



EAGLE MANOR RESIDENCES

715 N FEE STREET

HELENA, MT 59601

PHONE: (406) 442-0610 TTY 711 FAX: (406) 442-1146 EMAIL: lbruggeman@rmdc.net

Eagle Manor Residences consists of three separate properties connected by common space. Henceforth, they will be referred to as PEM, EM2, and EM3.

In PEM (Penkay Eagles Manor), we have studio and one-bedroom apartments. The rent is a sliding scale with a minimum and maximum rent. The rent charged is calculated based on household gross income minus out of pocket medical expenses. Currently the rent ranges are:

Studio: \$405 - \$500

One-Bedroom: \$445 - \$550

These rents include utilities (excl. phone, internet, cable). We happily accept tenant based housing vouchers in these apartments.

EM2 has project based Section 8 rental assistance on all apartments. The property consists of studio and one-bedroom apartments. Because we have project based assistance, tenant based vouchers **are not** allowed. Rent is calculated as 30% of your Monthly Adjusted Gross Income.

If your income is too high to qualify for our sliding scale apartments, we do have a limited number of "over-income" apartments available at both PEM and EM2.

In addition to rent, there is a **MANDATORY** meals program for both PEM and EM2. We do not offer exemptions from this program. Our meals program features a daily made-to-order breakfast and a mid-afternoon meal with a salad bar. We have experienced cooks and friendly servers who work hard to make meal time an enjoyable experience for our tenants!

Current Meal Charge: \$310 per person per month

**this equates to \$5.10/meal*

If you do not want the meals program or are unable to participate due to food allergies/special diet, we encourage you to apply for EM3 as this property does not currently participate in the program.

EM3 consists entirely of one-bedroom apartments. The meals program is optional, but we encourage participation by our EM3 residents! The apartments are equipped with full kitchens including a dishwasher. The current rent is \$645 which includes utilities (excl. phone, internet, cable). There are also washer/dryer hookups and sets can be leased for \$20/month. If you bring your own washer & dryer, they must be under five years old and energy star efficient. ***There is no project based subsidy available.*** Tenant based vouchers are welcome and encouraged.

Common household pets under 25lbs are allowed with a \$300 deposit for a dog or cat or a \$50 deposit for a bird. The pet deposit can be paid \$25/month until paid off. Deposits are refundable at move-out.

PLEASE KEEP IN MIND WHEN APPLYING THAT IT USUALLY TAKES FROM ONE WEEK TO ONE MONTH TO PROCESS THE PAPERWORK NECESSARY FOR A MOVE-IN. WE MOVE AS QUICKLY AS POSSIBLE, BUT MUST VERIFY ALL INCOME AND ASSETS, COLLECT LANDLORD REFERENCES, AND RUN CREDIT/CRIMINAL BACKGROUND CHECKS BEFORE WE CAN APPROVE A MOVE IN.



**EAGLE MANOR RESIDENCES
RENTAL APPLICATION**

715 N. FEE STREET HELENA, MT 59601

(406) 442-0610

TTY 711

NOT ALL APARTMENTS HAVE SUBSIDY AVAILABLE
Non-subsidized rooms pay full price.
Subsidized Rent Estimate – 30% of adjusted Annual Income
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

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

PEM & EM2 include a Mandatory Meal Program. If you do not want to participate in this program, Eagle Manor III does not have this requirement. The current monthly rate per person is \$310.00 and includes 2 meals per day.

YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THE FOLLOWING ITEMS ARE ATTACHED TO YOUR APPLICATION.

WE CAN PHOTOCOPY ITEMS FOR YOU IF NEEDED:

1. CURRENT SOCIAL SECURITY BENEFITS STATEMENT
2. DRIVER'S LICENSE OR PHOTO ID
3. SOCIAL SECURITY CARD
4. BIRTH CERTIFICATE
5. STATEMENTS FOR ALL ASSETS
 - a. CHECKING ACCOUNT: LAST 6 MONTHS OF STATEMENTS
 - b. SAVINGS ACCOUNT: MOST CURRENT STATEMENT
 - c. STATEMENTS OF ALL CD'S STOCKS, BONDS (ANY AND ALL ASSETS)

EAGLE MANOR RESIDENCES IS PROUDLY MANAGED BY ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. WE ARE MORE THAN A LANDLORD. PLEASE VISIT OUR WEBSITE WWW.RMDC.NET TO SEE ALL THAT ROCKY HAS TO OFFER!!

EAGLE MANOR RESIDENCES

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 2 persons per bedroom
- 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 is also required.
- Our apartment complex provides homes for senior citizens at least 62 years old and for persons with disabilities. You **must** meet one of these criteria to qualify for residency. Our Tenant Selection Plan allows us to give preference to the elderly.
- **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.

Rocky Mountain Development Council, Inc. does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Disability, Creed, Marital Status, Age, or Sexual Orientation

Revised: 9/10/18

EAGLE MANOR RESIDENCES: UNIT SPECIFICATION SUMMARY

Applicant Name: _____

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.)

At which property or properties are you interested in residing?

- Penkay Eagles Manor
- Eagle Manor II Residences
- Eagle Manor III Residences

What bedroom size are you willing to accept?

- Efficiency (Studio)
- One Bedroom

Please note that current residents who requested a one-bedroom when they moved into an efficiency apartment are given preference for a one-bedroom apartment before it is offered to Waiting List Applicants. Therefore, if you would prefer a one-bedroom, we encourage you to accept an efficiency unit when available and asked to be placed on our one-bedroom transfer list.

Do you require any special features in your apartment (other than a fully accessible unit)?

- 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 Section 8 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 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 HAVE LIMITED 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) 442-0610 or TTY711.

X _____
SIGNATURE

DATE

(FOR OFFICE USE ONLY)

APPLICATION # _____

DATE/TIME

RECEIVED _____ / _____

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HELENA, MT, 59601

PHONE: (406) 442-0610 TTY 711
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EMAIL: lbruggeman@rmdc.net

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

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.*

APPLICANT PHONE NUMBER			
CURRENT ADDRESS	CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	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 _____

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 very low income requirements to house 40% at 30% 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 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, sign an Owner’s Certification of Compliance with HUD’s Tenant Eligibility and Rent Procedures, HUD Form 50059 if pertinent to this particular property.**

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 _____
Applicant Signature

X _____
Date

X _____
2nd Applicant Signature

X _____
Date

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Eagle Manor Residences APPLICATION REVISION DATE: 7/17/19



APPLICATION ACKNOWLEDGEMENT

Revised Date: 10/05/18

Applicant: Please read and checkmark the next six boxes and sign below as an acknowledgement.

- The information in my original Rental Application is correct.
- I understand that I could be evicted for giving false information on the application or compliance paperwork.
- I understand a final decision on eligibility cannot be made until all verifications are complete.
- I understand Federal Laws prohibit the Site Manager from discriminating against individuals with handicaps.
- Elderly/handicap properties:** I understand that I may own a pet and will receive a copy of the Pet Rules for Federally Assisted Housing when I move in.
- I understand that this is a non-smoking facility and property and that I must go outside to designated areas to smoke. The penalties for smoking inside could lead to eviction.**

Site Manager: By checking boxes and signing below, you acknowledge each section has been completed in the Policies and Procedures Manual.

- Confirm and update all information provided on the Rental Application.
- Obtain family income, composition information and other data needed to certify eligibility. 6 months of statements for any and all assets.
- Applicants understand that they will be placed on a waiting list until a unit becomes available.
- Social security numbers have been documented.
- Applicants have been informed that a final decision on eligibility cannot be made until all verifications are complete.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF EAGLE MANOR REP.

DATE



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.