

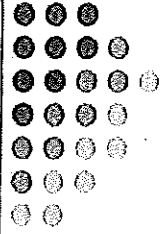


**HOMETOWN PROPERTY  
MANAGEMENT**

# RENTAL APPLICATION

1575 SHILOH ROAD, SUITE B | BILLINGS, MONTANA 59106  
PHONE: 406.294.2150 | FAX: 406.294.2170

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



Applicant's Name: \_\_\_\_\_  
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
Name	Relationship	Home Phone	Work Phone
Name	Relationship	Home Phone	Work Phone

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

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



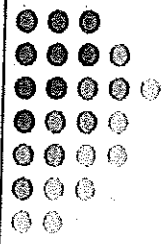


# HOMETOWN PROPERTY MANAGEMENT

## RENTAL APPLICATION

Listing of all Person in Household (Including yourself and all unborn children)

Name	SSN#	Date of Birth	Relationship to Head of Household	Age
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### Emergency Information:

Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Bank Information:

Bank \_\_\_\_\_ Phone # \_\_\_\_\_ Checking Acct # \_\_\_\_\_  Yes  No  
 Filled Bankruptcy?

### Automobiles: (List all autos in household)

Year	Make/Model/Color	License Plate #	Plate State
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 \$\_\_\_\_\_ 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 for, please let us know.

### FOR OFFICE USE ONLY:

Application Ran by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Rejection Letter Sent Date: \_\_\_\_\_

