

ROCKY MOUNTAIN FRONT PROPERTIES RENTAL APPLICATION

120 WEST MAIN AUGUSTA, MT 59410

(406)562-3623 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.

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
3. SIGNED AUTHORIZATION TO RELEASE INFORMATION (PROVIDED WITH APPLICATION)
4. SIGNED WAGE MATCH NOTICE (PROVIDED WITH APPLICATION)
5. AUTHORIZATION FOR CREDIT & CRIMINAL BACKGROUND CHECK (PROVIDED WITH APPLICATION)
6. COMPLETED RURAL DEVELOPMENT CERTIFICATION QUESTIONNAIRE

RENTAL SCREENING CRITERIA

Incomplete applications or applications with incorrect information will be denied.

- Occupancy must be limited to no more than 3 persons per apartment
- 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

(FOR OFFICE USE ONLY)

APPLICATION # _____

DATE/TIME _____

RECEIVED _____ / _____

ROCKY MOUNTAIN FRONT PROPERTIES, INC.
120 MAIN STREET
AUGUSTA, MT, 59410

PHONE: (406) 462-3623 TTY 711

FAX: (406)-562-3633

EMAIL: cvanzandt@rmdc.net

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

OTHER HOUSEHOLD MEMBERS

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 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 _____ X _____
Applicant Signature Date

X _____ X _____
2nd Applicant Signature Date

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

Rocky Mountain Front Properties APPLICATION REVISION DATE: 7/1/19



AUTHORIZATION FOR INFORMATION

I/we, the undersigned, hereby authorize the State of Montana, Department of Labor to release to:

USDA-Rural Development
State Director
Rural Housing Service
PO Bix 850
Bozeman, MT 59771

Information from my wages or unemployment insurance records on file with the State of Montana, Department of Labor. I understand that this authorization will be in effect for as long as I have a Rural Development Loan and/or application, am a tenant residing in the project named below, and/or the term of assistance received from USDA-Rural Housing Services.

Print Name

Social Security Number

Signature

Date

Project: Rocky Mountain Front Properties



Rocky Mountain Front Properties, Inc.
Release of Information

Revised: 7/1/19

I, _____, consent that information on file regarding my health, safety and habilitation be shared among team members.

Team members to include:

_____ Management: (Charles VanZandt, Liz Mogstad)

_____ Subsidy Authority(ies): (USDA Rural Development)

_____ Case Manager(s): (AWARE, Center for Mental Health, Spring Meadow Resources)
Name of case manager: _____

_____ Payee _____

_____ Guardian _____

_____ Power of Attorney _____

_____ Other Emergency Contact List

Signature Date

Signature Date



Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

Borrower or Manager Signature

Date

Tenant/Applicant Signature

Date

"This institution is an equal opportunity provider."





REQUEST FOR CRIMINAL BACKGROUND INFORMATION

Last Name

First Name

Address

City

State

Zip Code

Phone #

Maiden &/or Previous Name: _____

Property Applied for: _____

Birth Date: _____ Social Security #: _____

Gross yearly income: \$ _____

States requested: _____

Email Address*: _____

**An email will be sent to you requesting authorization from you for a credit/criminal background check. Please respond to this email as soon as possible.*

Rural Development Certification Questionnaire

Apartment Number: _____ Date: _____

Applicant (Resident) Name: _____ Social Security # _____

Name(s) of dependent Children Covered by this Questionnaire: _____

A Separate Form is required for Each Adult Member (18 or older) of the Household including Household Members under the Age of 18 Who Will be designated as either the Head, Co-Head, Spouse.

INCOME- Include all income anticipated in the upcoming 12 months

1. [Yes] [No] I am self-employed or own my own business. Provide a copy of your recent Federal income Return, including Schedule C. List Nature of self-employment or business _____.
2. [Yes] [No] I am employed. Please list place of employment _____.
3. [[Yes] [No] I am employed at more than one place Please list additional places of employment _____.
4. [Yes] [No] I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return and complete Unemployed Status Affidavit.
5. [Yes] [No] I am Currently Pregnant. My estimated due date is _____.
6. [Yes] [No] Do you expect any other person(s) to join the household in the next 12 months?
7. [Yes] [No] I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my Household.
8. [Yes] [No] I receive unemployment benefits or expect to receive in the upcoming 12 months.
9. [Yes] [No] I receive Military, Veterans, GI Bill or National Guard Benefits/Pay (If yes please circle all that apply)
10. [Yes] [No] I receive Social Security Benefits.
11. [Yes] [No] I receive Supplemental Security Income (SSI) Benefits
12. [Yes] [No] I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s) _____
13. [Yes] [No] I receive disability or death benefits other than Social Security.
14. [Yes] [No] I receive Cash Public Assistance/Welfare/ Assistance or any other type of assistance from an agency that provides this type of assistance (example-TANF AFDC) Please list: _____
15. [Yes] [No] I am receiving assistance from a Housing Authority in the form of Section 8 assistance / vouchers to help with my rental payments.
16. [Yes] [No] I am entitled to receive child support payment; however, I am not receiving payments. My child support case number(s) are: _____. If you do not have a child support order or case number, please state why: _____.
17. [Yes] [No] I am currently receiving child support payments. My child support case number(s) are: _____.
18. [Yes] [No] I receive alimony / spousal support payments.
19. [Yes] [No] I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. (If YES, please circle all that apply)
20. [Yes] [No] I receive income from real or personal property
21. [Yes] [No] I am receiving other forms of income that are not listed above, If YES, please list sources _____

Assets

22. [Yes] [No] I have Checking Account(s). How Many _____ Interest Rate _____ % Value _____
23. [Yes] [No] I have saving Account(s). How Many _____ Interest Rate _____ % Value _____
24. [Yes] [No] I have Certified Deposits(CD's) How Many _____ Interest Rate _____ % Value _____
25. [Yes] [No] I have Money Market Account(s) How Many _____ Interest Rate _____ % Value _____
26. [Yes] [No] I own Stocks or Bonds How Many _____ Interest Rate _____ % Value _____
27. [Yes] [No] I have a trust. How Many _____ Interest Rate _____ % Value _____
28. [Yes] [No] I have a 401K account. How Many _____ Interest Rate _____ % Value _____
29. [Yes] [No] I have a retirement account. How Many _____ Interest Rate _____ % Value _____
30. [Yes] [No] I have money in a safety deposit box. Amount held: \$ _____
31. [Yes] [No] I own property
32. [Yes] [No] I have whole life or universal life insurance policy.
33. [Yes] [No] I hold assets for investment purpose(example- antique car, jewelry, stamp collection, ect)
34. [Yes] [No] - I have disposed of assets (gave away, sold cash or assets) for less than fair market value in the past 2 years. If YES list items and date disposed _____
35. [Yes] [No] I have access to any other asset or receive income from any other asset not listed above. If YES list type(s), how many, interest rate(s) and value(s) _____

Student Status Questions

36. [Yes] [No] I am currently a part-time or full-time student (if YES, circle which one) Where? _____
37. [Yes] [No] I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months. (if YES, circle which one)
38. [Yes] [No] There are currently minors in the household grades K-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors: _____
39. [Yes] [No] I have been a full-time student for 5 months or more of the past twelve months. (This includes recent High School Graduates).
40. [Yes] [No] I will be a full time student for 5 months or more in the upcoming 12 months
41. [Yes] [No] Are all members of the household (adults and minors) full-time students?
42. [Yes] [No] Does your Household anticipate becoming a household in which all persons (adults and minors) will be full-time students in the next 12 months?

If you answered yes to question #40, 41 or question #42, please answer the following:

43. [Yes] [No] Are you receiving assistance under Title IV of the Social Security Act which is TANF?
44. [Yes] [No] Are you enrolled in a local, state or federal job-training program?
45. [Yes] [No] Are you married and filing a joint tax return?
46. [Yes] [No] Are you a Household of a single parent and at least one child, where neither of you are claimed as dependents on another person's tax returns?
47. [Yes] [No] Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/ Resident Signature _____ Date _____

Witnessed By _____ Owner Representative/Manager Signature _____ Date _____