

# Resource Property Management

## Rental Application

*Cabins at Menicucci Square – Belgrade, MT*  
One and Two Bedroom Single Family Homes – Multifamily Housing

**Return Completed Application to:**

Human Resource Development Council  
32 S Tracy Avenue  
Bozeman, MT 59715  
P: (406) 587-4486  
711 Relay

<p><b><u>Office Use Only</u></b></p> <p>Date Submitted: _____</p> <p>Time Submitted: _____</p> <p>Initials: _____</p>
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Thank you for considering the Cabins at Menicucci Square, offered by HRDC/Resource Property Management (RPM), 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 the 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 and 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.**





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

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

(If no rental references, please provide three (3), non-family, personal references.)

**Employment Income:**

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

**Other Income: (PLEASE ANSWER EACH QUESTION WITH A “YES” OR “NO” CHECKMARK)**

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			
		Workers Compensation			
		VA Benefits			
		Pension Payments			

YES ( X )	NO ( X )	TYPE OF INCOME	SOURCE OF INCOME	HOUSEHOLD MEMBER	MONTHLY GROSS AMOUNT
		Regular cash assistance from friends or family			
		Child Support or Alimony			
		Self Employment			
		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					

**Please be sure all questions have been answered!**

**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? If yes, when? \_\_\_\_\_

4. Has any household member(s) been evicted, in the last three years, from federally assisted housing for drug-related criminal activity? If yes when? \_\_\_\_\_

5. Are you or any member of the household currently engaged in illegal use of drugs? \_\_\_\_\_

6. Have you ever been evicted from an apartment for any reason? \_\_\_\_\_

7. Have you ever been convicted of a felony? \_\_\_\_\_

8. Are you or ANY member of the household subject to a lifetime sex offender registration requirement in any state? If yes, where and when? \_\_\_\_\_

List ALL States in which ANY household member has resided: \_\_\_\_\_

\_\_\_\_\_

9. Do you own a pet? \_\_\_\_\_ If so type: \_\_\_\_\_

10. Personal property as an investment? (*Example: paintings, coin or stamps collections, artwork, collectors' cars, and antiques*) \_\_\_\_\_ Value\$ \_\_\_\_\_

11. 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\$ \_\_\_\_\_

12. 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 \_\_\_\_\_?

13. Has anyone in the household been a student in the last 12 months? \_\_\_\_\_yes \_\_\_\_\_no.

If yes, Full time \_\_\_\_\_ Part time \_\_\_\_\_ How many hours quarterly \_\_\_\_\_?

14. Race (OPTIONAL) Choose all APPLY:

\_\_\_\_\_ Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Black

15. Ethnicity (OPTIONAL):

\_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

***NOTE: We cannot process your application if it is not completed in its entirety.***

The information regarding **Ethnicity and Race** 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.

**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 organization to obtain information from third-parties relative to your eligibility and continues participation.

**Privacy Act Statement:** The Department of Housing and Urban Development (HUD), Montana Department of Commerce and/or the Montana Board of Housing is requiring the collection of the information derived from this form to determine an applicant’s eligibility in the program. This information will be used to establish level of benefit on the program; to protect the Government’s/Investor’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 housing/benefits 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.

**Authorization:** I authorize RPM and all necessary parties 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member – Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member – Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date