

# Campus Park Housing Rental Application

122 Falls Ave West

Twin Falls, ID 83301

Office: (208)735-1180 Fax: (208)735-8122

## APPLICANT INFORMATION

---

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

## PRESENT ADDRESS

---

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months Reason for moving \_\_\_\_\_

Type of Residence \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Family/Friend

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

## RENTAL HISTORY

---

Current Landlord \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Have you given your current landlord a 30 day notice? \_\_\_\_\_ Yes \_\_\_\_\_ No Number of Late Payments \_\_\_\_\_

Amount of your security deposit that was held \$ \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

How Long at this Address? \_\_\_\_\_ Years \_\_\_\_\_ Months Number of Late Payments \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Amount of your security deposit that was held \$ \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever broken a lease agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EMPLOYMENT

---

Present Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Position \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Start/End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Position \_\_\_\_\_

**BANK  
REFERENCES**

---

Bank Name \_\_\_\_\_ Location/Branch \_\_\_\_\_

Account Type (Please mark both if applicable) \_\_\_Checking \_\_\_Savings

Major Credit Cards \_\_\_Visa \_\_\_MasterCard \_\_\_AMX \_\_\_Discover OR Other \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_Yes \_\_\_No

**PERSONAL  
REFERENCES**

---

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACT  
INFORMATION**

---

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Relationship \_\_\_\_\_

Is this person authorized to enter the apartment and remove all the contents in the event of an emergency? \_\_\_Yes \_\_\_No

**VEHICLE  
INFORMATION**

---

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Please tell us how you heard about Campus Park Housing \_\_\_CSI Housing List  
\_\_\_CSI Personnel \_\_\_Banner \_\_\_Internet \_\_\_Friend (if so who?) \_\_\_\_\_  
Other \_\_\_\_\_

**Thank you!**

Thank you for completing an application to rent from us. Please note that a completed application requires submission of the following, which will be copied and attached to this application:

\_\_\_ Drivers License

\_\_\_ Personal Check (to verify bank)

I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT, AND HEREBY AUTHORIZE VERIFICATION OF ACCOUNTS GIVEN AND A CREDIT CHECK. I ALSO UNDERSTAND THAT I HAVE PAID \$250 AS A HOLDING DEPOSIT TO SECURE A ROOM WHICH \$150 WILL BE APPLIED AS A REFUNDABLE DEPOSIT AND \$100 AS FEES AT THE TIME I MOVE IN. I UNDERSTAND AND AGREE THAT IF I CHOSE TO CANCEL MY APPLICATION I WILL NOT RECEIVE A REFUND.

\_\_\_\_\_  
Applicants signature

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Campus Park Housing**  
**CO-SIGNER APPLICATION**  
**(APPLICANTS UNDER 21 ARE REQUIRED TO HAVE A CO-SIGNER)**

**CO-APPLICANT  
INFORMATION**

---

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

**PRESENT  
ADDRESS**

---

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
How long at this address? \_\_\_\_ Years \_\_\_\_ Months  
Type of Residence \_\_\_\_ Rent \_\_\_\_ Own  
Home Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

**EMPLOYMENT**

---

Present Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Income \$ \_\_\_\_\_.\_\_\_\_ Position \_\_\_\_\_

**FINANCIAL**

---

Bank Name \_\_\_\_\_ Location/Branch \_\_\_\_\_  
Account Type (Please mark both if applicable) \_\_\_\_ Checking \_\_\_\_ Savings  
Major Credit Cards \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ AMX \_\_\_\_ Discover OR Other \_\_\_\_\_  
Have you ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

BY SIGNING THIS APPLICATION, THE UNDERSIGNED CO-SIGNER HEREBY ACKNOWLEDGES AND AGREES THAT HE/SHE SHALL BE JOINTLY LIABLE FOR ALL THE APPLICANT'S OBLIGATIONS HEREUNDER AND THAT THE CO-SIGNER SHALL UPON DEMAND IMMEDIATELY PAY ALL SUMS OWED TO CAMPUS PARK HOUSING L.L.C. IN THE EVENT THE APPLICANT DEFAULTS IN PERFORMANCE OF OBLIGATIONS HEREUNDER. I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT, AND HEREBY AUTHORIZE VERIFICATION OF ACCOUNTS GIVEN AND A CREDIT CHECK.

\_\_\_\_\_  
Co-Applicants signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_