apartment Community <input type="checkbox"/> Other		City	State	Zip	LANDLORD DAY PHONE	LANDLORD NIGHT PHONE	

EMPLOYMENT HISTORY

APPLICANT Employed By	City	State	Zip	Position	phone ()	Gross MONTHLY salary \$	Employment Dates
APPLICANT Previous Employer	City	State	Zip	Position	phone ()	Gross MONTHLY salary \$	Employment Dates
SPOUSE Employed By	City	State	Zip	Position	phone ()	Gross MONTHLY salary \$	Employment Dates

ADDITIONAL INCOME

Additional income such as child support, alimony or separate maintenance need not be disclosed unless such Additional Income is to be included for qualification hereunder.

Amount of \$ _____ per _____ . Source _____

IMPORTANT INFORMATION

Name of APPLICANT'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ()
Name of SPOUSE'S Nearest Relative	Relationship	Address	City	State	Zip	Phone ()

CONVICTED OF A CRIMINAL OFFENSE? Yes _____ No _____ **HAVE YOU EVER BEEN EVICTED ?** Yes _____ No _____
(If Yes, Explain) (If Yes, Explain)

I understand I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____. If my residency is approved and I sign an apartment rental agreement, this fee shall be credited to my first month's rent and/or security deposit. If my residency is approved but I do not sign an apartment rental agreement, then this fee shall be forfeited to the landlord as liquidated damages for holding an apartment at _____. If my residency is not approved then this fee shall be returned to me.

NON-REFUNDABLE APPLICATION FEE EARNED ON RECEIPT. \$ _____ PAYABLE TO A.I.R.

In accordance with State and federal laws you are hereby notified that an investigation may be made by A.I.R. of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information provided by A.I.R. or by the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquiries to A.I.R., P.O. Box 14344 Spokane, WA 99214-0344. I/We certify that to the best of my/our knowledge all statement made herein is true and correct. I/We authorize A.I.R. to obtain such credit reports, character reports, verification of rental and employment history as it deems necessary to verify all information set forth in the above Application, and provided and investigative report to the undersigned Landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. **I am aware that an incomplete application causes a delay in processing and may result in denial of residency.**

Signed _____ Applicant Date _____ Signed _____ Spouse Date _____

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by A.I.R. is for the purpose of evaluating the applicant's residency and no other purpose.

Signed _____

FOR AIR USE ONLY

Entered By:	QA By:
Profile Sent: Yes No N/A	Final Sent: Yes No N/A
Screened By:	Area Reserved

