

Application Fee of \$35 Must Accompany Every Application Form

**RENTAL APPLICATION
(PLEASE PRINT)**



1 Date of this application: _____
2 Type and size of Apartment desired: _____
3 Price range of residence desired: _____ Desired date of occupancy: _____
4 Do you have a waterbed? _____ Piano/organ? _____ Smoke? _____
5 Do you have pets? _____ If YES, complete Pet Profile.
6
7

PERSONAL INFORMATION

8
9 Applicant's full name: _____
10 Are you been known by any other names? If so, please indicate: _____
11 _____
12 Date of Birth: _____
13 Social Security No: _____
14 Telephone No: _____
15 Names of persons other than the above applicant who will be residing in the unit:
16 _____
17 _____
18 Have you or any member of your household ever been convicted of or pleaded guilty or "no
19 contest" to a felony? Yes ___ No ___
20 Have you or any member of your household ever been convicted of or pleaded guilty or "no
21 contest" to a misdemeanor involving sexual misconduct? Yes ___ No ___
22 If yes, please describe: _____
23 Are you required to register as a sexual or violent offender? Yes ___ No ___
24

RESIDENCE HISTORY

25
26
27 We require two (2) rental references or two (2) full years of rental history, whichever is greater.
28 Please list your actual landlord or property manager, NOT ROOMMATES.
29 Present Address: _____
30 How long there?: From _____ To _____ Amount of rent: _____
31 Present Landlord: _____ Phone/Cell: _____
32 Reason for leaving: _____
33 Previous Address: _____
34 How long there?: From _____ To _____ Amount of rent: _____
35 Previous Landlord: _____ Phone/Cell: _____
36 Reason for leaving: _____
37 Please account for any "gaps" in this rental history: _____
38
39 Is there any reason you cannot have the utilities turned on in your name? _____ If yes,
40 please explain: _____
41
42

PERSONAL REFERENCES (No relatives)

	Name	How long	Address	Phone/Cell #
46	1. _____	_____	_____	_____
47	2. _____	_____	_____	_____
48	3. _____	_____	_____	_____

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Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

MPM

49 LIST ALL VERIFIABLE SOURCES OF INCOME YOU WISH TO HAVE CONSIDERED IN THE
50 EVALUATION OF YOUR APPLICATION:

51
52 Source \$ per month/week Verification phone/cell#
53 1. _____
54 2. _____
55 3. _____
56

57 CREDIT REFERENCES

58
59 Reference Account # Address Phone/Cell #
60 1. _____
61 2. _____
62 3. _____
63 Checking Acct. # _____ Bank _____
64 Savings Acct. # _____ Bank _____
65

66 AUTOMOBILE(S):

67 Make/Model Year State/License #
68 1. _____
69 2. _____
70

71 EMERGENCY CONTACT INFORMATION:

72 Name: _____
73 Address: _____
74 Phone: _____ Relationship: _____
75
77 Name: _____
78 Address: _____
79 Phone: _____ Relationship: _____
80

81 I expect to reside on the premises: ___ 6 months or less ___ 1 year ___ 2 years or more.

82 The statements above are true and correct.

83 I hereby verify that I am 18 years or older, or otherwise competent to enter into a binding rental
84 contract and I understand that I will be fully responsible for the terms of the rental contract.

85 I hereby authorize the landlord, his agent or staff to contact any persons, corporations,
86 employers, agencies, offices, groups or organizations to obtain any information, credit report or
87 material which is deemed necessary to verify the information and statements in the application.

88 In the event the application is approved and I desire to rent the premises, I agree to fill out and
89 sign the rental agreement and the condition of premises.

90
91
92 SIGNATURE: _____ DATE: _____

NOTE: Unless otherwise expressly stated the term "Days" means calendar days and not business days. Business days are defined as all days except Sundays and holidays. Any performance which is required to be completed on a Saturday, Sunday or a holiday can be performed on the next business day.

PET PROFILE



1 Applicants
2 Name(s) _____
3 _____

4 Pet #1
5
6 Name _____
7
8 Breed _____
9
10 Age _____

11
12 Male Female
13
14 Weight _____
15
16 How long have you owned the pet? _____

17
18 Shots? Yes No Shot Record provided? Yes No City/County License? Yes No
19

20 Pet #2
21
22 Name _____
23
24 Breed _____
25
26 Age _____

27
28 Male Female
29
30 Weight _____
31
32 How long have you owned the pet? _____

33
34 Shots? Yes No Shot Record provided? Yes No City/County License? Yes No
35

36 Applicants represent that statements made above are true and correct.

37
38 Signature _____ Date _____
39

40
41 Signature _____ Date _____
42

43 **Form needs to be submitted with rental application before a decision on the application will be made.**