



**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.
APPLICATION PACKET FOR RED ALDER RESIDENCES
HELENA, MT**

PHONE: (406) 558-9342 TTY 711 FAX: (406) 422-0066 email: cbuckley@rmdc.net

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. Security deposit is \$250. One pet under 30lbs is allowed with additional \$250 Deposit. A one-year lease is

Current monthly rents*:

| | |
|---------------|------------|
| ONE BEDROOM | \$630-770 |
| TWO BEDROOM | \$795-870 |
| THREE BEDROOM | \$955-1015 |

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

There are a limited number of subsidized apartments at Red Alder. In order to be considered for these, you **MUST** apply through Helena Housing Authority at (406) 442-7970 or <https://hhamt.org>

Tenants are responsible for Electricity, Telephone, Internet, & Cable. We recommend contacting Rocky’s LIHEAP Program at (406) 447-1625 if you need assistance paying your heating bill.

**rents are subject to change*

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 TO SEE ALL THAT ROCKY HAS TO OFFER!!



RED ALDER 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 3 persons per one- bedroom or 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 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

RED ALDER 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.)

What bedroom size are you willing to accept?

- One Bedroom
- Two Bedroom
- Three Bedroom

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 required 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.

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) 558-9342 or TTY711.

X _____
SIGNATURE

DATE



(FOR OFFICE USE ONLY)

APPLICATION # _____
 DATE/TIME _____
 RECEIVED _____ / _____

RED ALDER RESIDENCES
 1549 RED ALDER LOOP
 HELENA, MT 59601

PHONE (406) 558-9342
 FAX (406) 422-0066

| 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 |
| | | | | 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: _____ 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? _____



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 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 at 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 _____
Applicant Signature

X _____
Date

X _____
2nd Applicant Signature

X _____
Date

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APPLICATION REVISION DATE: 9/27/23

