

ROCKY MOUNTAIN FRONT PROPERTIES RENTAL APPLICATION

120 WEST MAIN AUGUSTA, MT 59410

(406)437-4411 TTY 711

ALL 8 UNITS HAVE SUBSIDY AVAILABLE
Subsidized Rent Estimate – 30% of adjusted Annual Income
One-year initial lease with all apartments.

All utilities are paid except Telephone, Internet, & Cable.

RENTAL SCREENING CRITERIA

Incomplete applications or applications with incorrect information will be denied.

- Applicant **must have** form of income to apply.
- Occupancy must be limited to no more than 3 persons per apartment
- The prospective resident must initially provide unmistakable identification. A driver's license or other Picture ID is acceptable. Valid proof of social security number 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.

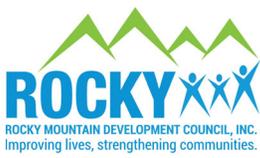
Please Note: We will run criminal, credit, and rental history background checks before offering an apartment.

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

Revised: 9/27/23

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(FOR OFFICE USE ONLY)
 APPLICATION # _____
 DATE/TIME _____
 RECEIVED _____/_____/_____

ROCKY MOUNTAIN FRONT PROPERTIES, INC.
 P.O. Box 606
 AUGUSTA, MT, 59410

PHONE: (406) 437-4411 TTY 711
 FAX: (406) 447-1680 (attention Julie)
 EMAIL: jdensmore@rmdc.net

APPLICANT NAME	SEX	SOCIAL SECURITY #	DATE OF BIRTH	CITIZEN	STUDENT
				Y/N	Y/N

PHONE NUMBER: _____

OTHER HOUSEHOLD MEMBERS

				Y/N	Y/N
				Y/N	Y/N

OPTIONAL (USED FOR REPORTING ONLY): RACE _____ ETHNICITY _____

NOTICE: *You are required to notify the Property 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.*

CURRENT ADDRESS	CITY		
		STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	FROM:		

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 _____

2ND 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 here 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 here 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

Is any member of your FAMILY subject to a lifetime sex offender registration requirement in any 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 here 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 here 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 here 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

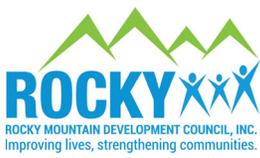
Have you/anyone in your household who will be sharing the apartment with you been evicted from federally assisted housing in the last five years? ___ YES ___ NO

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? _____



This property does not recognize any preferences except income requirements per HB-1-3560 Appendix 1 Section 3560.257.

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 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 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, Property Rules and Regulations, and a Tenant Income Certification.***

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 Agriculture.

X _____
Applicant Signature

X _____
Date

X _____
2nd Applicant Signature

X _____
Date

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APPLICATION REVISION DATE: 9/27/23

