



Pay \$40 Application Fee

RENTAL APPLICATION

1575 SHILOH ROAD, SUITE B | BILLINGS, MONTANA 59106
 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 \$ _____ 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 _____





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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
 Filed 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 \$ 40 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 understand 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: _____

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