

**The Springs of Royal Oaks**  
**1800 N. Cole Road. Boise, ID 83704**  
**(208) 322-5155 (208) 375-4050 FAX**

**RENTAL APPLICATION**

<b>APPLICANT NAME:</b> _____		Date Of Birth _____	
Social Security # _____		Driver's License # _____ State _____	
<b>CO-APPLICANT NAME:</b> _____		Date Of Birth _____	
Social Security # _____		Driver's License # _____ State _____	
<b>CHILD'S NAME:</b> _____	Age _____	<b>CHILD'S NAME:</b> _____	Age _____

<b>PRESENT ADDRESS:</b> _____		Phone # (____) _____	
Address _____		City _____ State _____ Zip _____	
Own _____	Rent _____	Rate \$ _____ / Month	Dates: From _____ To _____
House _____	Apt. _____	<b>Owner/Mgr./Agent</b> _____	<b>Phone # (____) _____</b>
<b>PREVIOUS ADDRESS:</b> _____			
Address _____		City _____ State _____ Zip _____	
Own _____	Rent _____	Rate \$ _____ / Month	Dates: From _____ To _____
House _____	Apt. _____	<b>Owner/Mgr./Agent</b> _____	<b>Phone # (____) _____</b>

<b>APPLICANT EMPLOYED BY:</b> _____		Phone # (____) _____		How Long: _____	
Address _____		Salary \$ _____ per		hr. / mo. / yr. (circle one)	
Full-time _____	Part-time _____	Position _____		Supervisor _____	
<b>CO-APPLICANT EMPLOYED BY:</b> _____		Phone # (____) _____		How Long: _____	
Address _____		Salary \$ _____ per		hr. / mo. / yr. (circle one)	
Full-time _____	Part-time _____	Position _____		Supervisor _____	
<b>OTHER INCOME:</b> _____					

<b>BANK:</b> _____	Branch: _____	Checking Acct. <input type="checkbox"/>		
Address _____		Savings Acct. <input type="checkbox"/>		
<b>CAR(S):</b> Year _____	Make _____	Model _____	Color _____	Lic. # _____
Year _____	Make _____	Model _____	Color _____	Lic. # _____

<b>PERSONAL REFERENCE:</b> _____	Address _____	Phone # (____) _____
<b>NEAREST RELATIVE:</b> _____	Relationship _____	
Address _____	Phone # (____) _____	
<b>IN CASE OF EMERGENCY, CONTACT:</b>		
Name: _____	Phone # (____) _____	

The applicant(s) recognizes that the Owner/Agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts, including a credit report, may be made. The applicant agrees that the Owner/Agent may terminate any agreement entered into in reliance of misstatement made.

**I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY.**

**SIGNATURE OF APPLICANTS:** Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**EQUIFAX CREDIT REPORT**  
**BY ON-LINE E-PORT SERVICES**

In compliance with the FAIR CREDIT REPORTING ACT, this is to inform you that a credit investigation involving the statements made on your application for residency at this apartment community is being initiated. There is a non-refundable fee of \$\_\_\_\_\_ for this service.

The signature(s) below certify that to the best of my/our knowledge, all statements on my/our application are true and complete. I/We further authorize the management to obtain credit reports, character references, criminal background and rental history needed to process this application.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant name \_\_\_\_\_ Social Security # \_\_\_\_\_  
( PRINT PLEASE )

Applicant address \_\_\_\_\_  
Street City State Zip

Co-applicant name \_\_\_\_\_ Social Security # \_\_\_\_\_  
( PRINT PLEASE )

Co-applicant address \_\_\_\_\_  
Street City State Zip

What states have you resided in over the past ten years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used another social security number?	Yes _____	No _____
Have you ever filed bankruptcy?	Yes _____	No _____
Have you ever been evicted from any tenancy?	Yes _____	No _____
Have you ever willfully or intentionally refused to pay rent?	Yes _____	No _____
Have you ever been convicted of a felony?	Yes _____	No _____

Any explanations may be noted below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_