



910 Lynch Drive #4 Billings, MT 59105 | (406) 318-0740 | contactus@asuperiorpm.com

## RENTAL APPLICATION

All rental business conducted is in conformance with current Montana Code Annotated and does not practice or allow discrimination because of race, color, sex, religion, creed, age, handicap, disability, national origin, marital status, or family status.

Applicant # \_\_\_\_\_ to rent premises at: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_   am / pm Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Last First Initial Social Security #

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Phone Number \_\_\_\_\_ E-mail Address (Optional) \_\_\_\_\_

Picture Identification: \_\_\_\_\_  
Driver's License # State Expiration Date

### RENTAL HISTORY (Current Residence)

Current Landlord's Name \_\_\_\_\_ Current Landlord's Phone \_\_\_\_\_ Current Landlord's Address \_\_\_\_\_

Current Rental Address \_\_\_\_\_ Current Rental Amount \_\_\_\_\_ Length of Time at This Address \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

### (Previous Residences)

Previous Landlord's Name \_\_\_\_\_ Previous Landlord's Phone \_\_\_\_\_ Previous Landlord's Address \_\_\_\_\_

Previous Rental Address \_\_\_\_\_ Previous Rental Amount \_\_\_\_\_ Length of Time at This Address \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Previous Landlord's Phone \_\_\_\_\_ Previous Landlord's Address \_\_\_\_\_

Previous Rental Address \_\_\_\_\_ Previous Rental Amount \_\_\_\_\_ Length of Time at This Address \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Names, email addresses, and phone numbers of applicants (email address is optional - please print clearly):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Household Composition: List all persons (including family members) who will reside on the premises.

LEGAL NAME

OCCUPATION

<u>LEGAL NAME</u>	<u>OCCUPATION</u>

Will there be any animals on the premises?  Yes  No

NAME

AGE

SPECIES

BREED

Current on vaccinations?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list all vehicles that will be parked at the premises (other than guests):

MAKE

MODEL

YEAR

LICENSE PLATE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does anyone intending to reside at the premises smoke any substances, including e-cigarettes?  Yes  No

The following is the Smoking Policy for this premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require a housing accommodation because of a disability or other condition? If so, what accommodation is needed?

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### EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Is this a permanent position?  Yes  No

If this employment is temporary, how long will it continue? \_\_\_\_\_

Salary Earned: \_\_\_\_\_

If hourly wage, how many hours do you work each week? \_\_\_\_\_

If you are employed at more than one job and would like to have both incomes considered, please give the same information for the second job on the back of this page.

If you are not employed or you would like me to consider outside income, please explain:

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Although outside income such as child support or social security benefits are optional information to provide, I must have some source of future income provided in order to assure rent payment.

Have you ever been evicted or violated your lease?  Yes  No

If yes, please explain: \_\_\_\_\_

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### PERSONAL REFERENCES

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone
3.	_____	_____	_____
	Name	Relationship	Phone

## CREDIT REFERENCES

1.	_____	_____	_____
	Account #	Address	Phone
2.	_____	_____	_____
	Account #	Address	Phone
3.	_____	_____	_____
	Account #	Address	Phone

What utilities have you paid: Electricity  Gas  Water  Cable

Is there any reason you cannot have utility service turned on in your name?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENTS AND AUTHORIZATION FOR INFORMATION

All statements made above are true and complete and hereby authorizes verification of any and all references given.

Each applicant hereby authorizes the landlord or rental agent and their representatives to contact any persons, agencies, corporations, employers, offices, groups, or organizations to obtain any information or material which is deemed necessary to verify the information and rental history pertaining to this application.

Each applicant agrees that all adults who may reside on the premises will be jointly-severally liable for all rent and damage incurred during the term of occupancy.

A credit check may be done and is not subject to refund in the event the applicant is not approved.

In the event the application is approved and the applicant desire to rent the premises, each applicant agrees to fill out, sign, and abide by the rental agreement and fill out and sign the condition of premise form.

Each applicant/tenant hereby authorizes the landlord or rental agent and their representatives to contact any law enforcement official and demand immediate notification and information pertaining to any activities taking place on the landlord's premises or adjacent properties.

**FRAUD - Withholding information from this Agency OR providing false information to this Agency.**

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this Agency, the resident will be charged with back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_