

Resource Property Management

Rental Application

Big Sky Villa

One, Two and Three Bedroom Units: Rent 30% of income; Tenant Paid Utilities

Return Completed Application to:

Big Sky Villa
204 W. Jefferson, Office
Belgrade, MT 59714
(406) TBD Phone 388-2097
711 Relay

Office Use Only

Date Submitted: _____

Time Submitted: _____

November, 2015



Thank you for considering Big Sky Villa apartment offered by HRDC/Resource Property Management as your next home. If you need assistance in completing this application please let us know. We can make available readers, translators and provide information in large print.

Our goal is to provide safe and decent housing that is affordable to lower income households. Our properties, due to the financing structure, have rents below the normal market and therefore are offered to households that meet certain income guidelines. These income eligibility limits vary by property and in some cases by unit. Additional eligibility requirements such as elderly or disability status apply to some properties. Our leasing agent will be happy to review your application and talk with you about your housing options.

In addition to the above noted eligibility requirements we must determine if an applicant is willing to follow property rules such as the ability to pay rent on time, not be disruptive to other tenants, not pose a safety risk to others, and to maintain the unit. We do this by completing reference checks, obtaining credit information and criminal history. Our policy is that you must have positive prior rental history, positive credit (good recent credit outweighing any negative credit) and no criminal history of drug related offenses, sexual offender records or felony conviction(s). Because these properties are funded with Federal monies the use of medical marijuana is prohibited.

We comply with Federal Fair Housing and Montana Fair Housing Laws. Discrimination is prohibited against anyone in any aspect of renting housing because of race, color, religion, national origin, gender (sex), familial status (children under age 18 in the household), disability, creed, actual or perceived sexual orientation, gender identity, marital status or need for a reasonable accommodation or modification. We consider all applications for rental housing and provide all services equally without regard to any of these criteria.

An applicant is entitled to a reasonable accommodation in any rule, practice, policy or service when the reasonable accommodation is needed because of the disability of the applicant or any person associated with the tenant, such as a guest. Under some circumstances reasonable modification of existing premises may be made to afford the person with the disability full enjoyment of the premises. An accommodation or modification is reasonable when it does not create an undue financial or administrative burden and does not fundamentally change the housing program. If you believe you may need a reasonable accommodation or modification please make us aware of your needs.

The collection of the information derived from this form is used to determine an applicant's eligibility. Information provided in this application will be kept confidential.

Big Sky Villa Apartments

Belgrade, MT 59714
Phone: (406) TBD MT Relay 711
Managed By Resource Property Management

Office Use Only: Reviewer Name: _____, Date _____

[Check info entered in Software]

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F/ Decline (D)	Social Security Number	Student Yes (Y) No (N)	Birth date <i>Month/Date/Year</i>
	Head				

Do all of the above household members reside in the household 100% of the time Yes or No: if no, please list those not living in the household 100% of the time: _____

Current Address: _____ Daytime Phone: (____) _____

_____ Evening Phone: (____) _____

How did you hear about this property?

☐ Newspaper
☐ Property Sign

☐ Friend/Relative
☐ Social Services Agency

Rental References: Please provide information for last three places you have lived.

Landlord Name, Address & Phone	Rental Address	Phone #	Dates Occupied

Employment Income:

Household Member	Employer Name & Address	Employer Phone #	Employer Fax#	MONTHLY GROSS INCOME

Other Income:

YES (X)	NO (X)	TYPE OF INCOME	SOURCE OF INCOME	HOUSEHOLD MEMBER	MONTHLY GROSS AMOUNT
		Social Security, SSI or SSDI			
		AFDC or TANF cash assistance			
		Unemployment			

YES (X)	NO (X)	TYPE OF INCOME	SOURCE OF INCOME	HOUSEHOLD MEMBER	MONTHLY GROSS AMOUNT
		Workers Compensation			
		Severance Pay			
		VA Benefits			
		Pension Payments/Retirement			
		Regular cash assistance from friends or family			
		Child Support or Alimony			
		Self Employment			
		Payments from property, inheritance, trust funds, death benefits, etc.			
		Long Term Care Payments			
		Work Study/Training Program Income			
		Scholarships/Grants/Educational Entitlements			
		Other Expected Income in the next 12 months			

Family Assets:

Type	YES (X)	NO (X)	Amount	Location	Account #
Checking Account					
Savings Account					
Mutual Funds					
Retirement Account					
Annuities Income					
IRA 401K					
Stocks or Bonds					
Money Market					
Certificate of Deposit					
Treasury Bills					
Whole Life Ins. Policy					
Trust Account					
Is it Revocable? Yes/No					
Real Estate					
Cash over \$500					
Other					

For Households whose Head or Co- Head is elderly or disabled

Medical Expenses: (Regular, reoccurring not reimbursed by Insurance)

Provider	Address/Phone#	Monthly Expense

1. Do you expect any additions to the household within the next twelve months? _____

Name & Relationship: _____

2. Do you have full custody of your child (ren)? _____

a. Explanation of custody arrangements: _____

3. Have you ever filed for bankruptcy? _____

4. Have you ever been convicted of a felony? _____

5. Have you ever been evicted from an apartment for any reason? _____

6. Do you own a pet? _____ If so type: _____

7. Do you own personal property as an investment? (*Example: paintings, coin or stamps collections, artwork,*

collectors' cars, antiques: _____ Value\$ _____

8. Have you or any household member disposed of or given away any asset(s), including cash, for LESS than

fair market value within the past 2 years _____ Value\$ _____

9. Will anyone in the household be a student in the next 12 months? _____ yes _____ no.

If yes, Full time _____ Part time _____ How many hours quarterly _____?

The information regarding **Ethnicity and Race** (Data Collection Form Attached) is requested to assure the Federal Government that Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way.

HUD Applicant Release of Information Forms: Your signature on the Attached HUD Forms 9887 and 9887A, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in HUD programs.

Authorization: I authorize RPM and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the program. I acknowledge that: (1) A photocopy of this form is as valid as the original., (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me)., (3) I have the right to copy information from this file and to request correction of information I believe inaccurate., (4) All adult household members will sign this form and cooperate with the owner in this process.

I certify that all information in this application is true and correct to the best of my knowledge. False statements or misrepresentation of a material fact is grounds for rejection of this application or if a tenant termination of my lease.

Head of Household - Signature and Printed Name

Date

Other Adult Member - Signature and Printed Name

Date

Attach: Race & Ethnic Data Form

RACE AND ETHNIC DATA**THIS SECTION TO BE COMPLETED BY MANAGEMENT**

PROPERTY NAME:

RE:

Big Sky Villa

Unit #

204 W Jefferson

Head of Household

Belgrade, MT 59714

Household Member

THIS SECTION TO BE COMPLETED BY APPLICANT/TENANT

This form is used to report continued compliance activities with regard to the Restrictive Use Covenants, to document tenant household data required as a part of the Housing and Recovery Act enacted on July 30, 2008 for 100% Eligible Tax Credit Properties.

DEMOGRAPHICS (OPTIONAL)

Providing one's race and ethnicity is an optional disclosure for applicants/tenants.
Declining to do so **will not affect** your eligibility for this program. This is being tracked for informational purposes only.

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
I do not wish to provide this information	
Racial categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
I do not wish to provide this information	

Definitions of these categories may be found on the reverse side.

Signature

Print Name

Date

Instructions for the Race and Ethnic Data Reporting Form

Demographics

Providing one's race and ethnicity is an optional disclosure for tenants. Declining to provide demographic information will not affect your eligibility for the Low Income Housing Tax Credit program. Demographic information is being tracked for information purposes only.

The three ethnic categories you should choose from are defined below. You should check one of the three categories.

1. **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or Latino."
2. **Not Hispanic or Latino** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America Including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian** A Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American** A person having origins in any of the black racial groups of Africa.
4. **Native Hawaiian or Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Household Certification Signatures

Head of household members age 18 and older, and persons under the age of 18 who are treated as adults because they are the head of household, or co-head/spouse must sign the Race and Ethnic Data reporting form.