



Improving lives, strengthening communities.

Thank you for applying at River Rock Residences.

There are no subsidized apartments. If you need section 8 subsidy, please go to the Helena Housing Authority 812 Abbey St. Helena, MT 59601. PH: (406) 442-7970. Walk-in times for the public, Tuesdays @ 2 P.M. & Thursdays @ 10 A.M.

The Residents are responsible for Electricity, Telephone & Cable.

**YOUR APPLICATION WILL NOT BE ACCEPTED or
CONSIDERED COMPLETE UNLESS THE FOLLOWING ITEMS
ARE ATTCHED TO YOUR APPLICATION. WE CAN
PHOTOCOPY THEM FOR YOU IF NEED BE.**

- ❖ **Current Social Security Benefit Statement (if you receive SS)**
- ❖ **Driver's License or Photo ID**
- ❖ **Social Security Card**

(For office use only) Application # _____
Date/Time Received _____ / _____

Property Name: **River Rock Residences**
3225 Bedrock Drive
Helena, MT 59602

Phone: **406-461-9849**
Fax: **406- 4221789**
Email: **siskinner@rmdc.net**

You must be 62 or older to apply at River Rock Residences

Head of Household (Last, First, MI)	Sex	Social Security #	Date of Birth	Citizen	Non-Citizen	Student enrolled in higher education?	
						No	Yes

Other Adults	Sex	Relation to Head	Social Security #	Date of Birth	Citizen	Non-Citizen	Student enrolled in higher education

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

PRESENT ADDRESS:

Street Address	City	State/Zip Code	Phone number

How long at current address?	From:	To:

CURRENT LANDLORD:

Name	Street Address	City, State, Zip Code	Phone Number

PREVIOUS ADDRESS:

(You must fill in at least two previous addresses unless you have owned or been at the same address for more than five (5) years.)

Previous address: _____ How long at that address? _____

From _____ to _____ Name & Contact information of previous landlord. _____

2nd Previous address: _____ How long at that address? _____

From _____ to _____ Name & Contact information of previous landlord. _____

INCOME SOURCES *(All sources)*

Source (SS / Employer / Pensions)	Gross Monthly	Net Monthly
	\$	\$
	\$	\$
	\$	\$

Bank/Assets: Checking, Savings, CD's, IRA, Annuities, etc.

Name of Bank or Asset	Phone #	Type of Acct.	Approximate Balance
			\$
			\$
			\$
			\$

Do you own a house? ____ yes ____ no

Do you have a mortgage on your house? ____ yes ____ no

What is the value of your home? \$ _____

Have you had credit under any other name? Yes No If yes, what name? _____

In the last (2) years has any household member disposed of assets for less than fair market value? Yes No

Have you or anyone in your household **ever** been arrested? Yes No

If yes, what were you arrested for? _____

Have you or anyone in your household ever been convicted of **any** crime including but not limited to motor vehicle, drug or alcohol related activity, DUI? Yes No If yes, explain: _____

Do you or anyone in your household 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 or anyone in your household been convicted for the use, sale, manufacture or distribution of controlled substances? Yes No

Do you or anyone in your household currently use **illegal** drugs? Yes No

Have you or anyone in your household ever been evicted? Yes No

Have you or anyone in your household been evicted in the last five years from federally assisted housing?
 Yes No

Are you currently receiving tenant-based or project based assistance from HUD? Yes No

Will this apartment be the household's only residence? Yes No

How did you hear about our housing program? _____

This property does not recognize any preferences except very low income requirements to house 40% @ 30% medium 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 and acknowledge that the advanced screening fees (if applicable) are non-refundable.

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 income, 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.*

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.

Date: _____
Applicant Signature

Date: _____
2nd Applicant Signature

RMDC does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission or access to its program.

