

Triton Investments, Inc.

RENTAL APPLICATION

Fairview Crossing 8519 West Fairview Avenue / Boise, ID 83704 Phone: (208) 373-7744 / Fax: (208) 373-7745 / E-Mail: fairview@tritoninv.com

Date of application: / /	Date Needed: / /	Apartment Address Requested:	Type / Size
Rental Amount: \$	Deposit Amount: \$	Date Deposit Received: / /	Date of Occupancy: / /
Verified by:	Approved:	Denied:	Parking Permit or Carport #:

1. RESIDENTS: (Each co-resident must submit a separate application)

Applicant's Name: _____ Current Phone No: _____				
(Last)	(First)	(Middle)		
Social Security No. / /	Date of Birth: / /	Drivers Lic. No.	State	M <input type="checkbox"/> F <input type="checkbox"/>
Applicant's Name: _____ Current Phone No. _____				
(Last)	(First)	(Middle)		
Social Security No. / /	Date of Birth: / /	Drivers Lic. No.	State	M <input type="checkbox"/> F <input type="checkbox"/>
Names of other occupants: (All persons occupying premises must be listed)				
Name	Relationship	Age		
_____	_____	_____		
_____	_____	_____		
e-mail : _____				

2. RESIDENTIAL HISTORY

Current Address:		City	State	Zip
Name of Apartment Community / or Mortgage Company:			Phone No. / Contact:	
Payments Made To:	How long at this address? Yr. Mo.	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Rental Amount: \$	Reason For Leaving?
Previous Address:		City	State	Zip
Name of Apartment Community / or Mortgage Company:			Phone No. / Contact:	
Payments Made To:	How long at this address? Yr. Mo.	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Rental Amount: \$	Reason for Leaving?

3. EMPLOYMENT DATA

Current Employer:		Address:	City	State	Zip
Phone No.	Position:	Supervisor:	Length of Employment:	Monthly Salary: \$	
Spouse's Employer (If Applicable)		Address:	City	State	Zip
Phone No.	Position:	Supervisor:	Length of Employment:	Monthly Salary: \$	
Additional Income Source:					
1. _____					\$ _____
2. _____					\$ _____

4. FINANCIAL DATA

Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	Name of Bank or Credit Union	Phone No.	Total Monthly Income \$	Total Monthly Obligations \$
----------------------------------	-----------------------------------	------------------------------	-----------	----------------------------	---------------------------------

Continued on back

5. PERSONAL REFERENCES

Personal Reference:	Address:	Phone:
Personal Reference:	Address:	Phone:

6. OTHER INFORMATION

How many Autos (Including company cars) would you keep at this address? _____

Make _____ Model _____ Yr. _____ Color _____ License # _____ State _____

Vehicle: _____
 Vehicle: _____

In case of an emergency contact:		Phone No. _____
The above person is <input type="checkbox"/> or is not <input type="checkbox"/> authorized to remove and / or store all content of dwelling in the event of death of resident.		
Nearest Relative not living with you:		Phone No. _____

Have you or your spouse been evicted for non-payment of rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or your spouse declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or your spouse broken a rental agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your spouse been evicted for a nuisance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe Species _____	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been convicted, arrested, indicted, or cited for any criminal act other than minor traffic violations? Yes No

Is so, please give full details including:
 The offense: _____ Date: _____ Location: _____ & Outcome: _____

Have you ever been convicted, arrested, indicted, accused, investigated, cited, or had any civil or criminal action taken against you for any matter related to a potential sexual offence? Yes No If so, please give full details including:
 The offense: _____ Date: _____ Location: _____ & Outcome: _____

How did you hear about us?
 For Rent / Apartment Finder / Drive By / Newspaper / Yellow Pages / Internet: Source _____ / Referral: Who _____ / Other _____

The undersigned prospective residents certify and warrant that:

1. The total net monthly wages of all prospective residents is more that (3) three times the amount of the proposed monthly rent above.
2. There is a verifiable source of income from employment, subsidy, or bank funds that will insure payment of the entire amount for the entire terms.
3. There are no criminal record or felony charges for any of the proposed residents or occupants.
4. None of the proposed resident or occupants has been evicted from any rental premises.

Triton Investments Management – Nondiscrimination Policy

“All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income.”

The applicant is depositing herewith, the sum of \$ _____, receipt of which is acknowledged as a non interest bearing deposit (and not as a rent payment) to be applied towards Applicant’s security deposit pursuant to the Residential Rental Agreement and retained by Owner for the duration of the Applicant’s occupancy of Apartment # _____ in the event the application is approved. If the Applicant fails or refuses FOR ANY REASON (other than if caused by Owner) to occupy said apartment by _____ (date), the Owner may retain said deposit 1) to cover the cost of taking and processing 2) rent loss incurred resulting from Applicant’s failure to occupy the apartment, and 3) any and all additional costs incurred by Owner as a result of Applicant’s failure to occupy the apartment. The security deposit may also be retained in the event applicant is approved for apartment occupancy and cancels said Agreement within 72 hours from the date of this application. Provided further, that in the event this application is disapproved said deposit will be refunded to the Applicant.

The applicant hereby gives \$ _____ as a non refundable fee giving Triton Investments Management and it authorized agents permission to obtain a Consumer Credit Report and to utilize such information in such Consumer Credit Report to approved or disapprove the application for residency. The application is made with the understanding that it is subject to acceptance by the Owner.

“I certify that all statements made in this application are true and correct and that any misstatement of facts may subject me to disqualification. Also, I authorized investigation of all statements made in this application.”

_____ **Agent for Owner** **Applicant’s Signature** _____

Signature _____ **Applicant’s Signature** _____

Resident Manager Approval **Date:** _____ **Time:** _____