



VEEH PROPERTY MANAGEMENT
800 Falls Ave, Suite #10, Twin Falls, ID 83301
Office: 208-734-2132
Fax: 208-734-0374



Rental Address: _____

PERSONAL INFO – APPLICANT #1

Name: _____
 DOB: _____ SS#: _____
 Drivers Lic #: _____
 Vehicle Make/Yr: _____ Model: _____ Lic#: _____
 Home Phone: _____ Cell: _____

APPLICANT #1 RENT/OWN HISTORY

Current Address: _____
 Move-In Date: _____ Rent/Own Monthly Pmt: _____
 Landlord Name: _____ Phone: _____
Previous Address: _____
 Own or Rent: _____ Monthly Pmt: _____
 Landlord Name: _____ Phone: _____

APPLICANT #1 EMPLOYMENT INFORMATION

Employer: _____ Phone: _____
 Address: _____
 Position/Title: _____ Hire Date: _____
 Monthly Salara: _____ Yearly Salary: _____
 Additional Income: (explain) _____

APPLICANT #1 FINANCIAL INFORMATION

Bank Name: _____ Checking/Savings _____

PERSONAL INFO – APPLICANT #2

Name: _____
 DOB: _____ SS#: _____
 Drivers Lic#: _____
 Vehicle Make/Yr: _____ Model: _____ Lic#: _____
 Home Phone: _____ Cell: _____

APPLICANT #2 RENT/OWN HISTORY

Current Address: _____
 Move-In Date: _____ Rent/Own Monthly Pmt: _____
 Landlord Name: _____ Phone: _____
Previous Address: _____
 Own or Rent: _____ Monthly Pmt: _____
 Landlord Name: _____ Phone: _____

APPLICANT #2 EMPLOYMENT INFORMATION

Employer: _____ Phone: _____
 Address: _____
 Position/Title: _____ Hire Date: _____
 Monthly Salary: _____ Yearly Salary: _____
 Additional Income:(explain) _____

APPLICANT #2 FINANCIAL INFORMATION

Bank Name: _____ Checking/Savings _____

Have you ever filed a petition of bankruptcy? _____
 Have you ever been evicted from any tenancy or had an eviction notice served on you? _____
 Have you ever willfully and intentionally refused to pay any rent when due? _____
 Have you ever been convicted of a misdemeanor or felony other than traffic or parking violation? _____
 Are you a current illegal abuser or addict of a controlled substance? _____
 Have you ever been convicted of illegal manufacture or distribution of a controlled substance? _____
 If you have answered yes to any of the above, please indicate date of occurrence: _____
 How many children? _____ Ages of Minor Children: _____
 Do you have pets? Yes ___ No ___ Type _____ How many Smokers in Household? _____
 Reason for Vacating Current Residence: _____ Emergency Contact _____ Phone _____
 Personal Reference: _____ Phone _____ Length of Aqnt _____
 Nearest Relative: _____ Phone _____ Relationship _____

I declare that the foregoing is true and correct. I hereby authorize landlord/agent to verify the validity of all the above information, and to inquire now or periodically with my employers, financial institutions, and any of the credit reporting bureaus available to them. I agree to supply any additional information needed by owner/agent to process this application. I further agree that the landlord may terminate any agreement entered into in reliance on any misrepresentation made above.

A deposit paid by the applicant is refundable only if applicant is not approved; non-refundable if applicant is approved but fails to take occupancy of rental unit.

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____