300 N 25 th St, Billings // TENANT APPLICATION FORM

Property Information

		Rent \$	Deposit \$
Proposed Occupants			
Applicant's Full Name (Last, Middle Initial) Jr/Sr	First, Date of Birth	Social Secu	rity No. Driver's License No.
Phone # (Home)	Phone # (Wo	ork) E-mail:	
Dependants:			
Name of Co-Applicants (Se	eparate Application rec	uired for each Co-Appl	cant)
(Last, First, Middle Initial)	(Last, First, Mid		Last, First, Middle Initial)
Applicant History			
Applicant's Present Address	(City, State, Zip)		Dates: From – To
Monthly Payment \$	[]Rent[]	Own	[]Apartment [] House
Prior Landlord's Name:	Address	City	Zip Phone #
FICO Score			
Applicant's Prior Address (C	ity, State, Zip)		Dates: From – To
Monthly Payment \$	[]Rent[]	Own	[]Apartment [] House
Prior Landlord's Name:	Address	City	Zip Phone #
Employment			
Current Employer (if self-emp	oloyed, name of business	s) Business Address	
Position	Type of Business	Dates: From – To	Monthly Income
Supervisor	Supervisor Phone	Other Income \$	Source:

Prior Employer (if s	self-employed, na	me of business) I	Business Address	;		
Position	Type o	of Business	Dates: From	m – To	Monthly Income	
Supervisor	Superv	visor Phone	Other Incon	Other Income Sour		
Financial Info	1		1			
Checking: Bank &	Branch (Include (City/State)		Account No.		
Savings: Bank & E	Branch (Include C	city/State)		Account No.		
Have you ever filed bankruptcy [] yes		County/State who	ere filed	What year?		
Have you or any pr	roposed occupant	ever:				
Been convicted of	a felony? [] yes	[]no Describe:				
Been evicted from	a rental? [] yes	[]no Describe:				
Defaulted on a leas	se? []yes	[]no Describe:				
Personal Info						
In case of emerger	ncy, please notify:	(local name, add	dress & phone nur	mber)	Relationship	
Auto Make	Model	Year	License No.		State	
Consent to Veri	fication of Cr	odit and Othe	or Information			
I warrant, to the rue, accurate, convided by me disapproval of m	best of my kno omplete and co is determined	owledge, all of to orrect as of the d to be false,	the information e date of this <i>A</i> such false st	Application. If atement will	any information be grounds for	
Applicant's Signa	ıture:			Date:		

PLEASE READ CAREFULLY

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION.

- I, the undersigned, in consideration of my application to rent an apartment at the Terrace Apartments, do agree:
- 1. All the information provided by me on my Tenant Application is true and accurate to the best of my knowledge.
- 2. I hereby authorize 300 North 25th LLC, and its agents, credit agencies and investigators to verify the information furnished on my Tenant Application, and to contact all references given. I authorize release of any criminal history record information pertaining to me which may be in the files of the Federal, State, or Local Criminal justice agency in Montana or in any other State. I further hereby authorize any investigate service(s) hired by 300 North 25th LLC, and any other of their agents, representatives, and designated personnel, to disclose orally or in writing, the results of their investigation and verification processed and/or interviews to the designated authorized representative of 300 North 25th LLC.
- 4. I hereby release all persons, schools, and current and former co-employees and employers, personal references, and other organizations and Federal and State Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of 300 North 25th LLC and its Clients.
- 5. I have read and understood this authorization and consent. I do hereby agree to forever release discharge and indemnify 300 North 25th LLC and any investigative service(s) hired by 300 North 25th LLC, and any of their agents, representatives, and designated personnel to the full intent permitted by law from any claims, damages, losses, liabilities, costs, and

and reporting of any information	on covered by the	nis authorization and consent.	
Dated this day of			
Prospective Tenant/Applicant:_	(Please Prin	t)	
Signature of Applicant:	·	S.S.#:	
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Decree of the October 1997			
Prospective Co-Tenant/Applica	ant:(Pleas	se Print)	
Signature of Co-Applicant:		S.S.#:	
Address:			
City:	State:	Zip:	
Home Phone:		Work Phone:	
300 North 25th LLC			

expenses, or any other charge or complaint filed with any agency arising from the retrieving