

Matrix Property Management, LLC

Phone: 208-515-9926, Email: eva@matrixidaho.com

Property address: _____ Move in date: _____ Rent: _____

Applicant's

Last name First Name Middle Initials Driver's license # SSN # Date of Birth

List all previously used names: _____

phone # _____ email: _____

Spouse's or co-tenant's (If co-tenant, separate application must be completed)

Last name First Name Middle Initials Driver's license # SSN # Date of Birth

List all previously used names: _____

phone # _____ email: _____

Identification verified ___ Yes ___ No Pets ___ Yes ___ No Smoking ___ Yes ___ No

List all other proposed applicants:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

RESIDENCE HISTORY

It is the applicant's responsibility to ensure all information is correct and complete – missing information is grounds for rejection.

Current Address

Street Address Apt # City State Zip

Rent \$ _____ Deposit \$ _____ Moved in _____ Moved out _____

Landlord's name _____ Landlord's phone # _____ Reason for leaving: _____

Previous Address

Street Address Apt # City State Zip

Rent \$ _____ Deposit \$ _____ Moved in _____ Moved out _____

Landlord's name _____ Landlord's phone # _____ Reason for leaving: _____

Former Address

Street Address Apt # City State Zip

Rent \$ _____ Deposit \$ _____ Moved in _____ Moved out _____

Landlord's name _____ Landlord's phone # _____ Reason for leaving: _____

EMPLOYMENT HISTORY

Information on employment histories must be complete and accurate in order to verify income. Please list the phone number of the person to verify employment.

Present employer

_____ Name of Employer	_____ Phone	_____ Position	_____ Monthly earnings \$
_____ Start Date	_____ End Date		

Previous Employer

_____ Name of Employer	_____ Phone	_____ Position	_____ Monthly earnings \$
_____ Start Date	_____ End Date		

SPOUSE'S EMPLOYER

_____ Name of Employer	_____ Phone	_____ Position	_____ Monthly earnings \$
_____ Start Date	_____ End Date		

VEHICLE INFORMATION

# Vehicles _____	_____	_____	_____	Electric vehicle Y / N
	Type and year	License	State	
Auto 2	_____	_____	_____	Y / N
	Type and year	License	State	

Personal information

Have you ever used another social security number	Yes____	No____
Have you ever filed bankruptcy	Yes____	No____
Have you ever been convicted of crime	State _____ Yes____	No____
Are you a full time student	Yes____	No____
Do you require special accommodations	Yes____	No____
Have you ever been evicted from an apartment	Yes____	No____

Emergency contact:

Name:	_____
Phone #:	_____
Relationship:	_____

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment/house and does not constitute a rental or lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment.

_____ Signature	_____ Name	_____ Date
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