



RENTAL APPLICATION
(PLEASE PRINT)

1. Date of application: _____
2. Address of home desired: _____
3. Price range of accommodations desired: _____
4. Do you: have a Waterbed____, Piano/Organ____, Smoke____, Pets____ (if YES
5. complete Pet Profile). Note increased 'pet' rent and damage deposit may apply.

6.

7.

PERSONAL INFORMATION

8.

9. Applicant's full name: _____

10. Are you known by any other name(s)? If so, please list _____

11. _____

12. Date of Birth: _____

13. Social Security Number: _____

14. Telephone Number: _____

15. Names of persons other than the above applicant who will be residing in the unit:

16. _____

17. _____

18. Have you or any member of your household ever been convicted of or pleaded

19. guilty or "no contest" to a felony? Yes___ No___

20. Have you or any member of your household ever been convicted of or pleaded

21. guilty or "no contest" to a misdemeanor involving sexual misconduct? Yes___ No___

22. If Yes, please describe: _____

23. Are you required to register as a sexual or violent offender? Yes___ No___

24.

25.

RESIDENCE HISTORY

26.

27. We require two (2) rental references or two (2) full years of rental history,

28. whichever is greater:

29. Please list your actual landlord or property manager, NOT ROOMMATES

30. Present address: _____

31. How long there? From _____ To _____ Amount of rent: _____

32. Present landlord: _____ Phone/Cell: _____

33. Reason for leaving: _____

34. Previous address: _____

35. How long there? From _____ To _____ Amount of rent: _____

36. Previous landlord: _____ Phone/Cell: _____

37. Reason for leaving: _____

38. Please account for any 'gaps' in this rental history: _____
39. _____
40. Is there any reason you cannot have the utilities turned on in your own name?Y/N
41. If yes, please explain: _____
42. _____

43. **PERSONAL REFERENCES**

44. _____
45.

Name	How Long	Address	Phone/Cell
46. 1.	_____	_____	_____
47. 2.	_____	_____	_____
48. 3.	_____	_____	_____

49. List all verifiable sources of income you wish to have considered in the evaluation
50. of your application:

51.

Source	\$per week/mo	Verification	Phone/Cell
52. 1.	_____	_____	_____
53. 2.	_____	_____	_____
54. 3.	_____	_____	_____

55. _____
56. **CREDIT REFERENCES**

57. _____
58.

Reference	Account#	Address	Phone/Cell
59. 1.	_____	_____	_____
60. 2.	_____	_____	_____
61. 3.	_____	_____	_____

62. Checking Acct# _____ Bank _____
63. Savings Acct# _____ Bank _____

64. _____
65. **AUTOMOBILE(S)**

66.

Make/Model	Year	State/License#
67. 1.	_____	_____
68. 2.	_____	_____

69. _____
70. **EMERGENCY CONTACT INFORMATION**

71. Name: _____
72. Address: _____
73. Phone: _____
74. _____
75. Name: _____
76. Address: _____
77. Phone: _____
78. _____

EMPLOYMENT

- 79.
- 80.
- 81. Current employer: _____
- 82. Address: _____
- 83. City: _____ Phone: _____
- 84. Human Resource Contact person: _____ or
- 85. Supervisors name: _____
- 86. Years of employment: _____ Wage: _____ /hr/mo/yr
- 87.
- 88.
- 89. I expect to reside on this premises: _____6mo or less _____1yr _____2yr or more
- 90.
- 91. I hereby verify that I am 18 years old or older, or otherwise competent to enter
- 92. into a binding contract.
- 93.
- 94. I hereby authorize the landlord, his agents, or staff to contact any persons,
- 95. corporations, employers, agencies, offices, groups or organizations to obtain any
- 96. information, credit report or material which is deemed necessary to verify the
- 97. information and statements in the application.
- 100.
- 101. In the event the application is approved and I desire to rent the premises, I agree
- 102. to fill out and sign the rental agreement and condition of premises.
- 103.
- 104. I acknowledge payment of \$35.00 as a non-refundable fee for the purpose of
- 105. processing this application.
- 106.
- 107. Please attach a legible photo copy of your Montana State Driver’s License.
- 108. The statements above are true and correct.
- 109.
- 110. SIGNATURE: _____ DATE: _____

PLEASE NOTE: Properties managed by Above and Beyond Home & Property Management, LLC. do not allow for smoking, growing, or dispensing of marijuana (cannabis, hemp, hashish, etc) products. These activities are prohibited and subject to immediate eviction and possible legal action.

Our goal is to process your application within 72 hours. To attain that goal, the above information must be provided in its entirety. Use this check list:

- _____ read through the entire application
- _____ include copies of most recent bank statements with acct number and balance
- _____ include verification of income, pay stub, Trust fund, SSI, Financial Aid, etc.
- _____ include a copy of your valid vehicle registration
- _____ include a copy of your valid driver’s license or proof of ID

9/23/11