

**Castle Mountain Apartments
Rental Application**

**1 & 2 Bedroom Units
Rent Based on 30% of Adjusted Income
Utilities Included in Rent**

C/o Meagher County Community Senior Center
P.O. Box 682 101 1st Ave. S.E.
White Sulphur Springs, MT 59645
Phone: (406) 547-3651
Fax : (406) 547-3651
Relay 711

Office Use Only:

Date Application Received _____

time Application Received: _____



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We comply with the Federal Fair Housing Laws. IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE OR HANDICAP.

Reviewer Name: _____, Date _____

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

Do you or any member of your household require a unit with special features related to a disability? _____

If so please describe: _____

Current Address: _____

Daytime Phone: () _____
Evening Phone: () _____

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	Occupation	Employer Phone #	Employer Fax#

YES (<u>X</u>)	NO (X)	TYPE OF INCOME	SOURCE OF INCOME	HOUSEHOLD MEMBER	GROSS AMOUNT
		Social Security, SSI or SSDI			
		AFDC or TANF cash assistance			
		Unemployment			
		Workers Compensation			
		VA Benefits			
		Pension Payments			
		Regular cash assistance from friends or family			
		Child Support or Alimony			
		Self Employment			

YES (X)	NO (X)	TYPE OF INCOME	SOURCE OF INCOME	HOUSEHOLD MEMBER	GROSS AMOUNT
		Payments from property, inheritance, trust funds, death benefits, etc.			
		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					
Stocks or Bonds,					
Money Market					
Certificate of Deposit					
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

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on the application.)

Name _____ Phone: () _____ Relationship: _____

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)? _____
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. Does anyone applying for the apartment smoke? _____ Who? _____
7. Do you own a pet? _____
8. Personal property as an investment? (*Example: paintings, coin or stamps collections, artwork, collectors cars, and antiques*) _____ Value\$ _____
9. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years _____ Value\$ _____
10. 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 race, national origin, and sex designation 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. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: (select only one)

- Hispanic or Latino
- Not Hispanic or Latino

Race: (select only one)

- White
- Black or African American
- Asian
- American Indian or Alaskan Native

- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black or African American
- Other Multi-racial (balance of individuals reporting more than one race)

Program Eligibility Release Form for: Castle Mountain Apartments

Purpose: Your signature on this Program Eligibility Release Form, 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 the: HOME, Rural Development and HUD programs.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in the program and the amount of assistance necessary using program funds. This information will be used to establish level of benefit on the program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, “Request for copy of tax form” must be signed separately.

Information Covered: Inquiries may be made about, but are not limited to, Income, Assets, Child Care Expenses, Handicap Assistance Expense, Medical Expenses, Dependent Deductions.

Authorization: I authorize Castle Mountain Apartments and RD/HOME 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 termination of my lease.

Head of Household - Signature and Printed Name Date

Other Adult Member - Signature and Printed Name Date
