

APPLICATION TO RENT

ROBERT & JENNIFER BRADEN
 2926 LEWIS AVENUE
 BILLINGS, MT 59102
jenngerrells@gmail.com

Each Individual Occupant Who is Responsible for Rent Payment

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	
PHONE 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?		___ YES		___ NO	

PROPOSED OCCUPANT(S)

LIST RED AND EVERY PERSON WHO WILL OCCUPY THE PREMISES: PLEASE PRINT	NAME	AGE ()	NAME	AGE ()
	NAME	AGE ()	NAME	AGE ()
	NAME	AGE ()	NAME	AGE ()

NO PETS **NO WATERBEDS** **NO SMOKING or Vaping in Apartment**

EMPLOYMENT/FINANCIAL INFORMATION

Present Occupation	Employer Name
How long with this Employer?	Phone Number (406)
Employer Address	Name of your Supervisor
Prior Occupation	Employer Name
How long with this Employer?	Phone Number ()
Employer Address	Name of your Supervisor
Current Gross Income: ___ Weekly ___ Annual \$ PER ___ Monthly	Name of your Bank Branch or Address Account No. ___ Ckg ___ 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

	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: **1207 1st ST West**

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

the rental for which is \$ **\$1,750.00** 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