

****NO CASH PLEASE****

KWI, LLC

306 N Spokane St. Unit I
 Post Falls, ID 83854
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Tenancy Application - Please Print or Type Clearly

\$45.00 per Person over 18 (Payment accepted by check, money order or cashier's check)

Application Fee is non-refundable regardless if applicants are approved or not approved for the property listing.

Rental Property Address: _____ **Date:** _____

A	Applicant Name (INCLUDE MIDDLE NAME)	SS #	Date of Birth	Phone:	Email Address
				Cell:	
B	Applicant Name (INCLUDE MIDDLE NAME)	SS #	Date of Birth	Phone:	E-mail Address
				Cell:	

I hereby grant permission for the landlord and the landlord's agent or appointee to check my credit and personal references and this application shall constitute as release of all credit history and information, financial and personal, for such purpose.

Applicant A _____ Date _____ Applicant B _____ Date _____

PRESENT ADDRESS *Current lease period obligation:*

A	Street	City	ST	Zip
	How long at above address	Name & Address of Landlord		Phone: Fax:
B	Street	City	ST	Zip
	How long at above address	Name & Address of Landlord		Phone: Fax:

If at your present address for less than one year, please list address history:

A	Address (street, city, state,zip)	How Long?	Landlord Name	Phone: Fax:
B	Address (street, city, state)	How Long?	Landlord Name	Phone: Fax:

EMPLOYMENT *If self-employed, you must provide documentation of income, such as Schedule C or K1 form*

A	Employer	Address (street, city, state, zip)		
	Occupation	Full Time/Part Time	Phone: Fax:	Date of Hire Monthly Salary
B	Employer	Address (street, city, state, zip)		
	Occupation	Full Time/Part Time	Phone: Fax:	Date of Hire Monthly Salary

CHILDREN/PET

Names & Ages of all children to live on premises	Number of Children	Number of Adults
Pets to Occupy Residency	Breed/Size	Age of Pets

The allowance of pets on premises is decided on a case-by case basis. If approval is given to allow pets on the premises, there could be an additional damage/security deposit required.

A	Driver License #	1.)Vehicle Make/ Model	License#	State
B	Driver License #	2.)Vehicle Make/ Model	License#	State
		3.)Vehicle Make/ Model	License#	State

BANK REFERENCES

A	Institution Name	Address	Phone:	Type of Account
	Institution Name	Address	Phone:	Type of Account
B	Institution Name	Address	Phone:	Type of Account
	Institution Name	Address	Phone:	Type of Account

PERSONAL REFERENCES (Please list at least one that is not related to you)

A	Name	Address	Phone:	Relationship & how long known
	Name	Address	Phone:	Relationship & how long known
	Name of nearest relative not living with you	Address	Phone:	Relationship & how long known
B	Name	Address	Phone:	Relationship & how long known
	Name	Address	Phone:	Relationship & how long known
	Name of nearest relative not living with you	Address	Phone:	Relationship & how long known

IN CASE OF EMERGENCY, PLEASE NOTIFY

A	Name	Address	Phone:	Relationship
B	Name	Address	Phone:	Relationship

Have you ever been convicted of a felony or misdemeanor? Applicant A: Yes No Applicant B: Yes No

If so, when did it occur and for what? -

_____Any additional information that should be taken into consideration when reviewing your application:_____

Any additional income, other than employment listed on the first page of this application, that should be taken into consideration when reviewing your application:

WORKSHEET

INCOME:

(A) Net Income: []Weekly []Bi-weekly []Monthly \$ _____
(B) Net Income: []Weekly []Bi-weekly []Monthly \$ _____
(A) Other Monthly Income _____ \$ _____
(B) Other Monthly Income _____ \$ _____
TOTAL INCOME \$ _____

MONTHLY EXPENSES *Note: List only the amount due each month.*

Description	Amount
(A) _____	\$ _____
(A) _____	\$ _____
(A) _____	\$ _____
(A) _____	\$ _____
(A) _____	\$ _____

Description	Amount
(B) _____	\$ _____
(B) _____	\$ _____
(B) _____	\$ _____
(B) _____	\$ _____
(B) _____	\$ _____

TOTAL EXPENSES \$ _____

Do Not Write Below This Line

Expenses _____
F-Factor _____
R-Factor _____

Total Income: \$ _____

Total Expenses: \$ _____