

**RENTAL APPLICATION
(PLEASE PRINT)**



1 Date of this application: _____
2 Type and size of Apartment desired: _____
3 Price range of residence desired: _____ Desired date of occupancy: _____
4 Do you have a waterbed? _____ Piano/organ? _____ Smoke? _____
5 Do you have pets? _____ If YES, complete Pet Profile.
6
7

PERSONAL INFORMATION

8
9 Applicant's full name: _____
10 Are you been known by any other names? If so, please indicate: _____
11 _____
12 Date of Birth: _____
13 Social Security No: _____
14 Telephone No: _____
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 guilty or "no
19 contest" to a felony? Yes ___ No ___
20 Have you or any member of your household ever been convicted of or pleaded guilty or "no
21 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

RESIDENCE HISTORY

25
26
27 We require two (2) rental references or two (2) full years of rental history, whichever is greater.
28 Please list your actual landlord or property manager, NOT ROOMMATES.
29 Present Address: _____
30 How long there?: From _____ To _____ Amount of rent: _____
31 Present Landlord: _____ Phone/Cell: _____
32 Reason for leaving: _____
33 Previous Address: _____
34 How long there?: From _____ To _____ Amount of rent: _____
35 Previous Landlord: _____ Phone/Cell: _____
36 Reason for leaving: _____
37 Please account for any "gaps" in this rental history: _____
38
39 Is there any reason you cannot have the utilities turned on in your name? _____ If yes,
40 please explain: _____
41 _____
42

PERSONAL REFERENCES (No relatives)

43
44
45

Name	How long	Address	Phone/Cell #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

48

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Untitled

Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

49 LIST ALL VERIFIABLE SOURCES OF INCOME YOU WISH TO HAVE CONSIDERED IN THE
50 EVALUATION OF YOUR APPLICATION:

51
52 Source \$ per month/week Verification phone/cell#
53 1. _____
54 2. _____
55 3. _____

65
66 AUTOMOBILE(S):
67 Make/Model Year State/License #
68 1. _____
69 2. _____
70

71 EMERGENCY CONTACT INFORMATION:

72 Name: _____
73 Address: _____
74 Phone: _____ Relationship: _____
75
77 Name: _____
78 Address: _____
79 Phone: _____ Relationship: _____
80

81 I expect to reside on the premises: ___ 6 months or less ___ 1 year ___ 2 years or more.

82 The statements above are true and correct.

83 I hereby verify that I am 18 years or older, or otherwise competent to enter into a binding rental
84 contract and I understand that I will be fully responsible for the terms of the rental contract.

85 I hereby authorize the landlord, his agent or staff to contact any persons, corporations,
86 employers, agencies, offices, groups or organizations to obtain any information, credit report or
87 material which is deemed necessary to verify the information and statements in the application.

88 In the event the application is approved and I desire to rent the premises, I agree to fill out and
89 sign the rental agreement and the condition of premises.

90
91
92 SIGNATURE: _____ DATE: _____

NOTE: Unless otherwise expressly stated the term "Days" means calendar days and not business days. Business days are defined as all days except Sundays and holidays. Any performance which is required to be completed on a Saturday, Sunday or a holiday can be performed on the next business day.

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