



ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.  
APPLICATION PACKET FOR RED ALDER RESIDENCES  
1549 RED ALDER LOOP  
HELENA, MT 59601

PHONE: (406) 447-1680 TTY 711 FAX: (406) 447-1629 EMAIL: [rmdc.housing@rmdc.net](mailto:rmdc.housing@rmdc.net)

**PLEASE COMPLETE THE ENTIRE APPLICATION AND RETURN TO ROCKY:**

**DROP OFF DURING BUSINESS HOURS:**

NEIGHBORHOOD CENTER  
200 S. CRUSE AVENUE, HELENA, MT 59601  
MONDAY-THURSDAY 8:00AM TO 5:00PM  
FRIDAY 8:00AM TO 4:00PM

(PLEASE CALL 447-1680 AND SOMEONE WILL COME TO THE DOOR TO TAKE YOUR APPLICATION)

**MAILING ADDRESS:**

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.  
P.O. BOX 1717  
HELENA, MT 59624

**FAX:**

(406) 447-1629 (ATTENTION LIZ MOGSTAD)

**EMAIL:**

[rmdc.housing@rmdc.net](mailto:rmdc.housing@rmdc.net)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**





**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**  
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**THESE APARTMENTS ARE STILL UNDER CONSTRUCTION! IT IS NOT SAFE FOR VISITORS. PLEASE DO NOT ATTEMPT TO GO ON SITE OR TALK TO THE CONTRACTORS. REFER ALL QUESTIONS TO ROCKY MOUNTAIN DEVELOPMENT COUNCIL.**

Rocky Mountain Development Council, Inc. manages Red Alder Residences on the West side of Helena. We are proud to provide safe, stable homes that people in our community can afford.

Red Alder Residences consists of garden-style one, two, and three-bedroom homes for both seniors and families. These rentals feature a universal design and several fully accessible units are available. Amenities include a community room, off-street parking, a playground, community gardens, and a washer/dryer set in each apartment. Snow removal and lawn care services are provided. There is a small storage space for each apartment.

Income qualifications apply, but the rent is **NOT** calculated based on income. Tenant based Housing Choice Vouchers (or similar) are welcome and encouraged. Tenants are responsible for electricity, phone, internet, and cable.

One pet under 30lbs is allowed with additional \$250 Deposit

\$250 Security Deposit

Current rents\*:

|                |                     |
|----------------|---------------------|
| ONE BEDROOMS   | \$610 - \$750/MONTH |
| TWO BEDROOMS   | \$775 - \$855/MONTH |
| THREE BEDROOMS | \$935-995/MONTH     |

***\*RENTS ARE SUBJECT TO CHANGE. There is no rental assistance available.***

***PLEASE KEEP IN MIND WHEN APPLYING THAT WE MUST VERIFY ALL INCOME AND ASSETS, COLLECT LANDLORD REFERENCES, AND RUN CREDIT/CRIMINAL BACKGROUND CHECKS BEFORE WE CAN APPROVE A MOVE IN. APARTMENTS ARE ANTICIPATED TO BE AVAILABLE AT THE END OF OCTOBER.***



**RED ALDER RESIDENCES  
RENTAL APPLICATION**

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RED ALDER OFFICE: 1549 RED ALDER LOOP HELENA, MT 59601 (406) 447-1680 TTY 711

**APARTMENTS DO NOT HAVE SUBSIDY AVAILABLE**

***If you need assistance with your rental payments, please contact Helena Housing Authority at (406) 442-7970 or visit their website: [www.hhamt.org](http://www.hhamt.org)***

**One-year initial lease with all apartments**

**Rents are maintained at moderate levels through the nonprofit operation of Rocky Mountain Development Council in partnership with the Montana Department of Commerce**

***Tenants are responsible for Electricity, Telephone, Internet, & Cable.***

***We recommend contacting Rocky's LIEAP Program at (406) 447-1625 if you need assistance paying your heating bill.***

## **RED ALDER RESIDENCES**

**YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THE FOLLOWING ITEMS ARE ATTACHED TO YOUR APPLICATION. WE CAN PHOTOCOPY ITEMS FOR YOU IF NEEDED:**

1. DRIVER'S LICENSE OR PHOTO ID
2. SOCIAL SECURITY CARD

## **RENTAL SCREENING CRITERIA**

**Incomplete applications or applications with incorrect information will be denied.**

- Applicant **must have** some form of income to apply.
- Occupancy must be limited to no more than 3 persons per one- bedroom, 5 persons per two-bedroom apartment, or 6 persons per three-bedroom apartment
- The prospective resident must initially provide unmistakable identification. A driver's license or other Picture ID is acceptable. Valid proof of a social security number(s) is also required.
- **No less than five (5) years** of current and previous verifiable landlord references are to be listed on the application provided with telephone numbers and addresses. If no rental history, then you must provide 3 professional references. **If you own your own house or mobile home when you apply, landlord references are not necessary.**

**Inability to meet any of the above criteria for residency will result in the denial of the application for residency.**

***RED ALDER RESIDENCES IS PROUDLY MANAGED BY ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. WE ARE MORE THAN A LANDLORD. PLEASE VISIT OUR WEBSITE [WWW.RMDC.NET](http://WWW.RMDC.NET) TO SEE ALL THAT ROCKY HAS TO OFFER!!***

***Rocky Mountain Development Council, Inc. does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Physical or Mental Disability, Creed, Marital Status, Political Beliefs, Veterans' Status, Age, or Sexual Orientation, Gender Identity or Expression, or Genetic Information***

**Applicant Name (Please Print):** \_\_\_\_\_

In order for us to place you on the correct Waiting List(s) and thereby provide you with the type of unit and rent structure you require, please complete the following survey. Note: Check all answers that apply (you can select more than one answer to each question.)

What bedroom size are you willing to accept?

- One Bedroom
- Two Bedroom
- Three Bedroom

Do you have any specific apartment needs?

- Yes, please Specify: \_\_\_\_\_
- No

Do you currently have a Housing Choice, Section 8, or similar voucher for housing assistance?

- Yes
- No

If no, do you require rental assistance (help with your rent payment) in order to move in:

- Yes
- No

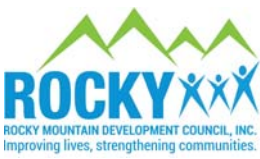
***If you answered yes, please contact Helena Housing Authority at (406) 442-7970 to apply for a voucher. They are located at 812 Abbey Street, Helena, MT 59601. You can also go to their website: [www.hhamt.org](http://www.hhamt.org) for more information. If you are a veteran, the VA has a VASH Voucher Program that we encourage you to look at.***

**\*\*PLEASE REMEMBER THAT WE DO NOT HAVE PROJECT BASED SECTION 8 ASSISTED APARTMENTS\*\***

If you change your mind about which Waiting List you wish to be on, we will add you to other lists as of the date you make the change known to us.

Thank you for your assistance in completing this form. If you have questions about this information, please contact us at (406) 447-1680 TTY711.

X \_\_\_\_\_  
SIGNATURE DATE



RED ALDER RESIDENCES  
 1549 RED ALDER LOOP  
 HELENA, MT 59601  
 PHONE: (406) 447-1680  
 FAX: (406) 447-1629

(FOR OFFICE USE ONLY)

APPLICATION  
 # \_\_\_\_\_  
 DATE/TIME \_\_\_\_\_  
 RECEIVED \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

| APPLICANT NAME | GENDER | SOCIAL SECURITY # | DATE OF BIRTH | CITIZEN | STUDENT |
|----------------|--------|-------------------|---------------|---------|---------|
|                |        |                   |               | Y/N     | Y/N     |

**OTHER HOUSEHOLD MEMBERS**

|  |  |  |  |     |     |
|--|--|--|--|-----|-----|
|  |  |  |  | Y/N | Y/N |
|  |  |  |  | Y/N | Y/N |
|  |  |  |  | Y/N | Y/N |
|  |  |  |  | Y/N | Y/N |
|  |  |  |  | Y/N | Y/N |

**NOTICE:** *You are required to notify the Property Manager of ANY change of address and/or phone number. If we cannot contact you at the phone number you provide us, your name will be removed from the waiting list and you will need to re-apply.*

|                                     |                       |              |            |
|-------------------------------------|-----------------------|--------------|------------|
| <b>APPLICANT PHONE NUMBER</b>       |                       |              |            |
| <b>CURRENT ADDRESS</b>              | <b>CITY</b>           | <b>STATE</b> | <b>ZIP</b> |
|                                     |                       |              |            |
| <b>HOW LONG AT CURRENT ADDRESS?</b> | FROM: _____ TO: _____ |              |            |

| CURRENT LANDLORD | CITY | STATE | ZIP | PHONE NUMBER |
|------------------|------|-------|-----|--------------|
|                  |      |       |     |              |

**\*\*FIVE YEARS' WORTH OF LANDLORD REFERENCES ARE REQUIRED UNLESS YOU OWN A HOME OR MOBILE HOME\*\***

PREVIOUS ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ NAME/PHONE OF PRIOR LANDLORD \_\_\_\_\_

2<sup>ND</sup> PREVIOUS ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ NAME/PHONE OF PRIOR LANDLORD \_\_\_\_\_

**\*\*PLEASE LIST ANY OTHER PREVIOUS ADDRESSES IN THE LAST 5 YEARS ON A SEPARATE PAGE AND ATTACH TO APPLICATION**



**REQUIRED INCOME AND ASSET INFORMATION**

**INCOME SOURCES (All Sources)**

List **ALL** Sources of Income

| Examples: Wages, Social Security, Pension, Etc. | GROSS MONTHLY | NET MONTHLY |
|---|---------------|-------------|
|   | \$            | \$          |
|   | \$            | \$          |
|   | \$            | \$          |
|   | \$            | \$          |
|   | \$            | \$          |

**ASSETS/BANK ACCOUNTS**

List **ALL** Accounts CHECKING, SAVINGS, CD'S, IRA, ANNUITIES, ETC.

| NAME OF BANK OF FINANCIAL INSTITUTION | ACCOUNT TYPE | APPROXIMATE BALANCE |
|---------------------------------------|--------------|---------------------|
|                                       | \$           | \$                  |
|                                       | \$           | \$                  |
|                                       | \$           | \$                  |
|                                       | \$           | \$                  |
|                                       | \$           | \$                  |

DO YOU OWN A HOUSE OR MOBILE HOME?  YES  NO

IF YES, APPROXIMATE VALUE: \$ \_\_\_\_\_

IS THERE A MORTGAGE ON THE HOME? (REVERSE MORTGAGE DOES NOT APPLY)  YES  NO

IF YES, APPROXIMATE AMOUNT OWED: \$ \_\_\_\_\_

➤ **YOU MUST ANSWER ALL OF THE QUESTIONS BELOW TRUTHFULLY WITH FULL DISCLOSURE. FAILURE TO DO SO WILL RESULT IN DENIAL OF YOUR APPLICATION. IF YOU ARE ACCEPTED AND WE FIND THERE HAS NOT BEEN FULL DISCLOSURE, IT COULD LEAD TO EVICTION.**

Have you/anyone who will be sharing the apartment with you **ever** been charged with criminal offenses or DUIs?  
\_\_\_ YES \_\_\_ NO

If Yes, please explain: \_\_\_\_\_

Do you/anyone in your household who will be sharing the apartment with you have **a felony** conviction:  
\_\_\_ YES \_\_\_ NO

**Are you required to register as a lifetime sex offender in this or any other state?** \_\_\_ YES \_\_\_ NO

Please complete a list of ALL STATES in which you have resided: \_\_\_\_\_

Have you had credit under any other name? \_\_\_ YES \_\_\_ NO If yes, what name? \_\_\_\_\_

In the last two (2) years, have you/any household member who will be sharing the apartment with you disposed of assets for less than fair market value? \_\_\_ YES \_\_\_ NO

Have you/anyone in your household who will be sharing the apartment with you ever been convicted for the use, sale, manufacture, or distribution of controlled substances? \_\_\_ YES \_\_\_ NO

Do you/anyone in your household who will be sharing the apartment with you currently use **illegal** drugs?  
\_\_\_ YES \_\_\_ NO

Have you/anyone in your household who will be sharing the apartment with you ever been evicted? \_\_\_ YES \_\_\_ NO

Have you/anyone in your household who will be sharing the apartment with you been evicted from federally assisted housing in the last five years? \_\_\_ YES \_\_\_ NO

Are you currently receiving tenant-based or project based assistance from HUD/USDA/or similar? \_\_\_ YES \_\_\_ NO

Will this apartment be your only residence? \_\_\_ YES \_\_\_ NO

Do you own any pets? \_\_\_ YES \_\_\_ NO If yes, what type? \_\_\_\_\_ Approx. size \_\_\_\_\_

How did you hear about our housing program? \_\_\_\_\_



These properties do not recognize any preferences except applicable income requirements to house 40% at 60% median income or lower.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living will be verified. You have the right to dispute the information reported. The facts set forth in this application are true and complete. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation and may be grounds for eviction or termination of assistance. You agree to all the above and sign this of your own free will.

**I/We understand that I/we must contact the rental office within six (6) months in order to remain on the waiting list. Failure to update will result in removal of my/our name(s) from the waiting list.**

I/We further understand that, upon acceptance of this application for tenancy, ***I/WE must provide verification of all income, all assets, and household composition, sign a Lease Agreement, and sign a Tenant Income Certification Form.***

**You, as the prospective tenant(s), agree that a complete investigation of all information on this application will not constitute invasion of privacy. I/We are aware of and extend the privilege to its representatives to obtain credit reports, current & previous landlord references, and/or character reports as necessary.**

**WARNING:** Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_ X \_\_\_\_\_  
2<sup>nd</sup> Applicant Signature Date

***Rocky Mountain Development Council, Inc. does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Physical or Mental Disability, Creed, Marital Status, Political Beliefs, Veterans' Status, Age, or Sexual Orientation, Gender Identity or Expression, or Genetic Information***

**APPLICATION REVISION DATE: 7/1/2020**

