

Application and Deposit Information

Please read the following information carefully.

1. Ex-cell Property Management LLC is open Monday through Friday 10:30 am to 2:30 pm. After hours and weekends by appointment. We also have a copy of our available listings with an active QR Code that takes you to our website.

2. EXACT CASH ONLY of \$75.00 per ADULT \$100.00 per married couple must accompany your application for processing. No personal checks will be accepted. Refunds will be issued if the application is not processed and available for pickup within 10 days from date on Application. After 10 days if said application fee is not picked up it is considered to be forfeited and not refunded.

3. Your application will be processed immediately and accepted or declined within three (3) business days after you apply. Multiple applications for the same property are processed in the order received one at a time.

4. We will continue to show the property to other prospective applicants until a qualified applicant is accepted, and deposit to hold the property has been paid. You may choose to leave the security deposit with the application. Upon acceptance if the deposit is not paid in full immediately, we will proceed with the next application.

5. Upon approval, the full security deposit needs to be paid immediately, which removes the house from the rental market and holds the house exclusively for you. This amount is **non-refundable** if you change your mind about moving in. THIS PAYMENT MUST BE MADE IN THE FORM OF CASHIER'S CHECK, MONEY ORDER OR CASH. NO PERSONAL CHECKS WILL BE ACCEPTED.

6. The pro-rated first month of rent is required on move-in day, as well as any remaining deposits required. THIS PAYMENT MUST BE MADE IN THE FORM OF CASHIER'S CHECK, MONEY ORDER OR CASH. NO PERSONAL CHECKS WILL BE ACCEPTED.

7. All tenants will be charged a minimum \$26.00 fee per month in addition to the monthly rent to be covered by Ex-cell Property Management LLC's Master Insurance Policy for liability covered up to \$300,000 for property damages to the owners properties in the event of an Insurance claim due to tenant liability for loss or damage caused by the actions of tenant or tenant guests or invitees.

8. Additional security deposits **may** be required for various reasons as a condition of acceptance. Pet deposits will be determined at the time of application. Most roommate situations will require the payment of last month's rent in addition to the deposit and first month's rent.

9. After you have received acceptance, please make an appointment with the Property Manager to sign all lease documents. Please be aware we must obtain all required signatures and monies prior to releasing the keys.

Signature_____Date_____

Signature_____Date_____

Ex-cell Property Management LLC does not discriminate on race, color, Religion, sex, national origin, familial status, marital status, disability or Source of income. We comply with all federal, state, and local laws concerning discrimination.

RENTAL APPLICATION

EX-CELL PROPERTY MANAGEMENT 128 E LOCUST AVENUE, SUITE B, COEUR D' ALENE, IDAHO 83814

PHONE: (208) 676-0900 EMAIL: admin@excellproperty.com

IDENTIFICATION			
Applicant's Name		SS#	Date of Birth
Home Phone: ()		Work phone: ()	
Co-Applicant's Name		SS#	Date of Birth
Home Phone: ()		Work phone: ()	
Appl. Drivers Lic. #		State	Co-app Drivers Lic # State
Name and relationship of ALL persons to live in unit (include names and ages of all minors)			
Make, Model & Year of Car #1		Lic#	State:
Make, Model & Year of Car #2		Lic#	State:
Other Vehicles (boat, RV, motorcycle, truck, etc)			
Pet(s): List ALL pets, Type/ Weight/ Age			
A P P L I C A P P L I C A P P L I C A P P L I C A	EMPLOYMENT HISTORY		
	CURRENT Employer:		Day Phone: ()
	Employers Address:		City State/Zip
	Monthly Gross Income: \$	How Long?	Full time/Part time?
	Job Title:		Supervisor:
	PREVIOUS Employer:		Day Phone: ()
	Employers Address:		City State/Zip
	Monthly Gross Income: \$	How Long?	Full time/Part time?
	CURRENT Employer:		Day Phone: ()
	Employers Address:		City State/Zip
A P P L I C A P P L I C A P P L I C A	Monthly Gross Income: \$	How Long?	Full time/Part time?
	Job Title:		Supervisor:
	PREVIOUS Employer:		Day Phone: ()
	Employers Address:		City State/Zip
	Monthly Gross Income: \$	How Long?	Full time/Part time?
	Job Title:		Supervisor:
	RENTAL HISTORY		
	CURRENT ADDRESS:		Apt: City State/Zip
	Rent / Own?	Rent/Payment Amount\$	Rental Period From: To:
	Reason for leaving?		
Landlord / Rental Agency / Mortgage Company Name:			
Day Phone ()		Night Phone ()	
PREVIOUS ADDRESS:		Apt: City State/Zip	
Reason for leaving?			
Landlord / Rental Agency / Mortgage Company Name:			
Day Phone ()		Night Phone ()	

PROPERTY APPLYING FOR: _____

PERSONAL HISTORY		HAVE YOU EVER?	
A	Filed Bankruptcy? Type:	Been Evicted?	Why?
P	Been convicted of a criminal offense?	Charge?	
P	Please explain:		
	Been convicted of, pled guilty or "no contest" to a misdemeanor OR felony involving sexual misconduct? (resulting in OR not resulting in a conviction)		
	Please explain:		
C	Filed Bankruptcy? Type:	Been Evicted?	Why?
O	Been convicted of a criminal offense?	Charge?	
A	Please explain:		
P	Been convicted of, pled guilty or "no contest" to a misdemeanor OR felony involving sexual misconduct? (resulting in OR not resulting in a conviction)		
P	Please explain:		
PERSONAL REFERENCES (NOT RELATED TO YOU)			
Name:		Years Known:	Phone:
Name:		Years Known:	Phone:
Name:		Years Known:	Phone:

You are being charged a \$75.00 (seventy five dollars) application/ background check fee per person over the age of 18 for screening your application or \$100.00 (one hundred dollars per married couple.) This includes calling your employer(s), references, current and former Landlords, financial institutions, a credit report, checking public records and verifying all information on this application.

Applicant(s) represent that all of the above statements are true and complete. Applicant(s) acknowledge that giving false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/ or forfeiture of deposits and may constitute a criminal offense under laws of the State of Idaho. Applicant(s) understand that they acquire no rights to the premises until a Security Deposit is paid when requested by the Landlord/ Manager.

SIGNATURES	
APPLICANT	DATE:
CO-APPLICANT	DATE:
EMERGENCY	
IN CASE OF EMERGENCY PLEASE NOTIFY:	
DAY PHONE ()	NIGHT PHONE ()
DESIRED MOVE IN DATE:	
If your credit does not meet our standards you will be required to pay a last months rent in advance. Are you able to do so?	

Received By: _____ Date Received: _____



AUTHORIZATION
Release of Information

Consent to Obtain Credit/Employment/Rental Information

I/We authorize Ex-cell Property Management, LLC to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I/We authorize Ex-cell Property Management, LLC to contact my/our current or previous landlord, and current employer, and further, by a copy of this release form, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my/our lease application. I/We further authorize Ex-cell Property Management, LLC, to apply for or obtain an investigation or credit report in connection with this application process.

I/We understand that said investigation or credit report may contain information obtained from various states, governmental and private entities relative to my/our number of children, employment occupation, financial and criminal history.

Applicant-Name (please print)

X

Applicant-Signature

Date

Co-applicant-Name (please print)

X

Co-applicant-Signature

Date



PH: (800)228-1837 * * FAX: (800)604-2201
www.tenantdata.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand and agree that TENANT DATA SERVICES INC., (TDS), will be processing my rental application and may obtain information about me, including, but not limited to, my credit, my tenant history, check writing history, any court or eviction records and my criminal record information from any source. I hereby authorize and instruct any entity or person contacted by TDS or the Landlord or Landlord's agents to release all information telephonically, by fax, or email/electronically. Furthermore, I also understand that it may be necessary to verify my current employment and I authorize my current employer to release any and all information that may be required to complete the reference report. I further authorize TDS to use a photocopy of this form when it is necessary to verify more than one of my references.

PLEASE PRINT CLEARLY WITH A BLACK PEN

Dated this _____ Day of _____ Year _____

Applicant's LEGAL NAME: _____
First Middle Last

Applicant's Signature: _____

Spouse's LEGAL NAME: _____
First Middle Last

Spouse's Signature: _____

Applicant SSN: _____ Applicant Date of Birth: _____
Month/ Day/ Year

Spouse SSN: _____ Spouse Date of Birth: _____
Month/ Day/ Year

Current Address: _____

City: _____ State: _____ Zip: _____

Applicant's Phone #: (____) _____

TDS Customer Requesting Report: EX-CELL PROPERTY MGMT

DEANNA HUGHES	208-676-0900	admin@excellproperty.com	93188021
Ordered By	Phone	Email	Account Number

Please select the type of report you require by checking the appropriate box

☐

SILVER REPORT
Credit Report

☒

GOLD AIM REPORT
Credit Report, Address Information Manager,
Criminal History Check, Eviction History Check
(Single State)

☐

PLATINUM AIM REPORT
Credit Report, Criminal History
Check, Eviction Check (Single State),
Landlord Verification, Employment Verification
(Include Application to Rent for platinum)

ADDITIONAL REPORT OPTIONS

	AIM
	Multi State Criminal
	Additional State - Criminal
	State(s):
	Additional State - Eviction
	State(s):
	Landlord Verification
	Employment Verification