

**CARRIAGE CROSSING APARTMENTS**  
**2401 S. APPLE ST. BOISE, ID 83706**  
**(208) 385-9400 (208) 385-0152 FAX**

**RENTAL APPLICATION**

**APPLICANT NAME:** \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
**CO-APPLICANT NAME:** \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
**CHILD'S NAME:** \_\_\_\_\_ Age \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_ Age \_\_\_\_\_

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

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

**BANK:** \_\_\_\_\_ Branch: \_\_\_\_\_ Checking Acct.   
Address \_\_\_\_\_ Savings Acct.   
**CAR(S):** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic. # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Lic. # \_\_\_\_\_

**PERSONAL REFERENCE:** \_\_\_\_\_ Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
**NEAREST RELATIVE:** \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
**IN CASE OF EMERGENCY, CONTACT:**  
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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_