



**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.
APPLICATION PACKET FOR PTARMIGAN, PHEASANT GLEN, & RIVER ROCK
HELENA, MT**

**PHONE: (406) 461-9849 TTY 711 FAX: (406) 443-0129 (PT/PG) EMAIL: sskinner@rmdc.net
(406) 422-1789 (RR)**

Rocky Mountain Development Council manages 3 properties on the north side of Helena. Ptarmigan, Pheasant Glen, and River Rock Residences are all managed by one on-site manager and will be referred to as PT, PG, and RRR respectively in this application. We are proud to provide safe, healthy homes that people in our community can afford.

Conveniently located near grocery stores, retail shopping, medical clinics, pharmacies, restaurants, schools, and banks!!

Both PTARMIGAN RESIDENCES (PT) and PHEASANT GLEN RESIDENCES (PG) consist garden-style one-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, and washer/dryer hookups in each apartment. Snow removal and lawn care services are provided. Pheasant Glen also has coin-op washer/dryers in the community room.

The rents range from \$559-\$674* 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 gas, electricity, phone, internet, and cable. A utility allowance is provided to help with the gas/electricity costs. This amount is subtracted from the gross rent. For Example:

\$559 Gross Rent - \$89 utility allowance = \$470 Net Rent

RIVER ROCK RESIDENCES (RR) consists of one and two-bedroom garden style homes for seniors ages 62 and over. Amenities include an on-site office, off street parking, solar panels, and a washer & dryer in each rental. Snow removal and lawn care services are provided.

The rents range from \$501-\$573* for a one bedroom and \$613-\$714* for a two-bedroom. Income qualifications apply, but the rent is **NOT** calculated on based on income. Tenants are responsible for electricity, phone, internet, and cable. A utility allowance is provided to help with the electricity costs. For Example:

\$501 Gross Rent - \$91 utility allowance = \$410 Net Rent (One-Bedroom)

\$613 Gross Rent - \$120 utility allowance = \$493 Net Rent (Two-Bedroom)

There is no project based subsidy available at any of these locations.

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.





**PTARMIGAN, PHEASANT GLEN, RIVER ROCK
RENTAL APPLICATION**

PG/PT OFFICE: 3440 PTARMIGAN LANE HELENA, MT 59602

(406) 461-9849 TTY 711

RR OFFICE: 3225 BEDROCK DRIVE HELENA, MT 59602

APARTMENTS DO NOT HAVE SUBSIDY AVAILABLE

If you need assistance with your rental payments, please contact Helena Housing Authority at (406) 442-7970 or visit their website: www.hhamt.org

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 Gas, Electricity, Telephone, Internet, & Cable.

A utility allowance is provided to assist with payment of gas & electricity. We also recommend contacting Rocky's LIEAP Program at (406) 447-1625 if you need assistance paying your heating bill.

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!!



PTARMIGAN, PHEASANT GLEN, RIVER ROCK

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
- 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.
- River Rock Residences provides homes for senior citizens at least 62 years old. You **must** meet this criteria to qualify for residency.
- **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

PTARMIGAN, PHEASANT GLEN, RIVER ROCK: 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?

- Ptarmigan Residences
- Pheasant Glen Residences
- River Rock Residences

What bedroom size are you willing to accept?

- One Bedroom
- Two Bedroom (RR only)

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

*****PLEASE REMEMBER THAT WE DO NOT HAVE 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) 461-9849 or TTY711.

X _____
SIGNATURE

DATE

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

PTARMIGAN RESIDENCES
3400 PTARMIGAN LANE
HELENA, MT, 59602
PHONE: 406-461-9849
FAX: 406-443-0129

PHEASANT GLEN RESIDENCES
3440 PTARMIGAN LANE
HELENA, MT 59602
PHONE: 406-461-9849
FAX: 406-443-0129

RIVER ROCK RESIDENCES
3225 BEDROCK DRIVE
HELENA, MT 59602
PHONE: 406-461-9849
FAX: 406-422-1789

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? _____



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: 7/17/19

