

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) 388-2097
711 Relay

Office Use Only

Date Submitted: _____

Time Submitted: _____

June 2020



Big Sky Villa Apartments

Belgrade, MT 59714

Phone: (406) TBD MT Relay 711

Managed By **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 HANDICAP.

OFFICE USE ONLY: REVIEWER NAME: _____, DATE _____

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F/ Decline (D)	Social Security Number	Student Yes (Y) No (N)	Disabled or Handicapped	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** **Friend/Relative**
 Property Sign **Social Services Agency**

Rental/Personal References: If you do not have rental references, please provide (3) Personal references. The references cannot be family members.

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

Employment Income:

Household Member	Employer Name	Employer Contact #	Employer Fax #	MONTHLY GROSS INCOME

Other Income: Please answer each question with a checkmark. Do not leave blank

YES	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			
		Severance Pay			
		VA Benefits			
		Pension Payments/Retirement			

YES	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.			
		Long Term Care Payments			
		Work Study/Training Program Income			
		Scholarships/Grants/Educational Entitlements			
		Other Expected Income in the next 12 months			

Family Assets: Please answer each question with a checkmark. Do not leave blank

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					

Type	YES (<u>X</u>)	NO (<u>X</u>)	Amount	Location	Account #
Real Estate					
Cash over \$500					
Other					

Medical Expenses: For Households whose Head or Co- Head is elderly or disabled (Regular, reoccurring not reimbursed by Insurance)

Provider	Address/Phone#	Monthly Expense

- Do you expect any additions to the household within the next twelve months? _____
Name & Relationship: _____
- Do you have full custody of your child (ren)? _____
Explanation of custody arrangements: _____

- Have you ever filed for bankruptcy? Yes or No Date of Bankruptcy: _____
- Have you ever been convicted of a felony? Yes or No Year of Conviction: _____
- Have you ever been evicted from a rental for any reason? Yes or No Date of Eviction: _____
Reason for Eviction: _____
- Are you or any member of the household, subject to a lifetime sex offender registration requirement in any state? Yes or No Please list ALL states in which ANY household member has resided: _____

- Does anyone in your household smoke? Yes or No Who? _____
- Do you own a pet? _____ If so type: _____
- Do you own personal property as an investment? (**Example: paintings, coin or stamps collections, artwork, collectors' cars, antiques**): _____ Value: _____
- 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: Yes or No Value: _____
- Will anyone in the household be a student in the next 12 months? Yes or 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

NOTE: WE CANNOT PROCESS YOUR APPLICATION IF IT IS NOT COMPLETED IN ITS ENTIRETY.

Attach: Race & Ethnic Data Form

RACE AND ETHNIC DATA

THIS SECTION TO BE COMPLETED BY MANAGEMENT

PROPERTY NAME: Big Sky Villa Apartments RE: Head of Household Unit #
204 West Jefferson
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 House 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 the 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	

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 American, 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