

# RENTAL APPLICATION, Part 2 of 2

(One for each person 18 years of age or over)

Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ALL RENTAL BUSINESS CONDUCTED IS IN CONFORMANCE WITH CURRENT MONTANA CODE ANNOTATED AND DOES  
NOT PRACTICE OR ALLOW DISCRIMINATION BECAUSE OF  
RACE/COLOR, SEX, RELIGION/CREED, AGE, HANDICAP/DISABILITY, NATIONAL ORIGIN,  
MARITAL STATUS OR FAMILY STATUS

APPLICANT # \_\_\_\_\_ TO RENT PREMISES AT \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/ PM  
(Please Print or Write Clearly)

Name \_\_\_\_\_

LAST

FIRST

INITIAL

SOCIAL SECURITY #

PRESENT ADDRESS

CURRENT PHONE NUMBER

CITY

STATE

ZIP CODE

PICTURE IDENTIFICATION:

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

RENTAL HISTORY:

PRESENT LANDLORD

PHONE

LL ADDRESS

REASON FOR MOVING \_\_\_\_\_

PREVIOUS LANDLORD

PHONE

LL ADDRESS

REASON FOR MOVING \_\_\_\_\_

PREVIOUS LANDLORD

PHONE

LL ADDRESS

RENTAL ADDRESS

RENTAL AMOUNT

LENGTH OF TIME AT THIS ADDRESS

## EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ IS THIS A PERMANENT POSITION? \_\_\_\_\_

IF THIS EMPLOYMENT IS TEMPORARY, HOW LONG WILL IT CONTINUE? \_\_\_\_\_

SALARY EARNED: \_\_\_\_\_

IF HOURLY WAGE, HOW MANY HOURS DO YOU WORK EACH WEEK? \_\_\_\_\_

IF YOU ARE EMPLOYED AT MORE THAN ONE JOB AND WOULD LIKE TO HAVE BOTH INCOMES CONSIDERED, PLEASE GIVE THE SAME INFORMATION FOR THE SECOND JOB ON THE BACK OF THIS PAGE.

IF YOU ARE NOT EMPLOYED OR YOU WOULD LIKE ME TO CONSIDER OUTSIDE INCOME, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

ALTHOUGH OUTSIDE INCOME SUCH AS CHILD SUPPORT OR SOCIAL SECURITY BENEFITS ARE OPTIONAL INFORMATION TO PROVIDE, I MUST HAVE SOME SOURCE OF FUTURE INCOME PROVIDED IN ORDER TO ASSURE RENT PAYMENTS.

HAVE YOU EVER BEEN EVICTED OR VIOLATED YOUR LEASE? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## CREDIT REFERENCES

REFERENCE	ACCOUNT #	ADDRESS	PHONE
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WHAT UTILITIES HAVE YOU PAID: ELECTRICITY\_\_\_\_ GAS\_\_\_\_ WATER\_\_\_\_ CABLE\_\_\_\_

IS THERE ANY REASON YOU CANNOT HAVE UTILITY SERVICE TURNED ON IN YOUR NAME? YES NO

IF YES, PLEASE EXPLAIN:\_\_\_\_\_

\_\_\_\_\_

**AGREEMENTS AND AUTHORIZATION FOR INFORMATION**

ALL STATEMENTS MADE ABOVE ARE TRUE AND COMPLETE.

EACH APPLICANT HEREBY AUTHORIZES THE LANDLORD OR RENTAL AGENT AND THEIR REPRESENTATIVES TO CONTACT ANY PERSONS, AGENCIES, CORPORATIONS, CREDIT BUREAUS, EMPLOYERS, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIAL WHICH IS DEEMED NECESSARY TO VERIFY THE INFORMATION IN THIS APPLICATION.

EACH APPLICANT AGREES THAT ALL ADULTS WHICH MAY RESIDE ON THE PREMISES WILL BE JOINTLY-SEVERALLY LIABLE FOR ALL RENT AND DAMAGE INCURRED DURING THE TERM OF OCCUPANCY.

A CREDIT CHECK FEE IS NOT SUBJECT TO REFUND IN THE EVENT THE APPLICANT IS NOT APPROVED.

IN THE EVENT THE APPLICATION IS APPROVED AND THE APPLICANTS DESIRE TO RENT THE PREMISES, EACH APPLICANT AGREES TO FILL OUT, SIGN, AND ABIDE BY THE RENTAL AGREEMENT AND FILL OUT AND SIGN THE CONDITION OF PREMISES FORM.

APPLICANT \_\_\_\_\_ DATE:\_\_\_\_\_

APPLICANT E-MAIL ADDRESS:\_\_\_\_\_