

Resource Property Management

Rental Application

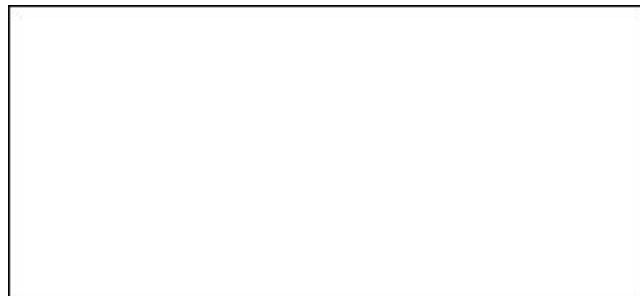
Livingston Cottages, Livingston, MT

One and Two Bedroom Single Family Homes – Multifamily Housing

Return Completed Application to:

Sherwood Inn Apartments **Office Use Only**
325 S. Main Street, 106

Livingston, MT 59047



Date
Submitted:

P: (406) 222-0158

711 Relay

Time Submitted:

August 2020

Initials:

Thank you for considering the Livingston Cottages, 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).

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.

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.

Livingston Cottages
 104 W. Reservoir Street
 Livingston, MT 59047
 Phone: (406) 222-0158 | MT Relay 711
 Managed By: **HRDC, Resource Property Management**

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 DISABILITY.

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 | Social Security Number | Student Yes (Y) No (N) | Birth date <i>Month/Date/Year</i> |
|--|---|-----|---------------------------|------------------------------|--------------------------------------|
| | Head of Household | | | | |
| | | | | | |
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Do you or a member of your household require a unit with special features related to a disability? YES or NO

If yes, what type of features are needed?

Current Address: _____ Daytime Phone: () _____

_____ Evening Phone: () _____

How did you hear about this property? Newspaper Friend/Relative
 Property Sign Social Services Agency 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 | | | |
| | | 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 | | | | | |
| | | | | | |
| | | | | | |

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. Have you ever filed for bankruptcy? If yes, when?

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

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

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

6. Have you ever been convicted of a felony?

7. 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: _____

8. Do you own a companion animal? _____

If so, what type:

9. Race (OPTIONAL) Choose all APPLY:

____ Pacific Islander ____ White ____ Asian ____ Native American ____ Black

10. 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 we comply with Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap. 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 Housing 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.

Authorization: I authorize RPM and all necessary parties to obtain information about me and my household that is pertinent to eligibility for housing with HRDC. 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 to be 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 |
|--------------------------------|--------------|------|