

Campus Park Housing

122 Falls Ave West
Twin Falls, ID 83301
Phone: (208) 735-1180 Fax: (208) 735-8122

-Rental Application- APPLICATION FEE

Couples: \$25.00 / Individual: \$20.00

APPLICANT (Each Co-Resident over 18 years of age must submit a separate application)

Full Name (First, Middle, Last) _____ SS# ____/____/____

Date Of Birth ____/____/____ Drivers Lic. # _____ State: _____ Phone # _____

Current Address: _____ City _____ State _____ Zip Code _____

SPOUSE/APPLICANT

Full Name (First, Middle, Last) _____ SS# ____/____/____

Date Of Birth ____/____/____ Drivers Lic # _____ State _____

Other Occupants:

Children _____ Boys _____ Ages _____ Girls _____ Ages _____

Other Occupants _____ M/F _____ Relationship _____ Age _____

RENTAL HISTORY

Current Landlord (First, Last) _____ Phone # _____ Rental Amount\$ _____

Current Address: _____ How Long at this Address _____ Yr s _____ Mo. _____

Reason for Leaving _____ Have You Given Your Current Landlord a 30 Day Notice _____ Y / N

Previous Landlord (First, Last) _____ Phone # _____ Rental Amount\$ _____

Previous Address: _____ How long at this Address _____ Yrs _____ Mo. _____

I authorize an investigation of my rental history experience to Campus Park Housing.

Applicant Name (Print) _____ Signature _____ Date _____

Spouse Name (Print) _____ Signature _____ Date _____

EMPLOYMENT

Current Employer: _____ Address: _____ City _____ State _____

Phone # _____ Position _____ Supervisor _____

Length of Employment _____ Monthly Gross Income _____

Spouse Employer _____ Address _____ City _____ State _____

Phone # _____ Position _____ Supervisor _____

Length of Employment _____ Monthly Gross Income _____

Addition Income Source: _____

Self-Employed: _____ Yrs: _____ Monthly Gross Income: _____

I authorize an investigation of my employment history experience to Campus Park Housing.

Applicant Name (Print) _____ Signature _____ Date _____

Spouse Name (Print) _____ Signature _____ Date _____

FINANCIAL *(must be completed in order to accept this application)*

Name Of Bank _____ Savings/Checking (Circle One/ Both) Bank Phone # _____

Total Monthly Income \$ _____ Total Monthly Expenses _____

Income To Debt Ratio _____ Credit (Exc. Good, Ok, None) _____

I authorize an investigation of my credit and financial history and the release of any information about my credit experience to Campus Park Housing.

Applicant Name (Print) _____ Signature _____ Date _____

Spouse Name (Print) _____ Signature _____ Date _____

PERSONAL REFERENCES *(None family member)*

1. Personal Reference _____ Address _____

Phone # _____ Relationship to Applicant _____

2. Personal Reference _____ Address _____

Phone # _____ Relationship to Applicant _____

OTHER

How Many Vehicles (Including Company Car) would you keep at this Address? _____

Vehicle (Make/Model) _____ Color _____ License # _____

Vehicle (Make/Model) _____ Color _____ License # _____

Have you or your spouse ever been Evicted? _____ If so why: _____

Have you or your spouse declared Bankruptcy? Y / N *(If YES when and what type of Bankruptcy):* _____

Have you or your spouse broken a Rental Agreement? Y / N *(If YES why):* _____

Do you or your spouse smoke? Y / N Do you have any water- filled furniture? Y / N

Have you or your spouse been convicted of a **Felony** or **Drug Related Crime**? Y / N *(If YES please specify):* _____

Have you given a 30-day notice to your current landlord or manager? Y / N

"I certify that all statements that have been made in this application are true and correct. If any falsified information was given or if there is any incomplete information, this will result in an automatic application denial. I/We authorized an investigation of all statements made in this application".

Applicant Signature: _____

(PRINT NAME)

Spouse Signature: _____

(PRINT NAME)

Today's Date _____ Time _____

The applicant hereby gives \$ _____ application fee as a non-refundable fee, giving Campus Park Housings, authorized agents, permission to obtain a Consumer Credit Report. The information found in the Consumer Credit Report will be used to approve or deny the applicant for residency. I agree that my application will be terminated if any falsified information is given. Once the applicant has handed in there Security Deposit they have 72 hours from the day it was handed in to change their mind and receive there full deposit back. The deposit is NON REFUNDABLE AFTER 72 HOURS.