

# RENTAL APPLICATION

2132 BROADWATER AVE., SUITE A | BILLINGS, MONTANA 59102  
PHONE: 406. 294. 2150 | FAX: 406. 294. 2170

Applying for: \_\_\_\_\_  
Property Address Advertised Rent Amount  
 Application Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_  PAID

Applicant's Name: \_\_\_\_\_  
First Middle Last Jr./Sr.  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Address City State Zip How long?  
 Rent  Own Current Rent/Mortgage: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_  
 Current Landlord/Mortgagee: \_\_\_\_\_  
Contact Phone #  
Address City State Zip  
 Prior Residency: \_\_\_\_\_  
Address Landlord Phone # How long? Amount  Rent  Own  
 Prior Residency: \_\_\_\_\_  
Address Landlord Phone # How long? Amount  Rent  Own  
 Prior Residency: \_\_\_\_\_  
Address Landlord Phone # How long? Amount  Rent  Own

I, the above named applicant have authorized the landlord stated above to disclose information regarding my rental history.  
 \_\_\_\_\_  
Applicant's Signature Date

Professional References: (No relatives) (Do not fill out if you have 3 or more years of rental history)

Name	Relationship	Home Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

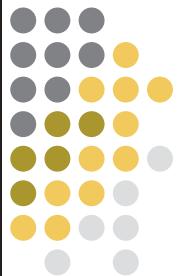
Current Employer: \_\_\_\_\_  
Name of Employer/Supervisor Phone #  
Address City State Zip  
Length of Employment Position Mo. Gross Income \$  Yes  No  
 Can Employment be verified by phone?

List all Other Sources of Income:  
 (Examples: AFDC, Child Support, Social Security, Unemployment, Welfare Assistance, Pension)

Source of Income _____	Monthly Amount _____
Source of Income _____	Monthly Amount _____
Source of Income _____	Monthly Amount _____



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Listing of all Persons in Household (including yourself and all unborn children)

Name	SS#	Date of Birth	Relationship to Head of House hold	Age

Emergency Information:

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Information: \_\_\_\_\_  Yes  No

Bank Phone # Checking Acct # Filed Bankruptcy?

Automobiles: (List all autos in household)

Year	Make/Model/Color	License Plate #	Plate State

Pet Information: (If applicable)

How many?	Type of Pet/Breed	Gender	Age	Size (Height/Weight)

Miscellaneous Information:

Have you or other occupants of your household ever been affected by the following:

Eviction in the last 5 years?  Yes  No Give Reason & Date: \_\_\_\_\_

Convictions in the last 5 years?  Yes  No Give Reason & Date: \_\_\_\_\_

Sale,use, distribution, manufacture, or possession of an illegal drug in the last 5 years?  Yes  No

Give Reason & Date: \_\_\_\_\_

Have you or any household member ever been convicted of a sexual related crime?  Yes  No

Give Reason & Date: \_\_\_\_\_

Are you a friend or relative of anyone employed by the property?  Yes  No Give Names: \_\_\_\_\_

How did you find out about our property? \_\_\_\_\_

Newspaper, Referral, Internet, Sign in Yard, Other

Please Note: A non-refundable application fee of \$40.00 must accompany this application. Your signature below certifies the statements made above are true and correct and gives consent to the owner and/or managing agent to verify all information contained in this application according to the Resident Selection Plan. Any false information or withheld information will result in this application being denied and grant the Owner and/or Agent the option of terminating any future lease at any time. Once the application is processed and you qualify, you will either be assigned a unit or be placed on the waiting list until an appropriate unit size becomes available. If an appropriate unit size is immediately available and you wish to reserve the unit, an earnest deposit of \$ \_\_\_\_\_ is required. This deposit will be applied toward your security deposit at lease closing; however, if you should decide to not lease the reserved unit, the deposit is non-refundable subject to any grace periods required by state or local laws. If the application is denied, the earnest deposit money shall be returned without any liability on the part of the Owner and/or Agent.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Each household member age 18 or older must submit an individual application.  
If you need reasonable accommodations in understanding or completing this form, please let us know.

FOR OFFICE USE ONLY:

Application Run by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No Projected Lease Signing date: \_\_\_\_\_

Rejection Letter sent Date: \_\_\_\_\_

