



# RENTAL APPLICATION, PART 1 OF 2 (One Per Premises)

Landlord: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

All rental business conducted is in conformance with current Montana Code Annotated, FAIR Housing, Americans with Disabilities Act and does not practice or allow discrimination based upon race, color, sex, religion, creed, age, handicap, disability, national origin, marital status, or family status.

Address of premises \_\_\_\_\_

### We Require:

- That each person to reside in the premises be listed on this application.
- That each person of legal age (18 years or older) on this application complete an individual application.
- That each person of legal age (18 years or older) who will reside on the premises sign the rental agreement/term lease agreement and accept responsibility for the terms of the agreement.

We may require a non-refundable credit check fee from any or all applicants

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

Name	Phone #	E-mail Address
1. _____		
2. _____		
3. _____		
4. _____		

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

LEGAL NAME

OCCUPATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landlord Initials \_\_\_\_\_

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Tenant Initials \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does anyone intending to reside at the premises require a housing accommodation because of a disability or other condition? If so, what accommodation is needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be any animals on the premises?      Yes      No

	<u>NAME</u>	<u>AGE</u>	<u>BREED</u>	<u>LICENSE #</u>	<u>Current on vaccinations?</u>	
1.	_____				Yes	No
2.	_____				Yes	No
3.	_____				Yes	No
4.	_____				Yes	No

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

	<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Landlord Initials \_\_\_\_\_

Tenant Initials \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_