

Fox Meadows Apartments

2901 Monad Road Billings, Montana 59102 Phone: 406.651.4353 Fax: 406.651.5224

Rental Application

Applicants Name: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Business Hours:
Monday– Friday: 8:30-5:30
Saturday: 10-3

Please return your application to our office during business hours or via fax at the number listed above.

Instructions for Head of Household

The individual applying as Head of Household will complete and sign the Rental Application. Each additional adult who will live in the apartment must also sign the Rental Application, and must complete all applicable verification forms.

Please print all information using ink. Do not leave any sections blank. If a section does not apply to your household, enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.

It is important that all information on the Rental Application be legible, complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.

As long as your application is on file with us, it is your responsibility to contact us whenever any of the information in the Rental Application (i.e. your address, telephone number, income situation, or family size) changes. Failure to do so may result in your Rental Application being rejected.

Forms for requesting reasonable accommodations and modifications are available in the office upon request.

Household Information

List all household members (including yourself) that are applying to live in this apartment.

Name <small>First, Middle Initial, Last</small>	Aliases <small>Maiden/other legal names</small>	Relationship to Head of Household	M/F	Date of Birth	Age	Drivers License Number/State	Social Security Number
		Self					

Office Use Only: App Fee Paid _____ Amount _____ Check / Cash / Credit (Check #) _____

Select the apartment size(s) you are applying for:

_____ Studio/Efficiency (1-2 persons)

_____ 2 Bedroom (1- 4 persons)

_____ 1 Bedroom (1-2 persons)

_____ 3 Bedroom (1-6 persons)

Yes No

Is there anyone living with you now who won't be living with you at this property?

Explanation: _____

Are there any absent household members who under normal conditions would live with you?

Explanation: _____

Do you or any household member plan on keeping a pet(s) with you?

Breed & Size (Weight): _____

Are you or any household member a friend or relative of an employee of this property?

Explanation: _____

Do you or any household member have special housing needs?

Explanation: _____

Have you or any member of your household ever had your tenancy terminated for fraud, drug-related or other criminal activity or non-payment of rent?

Explanation: _____

Have you or any member of your household ever been evicted from rental housing or asked to vacate an apartment or home?

Explanation: _____

Have you or any household member been convicted of a felony?

If yes, when? _____

Have you or any household member been convicted of a drug related offense?

Explanation: _____

Are you or any household member currently using, selling, distributing or in possession of an illegal drug or drug paraphernalia?

Explanation: _____

Are you or any household member subject to lifetime registration requirements under a State Sex Offender Registration program or are facing charger for or have you been convicted of a sex offense?

Explanation: _____

Have you or any household member been convicted of any crime involving drugs, violence, theft, or fraud?

Explanation: _____

Rental History

In order to verify your household's rental history, we require that you provide us with detailed information regarding where each adult member of the household has lived over the past 5 (five) years. Please enter the information requested for each adult member of the applicant household, including the current address(es) and the last 5 (five) year's worth of history. If you or any other adult member of the household owned a home or lived with family or someone else, list those locations. Include addresses where you were not listed on the lease or where you lived under a different name. Additional Rental History Sheets are available upon request.

Landlord/Mortgage Co.

Your Address

Other Information

Name: _____

Address: _____

Phone: _____

Fax: _____

Own From: _____

Rent To: _____

Rent Rate \$ _____ Per month

Reason for Moving: _____

Security Deposit Refunded in Full? Y N

Name: _____

Address: _____

Phone: _____

Fax: _____

Own From: _____

Rent To: _____

Rent Rate \$ _____ Per month

Reason for Moving: _____

Security Deposit Refunded in Full? Y N

Name: _____

Address: _____

Phone: _____

Fax: _____

Own From: _____

Rent To: _____

Rent Rate \$ _____ Per month

Reason for Moving: _____

Security Deposit Refunded in Full? Y N

Name: _____

Address: _____

Phone: _____

Fax: _____

Own From: _____

Rent To: _____

Rent Rate \$ _____ Per month

Reason for Moving: _____

Security Deposit Refunded in Full? Y N

How did you hear about this property? _____

Employment Information

Note: You are only required to report income you want us to consider when determining your ability to pay the monthly rent. We will require 3rd party confirmation of all reported income.

Household Member: _____ Position/Title: _____

Dates of Employment: _____ Current Employer: _____

Employers Address: _____

Employer's Phone #: _____ Employer's Fax #: _____

Current Wages: \$ _____ (circle one) per hour / week / bi-weekly / month / year

Average Hours Worked Per Week: _____ Average tips per week: _____

Household Member: _____ Position/Title: _____

Dates of Employment: _____ Current Employer: _____

Employers Address: _____

Employer's Phone #: _____ Employer's Fax #: _____

Current Wages: \$ _____ (circle one) per hour / week / bi-weekly / month / year

Average Hours Worked Per Week: _____ Average tips per week: _____

Household Member: _____ Position/Title: _____

Dates of Employment: _____ Current Employer: _____

Employers Address: _____

Employer's Phone #: _____ Employer's Fax #: _____

Current Wages: \$ _____ (circle one) per hour / week / bi-weekly / month / year

Average Hours Worked Per Week: _____ Average tips per week: _____

Asset Information

Note: You are only required to report assets if you want us to consider them determining your ability to pay the monthly rent. We will require 3rd party confirmation of all reported assets.

Please check here if you do not want us to consider assets:

Household Member: _____ Account #: _____

Asset Type: _____ Cash Value of Asset: \$ _____

Location: _____ Phone # of Institution: _____

Fax # of Institution: _____

Household Member: _____ Account #: _____

Asset Type: _____ Cash Value of Asset: \$ _____

Location: _____ Phone # of Institution: _____

Fax # of Institution: _____

Statements by all Household Members

I certify that all information given in this Rental Application and any and all attachments is true, complete and accurate to the best of my knowledge. I understand that management is relying on this information to verify my household's eligibility and that providing false information or making false statements may be grounds for denial of my application or termination of tenancy.

I authorize site personnel to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit and criminal background services, and to contact previous and current landlords, employers and financial institutions for credit, income and other verification confirmations.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move-in occurs. I also certify that there are no other persons for whom I expect to provide housing. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing regarding any changes in household address, telephone numbers and household compensation.

I have read, and understand the information in this Rental Application, in particular the information contained in the instructions for Head of Household, and I agree to comply with such information. I have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me upon request.

I authorize access to our credit file as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d) for the purpose of renting residential housing. I understand the purpose of this report is to seek information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, former addresses and mode of living. I acknowledge that if there is any question regarding the information obtained during this process, it is not the responsibility of management to correct any information listed on the credit file reported.

I authorize the reporting bureaus in the United States to release all criminal convictions to management for the purpose of verifying my eligibility under the Resident Selection Plan. I acknowledge that if there is any question regarding the information obtained during this process, it is not the responsibility of management to correct any information listed on the criminal conviction report.

In order to reserve an apartment, a holding deposit of \$100.00 is required at the time the application is turned in. If you get denied for any reason or change your mind within 3 (three) days, this deposit will be refunded to you. After 3 (three) days, this deposit will be applied toward your move-in and is not refundable if you cancel.

Please initial here indicating you have read and understand the above statement concerning holding deposits:

Signature- Household Member

Date

Signature- Household Member

Date

Signature- Household Member

Date

Signature- Household Member

Date

Employment Verification

This section to be completed by management and executed by resident.

To: (Name & Address of Employer)

Date: _____

Re: _____

Social Security #: _____

Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank.

I hereby authorize the release of the requested information. Information obtained is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate form, attached to a copy of this consent.

Signature: _____

Date: _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent



Return To:

Fox Meadows Apartments
2901 Monad Road #1
Billings, Montana 59102
Ph: 406.651.4353
Fax: 406.651.5224

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes No Date First Employed: _____ Last Day of Employment: _____

Current Wages/Salary: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / yearly / other: _____

Average # of regular hours per week: _____ YTD Earnings: \$ _____ through ___/___/_____

Overtime Rate: \$ _____ per hour Average # of OT hours/week: _____

Shift Differential Rate: \$ _____ per hour Average # of Shift Differential hours/week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / year / other: _____

List any anticipated change in the employee's rate of pay in the next 12 months: _____ Effective: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name & Address

Phone Number

Fax Number

Email

PENALTIES FOR MISUSING THE CONSENT: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f),(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

Landlord Reference Letter

Landlord Name: _____
Mailing Address: _____

City, State, Zip: _____
Phone Number: _____
Fax Number: _____

Please Return To:
Fox Meadows Apartments
2901 Monad Road #1
Billings, Montana 59102
Ph: 406.651.4353
Fax: 406.651.5224

I have applied for housing with Fox Meadows Apartments. This property is managed by Fox Properties Management, LLC, and a written reference from former landlords is required. Please provide the following information to the above address and/or fax to the number shown within 10 days. Thank you.

Applicant's Name (print)

Social Security Number

Applicant's Signature

Date

APPLICANT – STOP HERE & RETURN THIS FORM TO: Fox Meadows Apartments

Landlord – Please complete the following information.

(This information is for office use only and will not be released to the applicant)

Are you a relative or friend of the applicant? _____ If yes, please describe the relationship: _____

Current Landlord Amount of monthly rent: \$ _____ Utilities Included: Yes No

Previous Landlord Dates of Tenancy: from _____ to _____

Was this individual listed on the Lease?: Yes No Was the lease term fulfilled? Yes No

Yes No Was the rent paid on time? If no, how many times was it late? _____

Is there an outstanding balance? _____
If Yes, what was the balance? \$ _____ Have payment terms been met? _____

Did the household keep the unit in a clean, safe and sanitary condition, including upon move-out? If no, describe the unsatisfactory conditions: _____

Did the individual/household or their guests alter, damage or vandalize the unit or common areas or create physical hazards to others or the property? If yes, describe: _____

Did any member of the household or a guest, display any social conduct that disrupted other residents, staff members or others? If yes, describe: _____

Has this individual/household received any lease violation notices while living at your property? If yes, please explain: _____

Did the individual/household permit persons other than those listed on the lease to live in the unit (other than as a registered guest)? _____

Landlord Reference Letter Continued

Yes No

Did the individual/household have a pet? If yes, what kind? _____

If yes, was the pet authorized by the terms of Lease? Yes No

To your knowledge, did the household ever have their assistance or tenancy terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process, or was any member of the household asked to vacate an apartment or home? _____

To your knowledge, has any household member ever been convicted of a felony, drug related offense, violent act, theft, fraud or are they subject to lifetime registration requirements under a State Sex Offender Registration program? If yes, explain: _____

To your knowledge, is any household member currently using, selling, distributing or in possession of an illegal drug or drug paraphernalia? _____

Has any household member give you any false information: If yes, please explain: _____

Would you rent to this individual again? Yes No

Do you recommend this individual/household to us as a future resident? _____

Other comments: _____

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department Agency of the US to any matter with its jurisdiction.

Landlord Signature

Date

Landlord Phone

**Thank you for your cooperation in completing this information.
Please return it to our office via the fax number found on the first page, as soon as possible!**

