

# APPLICATION TO RENT

ROBERT & JENNIFER BRADEN  
 2926 LEWIS AVENUE  
 BILLINGS, MT 59102  
 Onsite Agent: Jean McKinnon  
 406-969-2246

Each Adult **MUST** Complete a Separate Application Form.

**FILL OUT ENTIRE FORM**

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVERS LICENSE NO.	STATE	EMAIL ADDRESS
HOME/CELL NUMBER			
1. PRESENT HOME ADDRESS		CITY	STATE ZIP CODE
LENGTH OF TIME	REASON FOR MOVING	LANDLORD NAME	LANDLORD PHONE NO. ( )
2. PREVIOUS HOME ADDRESS		CITY	STATE ZIP CODE
LENGTH OF TIME	REASON FOR MOVING	LANDLORD NAME	LANDLORD PHONE NO. ( )
Have you ever been evicted or asked to move? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## PROPOSED OCCUPANT(S)

LIST <b>EACH AND EVERY</b> PERSON WHO WILL <b>OCCUPY</b> THE PREMISES: PLEASE PRINT	NAME	AGE ( )	NAME	AGE ( )
	NAME	AGE ( )	NAME	AGE ( )

**NO PETS**

**NO WATERBEDS**

**NO SMOKING or VAPING**

## EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation	How long with this Employer?	Phone Number ( )	Employer Name	Employer Address
Name of your Supervisor				
Prior Occupation	How long with this Employer?	Phone Number ( )	Employer Name	Employer Address
Name of your Supervisor				
Current Gross Income: \$ PER	<input type="checkbox"/> Weekly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	Name of your Bank		Branch or Address
				Account No.
				<input type="checkbox"/> Ckg <input type="checkbox"/> Svgs

PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS (If More Creditors - use additional sheet of paper)

NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MONTHLY PAYMENT AMT
		( )	
		( )	
		( )	
		( )	

Have you ever filed for bankruptcy?  Yes  No If Yes, Date Bk Filed and describe:


**EMERGENCY/PERSONAL REFERENCE INFORMATION**

NAME	ADDRESS	PHONE	RELATIONSHIP

**List ALL Automobiles and any other Vechiles:**

Make	Model	Year	License#
1.			
2.			
3. Motorcycles/Other Vehicle			

**APPLICANT AUTHORIZATION**

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES LANDLORD OR AGENT TO VERIFY THE ABOVE ITEMS INCLUDING, BUT NOT LIMITED TO, THE OBTAINING OF A CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL CREDIT REFERENCES UPON REQUEST.

The undersigned makes application to rent housing accomodations designated at:

Address of: \_ 1211 1st ST West

City/State: **BILLINGS, MT 59101**

the rental for which is \$\_\_\_ \$1,550.00 per **Mo.** and upon approval of this application, agrees

sign a rental or lease agreement and to pay all sums due, including required deposits, before occupancy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant