

METRO PROPERTY MANAGEMENT



Website: rentalsbymetro.com



PROCESSING DISCLOSURE, POLICIES AND APPLICATION TO RENT/LEASE

Our company will be processing your application based upon the following information:

Our company acts on behalf of the owners of the property you are viewing. Please review the unit and property carefully. If you have questions regarding the unit, the condition of the unit, your maintenance and yard work responsibilities, or other questions, please ask them **before** filling out an application.

EVERY PERSON 18 YEARS AND OVER MUST FILL OUT AN APPLICATION.

Processing consists of :

- 1. You-(every person of legal age '18' and over) Completing an application thoroughly.
- 2. You-Providing a copy of your picture ID-we can copy it for you.
- 3. You-Paying a processing fee of **\$30**—nonrefundable.

This application does NOT Apply to Oullette Place. Please contact us for correct application. Thank you.

Our company will:

Cash or Money Order Only

- 1. Pull and review your credit report.
- 2. Check for criminal history.
- 3. Check the sexual offender's list.
- 4. Verify income to meet financial obligations to the rental unit and normal expenses.
- 5. Verify rental references from information you provide.
- 6. Report to you regarding approval or disapproval of application when processing is complete.
- 7. If approved-we will expect you to pay the security deposit and fill out paperwork immediately.

A UNIT IS STILL AVAILABLE TO OTHERS UNTIL SECURITY DEPOSIT IS PAID AND PAPERWORK IS COMPLETED.

Each application must be completely filled out; \$30 fee paid, and accompanied with a picture ID to our office-BEFORE any processing will begin.

MOBILE HOME OWNERS RENTING LOTS MUST BE ABLE TO PROVIDE COPIES OF OWNERSHIP TITLE, LEGAL IDENTIFICATION NUMBERS AND INFORMATION.

We look forward to helping you find a new home!

PLEASE CIRCLE THE OFFICE BELOW THAT YOU WILL BE DEALING WITH:

2116 Broadwater Ave. Suite 101 Billings, MT 59102 406-655-4244 Fax 406-655-4275	6701 HOLLISTER P.O. BOX 1080 Colstrip, MT 59323 406-748-3016 FAX 406-748-3096	224 W. Main St, Ste 512 Lewistown, MT 59457 406-538-3191 FAX 406-535-5412
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HOW DID YOU HEAR ABOUT US? FRIEND NEWSPAPER YELLOW PAGES
INTERNET OTHER _____

X _____
Applicants signature indicates acceptance of these procedures Date

X _____
CO-SIGNER signature indicates acceptance of these procedures Date

APPLICANTS NAME: _____

CO-SIGNERS NAME; _____

PROPERTY ADDRESS APPLIED FOR: _____

This application consists of 7 pages. All forms must be filled out completely and a fee of **\$30.00 PER PERSON** must be received before any client will be considered for a property managed by Metro Property Management. Your application fee will be used to cover the costs of processing this application and to cover the cost of your credit report and is **NOT REFUNDABLE.** **Cash or Money Order Only**

A PHOTO ID OF ALL APPLICANTS IS REQUIRED.

REQUIREMENTS CONSIDERED FOR APPROVAL:

1. **Income-** Individual or combined income must be Three times the rental amount due per month.
2. **Verifiable Good Credit-** Credit reports are obtained on all adults living in the rental unit and all adults are required to fill out an application form. **It is your responsibility to provide names and phone numbers of landlords and creditors.**
3. **Good Rental History-** We will contact your two rental references given on the application. **If you do not provide names and phone numbers, your application will not be processed and, therefore, will not be approved.**
4. **Pet References/Deposits-** all applicants must disclose pets they intend to have in the home and it will be verified with your previous landlords. You must also understand, the property owners that we represent require a larger security deposit to be paid. The amount is set by the owner and cannot be waived. Some properties do not allow pets.
5. **Complete Application-** If all of the application pages are not filled out completely, it can result in the application being denied or not processed. If a question does not apply to you, please mark "NA" on the appropriate line. Co-signers must complete a separate application to be processed.
6. **Yard Work & Home Maintenance Responsibility** – If you are applying for a unit with yard work required done by tenants, you **MUST** take care of the yard as required. **Ask about your responsibilities before applying.**

If you do not have credit and/or rental references, you may choose to obtain a qualified co-signer to help you obtain a rental unit. The co-signer must apply, read and sign all pages of the application and understand that he/she will be responsible completely with you for all aspects of the rental unit. If you have questions, please contact us.

We will attempt to process all applications within 24 hours Monday - Friday.

All rental units are on a first approved basis and will not be held pending application approval. Once approved, you will be contacted to come in and sign the lease and pay the security deposit to hold the unit until availability. A unit is still on the rental market until deposit is paid and paperwork signed.

Upon move-in

- You will be required to pay the first month's rent.
- The security deposit must be paid in full before moving in.
- All utilities you are responsible for must be put in your name prior to obtaining keys to your unit.
- After signing a lease you are liable to report to us within 48 hours of any changes in phone numbers and/or employment status.

I have read and understand page two of this application: _____

Applicant or Co-Signer Signature

Date

APPLICANTS NAME _____ DATE _____
LAST FIRST MI

CO-SIGNERS NAME _____ DATE _____
LAST FIRST MI

FILL OUT FOR THE PERSON BEING SCREENED ON THIS APPLICATION FROM HERE TO THE END OF THE APPLICATION

APPLICANT OR CO-SIGNERS CURRENT ADDRESS: _____
Please include physical address AND, mailing address, City, State and Zip

DATE OF BIRTH: _____ SSN# _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

PRESENT EMPLOYER: _____ How long : ____ Supervisor Name: _____

Employer's Address: _____ Work Phone #: _____

Do you work full or part time (circle one) Occupation: _____ Hours per week worked: _____

How often are you paid: _____ What is your GROSS Income per month: _____ PER HR _____

OTHER SOURCES OF INCOME _____ AMOUNT _____ How often paid: _____

Do you have any government rental assistance or other assistance? _____ What agency? _____
(i.e. section 8, TANF, food stamps, recurring gifts, tribal funds)

Have you ever filed bankruptcy? Yes No Have you ever been evicted? Yes No
If yes to either answer: When _____ Why: _____

Are there any judgments/collections against you? Yes No **If YES**, list specifics of judgments and collections: _____

CREDIT REFERENCES: _____

Names of ALL adults that will be residing in the rental unit (include yourself): _____

Names of ALL children/minors that will be residing in the rental unit: _____

HOW MANY PETS DO YOU HAVE? ____ WHAT KIND? (I.E.SIZE/BREED) _____
Pets include fish, birds, dogs, cats, or any caged or tanked animal, fowl, reptile, etc. _____

HOW MANY PETS DOES YOUR SPOUSE/ROOMMATES HAVE? ____ WHAT KIND? (I.E.SIZE/BREED) _____
Pets include fish, birds, dogs, cats, or any caged or tanked animal, fowl, reptile, etc. _____

NOTIFY IN CASE OF EMERGENGY: _____ RELATIONSHIP: _____
PHONE: _____

Do you smoke? Yes No Does anyone intending to live in the unit with you smoke? Yes No

CRIMINAL HISTORY

- HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR "NO CONTEST" TO A FELONY (whether or not resulting in a conviction) circle one YES NO
- HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT (whether or not resulting in a conviction) circle one YES NO

If Yes to either of the above-please provide details below. ANY ADDITIONAL INFORMATION/COMMENTS: _____

The statements on this page are true and correct and I authorize this company to contact any persons, corporations, employers, or agencies to obtain any information and material, which is deemed necessary to verify the information and statements in this application. In the event the application is approved and I desire to rent the premises, I agree to fill out and sign the rental agreement.

Applicant Signature: _____ Date: _____

Landlord Reference Request

Landlord's Name: _____ **Phone Number:** _____
Mailing Address: _____ **FAX Number:** _____
City/State/Zip _____

I _____ SS# _____ am applying for housing
Applicant Name (Printed)
with Metro Property Management and a written reference from former landlords is required. **Please provide the following information to the address and/or fax to the number shown below:**

Current or Past Rental Street Address Unit # _____

Additional Names on Lease

METRO PROPERTY MANAGEMENT
2116 Broadwater Ave, Ste 101
Billings, MT 59102
406-655-4244 FAX 406-655-4275
Email: receptionist@rentalsbymetro.com

Thank you for your cooperation!

Applicant signature

Date

APPLICANT-STOP HERE AND RETURN FORM TO METRO PROPERTY MANAGEMENT

Landlords-please answer every question. We appreciate your prompt response. Thank you.

Are you related or a friend to the applicant? _____ If yes, please describe relationship: _____

Please check appropriate Box Current Landlord Past Landlord

Amount of monthly rent \$ _____. Dates of Tenancy: from _____ to _____ Was lease fulfilled? Yes No

What utilities were included in the rent? _____

Was rent paid on time? _____ Late how many times and how many days? _____

Were any of the late payments pre-arranged and the agreement honored? _____ Any NSF checks/how many? _____

Does the applicant have an outstanding balance? _____ If yes, what is the balance? _____ Have payment terms been met? _____ If not, has the balance been referred to a collection agency? _____

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Y N Did tenant have pets? If yes, what kind? _____ Any problems? _____

Y N Did tenant smoke in unit? If yes, was smoking allowed in unit? Yes No

Y N Did tenant keep the unit in a clean and sanitary condition, including at move-out? If no, please explain the conditions that were unsatisfactory: _____

Y N Was the tenant responsible for taking care of the yard? If so, please explain the condition of the yard/grounds during tenancy and upon move-out inspection: _____

Y N Did the tenant or their guest alter, damage or vandalize the unit or common areas or create hazards to the property or others? If yes, please describe: _____

Y N Did any member of the household or guest disrupt other tenants, staff or others? If yes, please describe _____

Y N Did this tenant/household receive any lease violation notices while living at your property? If yes, please explain i.e. 3-day pay/quit, unauthorized person/pet, noise, smoking? _____

Y N Did the tenant/household permit persons not on the lease to live in the unit? _____

Y N To your knowledge, is any household member currently using, selling, distributing or in possession of illegal drug or drug paraphernalia? _____

Y N Was proper notice given when vacating? If no, was tenant evicted, asked to leave or lease renewal refused? Y N
If, yes to last question, please explain _____

Y N Would you rent to this tenant again?

Landlord signature

Date

Phone number

Office Use: If this information is filled out by staff please sign, date and verify how information was obtained here: _____

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Y N Would you rent to this tenant again?

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EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (PRINT Name and Address of employer)

Date: _____

Employer's phone Number _____

RE: _____
Print Applicant/Tenant Name

Applicant's Social Security Number

I hereby authorize release of my employment information.

X _____
Signature of Applicant/Tenant

X _____
Date

The individual named directly above is applying for housing that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Please Return Form to:

Metro Property Management
2116 Broadwater Ave, Ste 101
Billings, MT 59102
Phone: 406-655-4244
FAX: 406-655-4275
Email: receptionist@rentalsbymetro.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee name: _____ Job Title: _____

Presently Employed: **Yes** _____ Date First Employed _____ **No** _____ Last Day of Employment _____

Current Wages per hour \$ _____ **How often paid (circle one)** hourly weekly bi-weekly semi-monthly
Salary \$ _____ monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly
Yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's (Company) Name and Address

Phone # Fax # E-mail Address

Applicants Name: _____ Date _____

The statements on this application are true and correct and I authorize this company to contact any persons, corporations, employers, and agencies to obtain any information and material, which is deemed necessary to verify the information and statements in this application. In the event the application is approved and I desire to rent the premises, I agree to fill out and sign the rental agreement.

By signing below:

I declare the information on this application is true and correct, and understand false statements may result in rejection of this or future applications for a rental through Metro Property Management. I understand by signing I am giving freely the authorization of any person or firm I have listed to release requested information I have listed concerning me and I hereby waive all right to action for any consequences resulting from such information. Such information I am releasing to Metro Property Management and/or its' principal and/or the owner of any property, which I am applying to rent; includes, but is not limited to a credit check and information disclosed on the credit report.

I understand if I enter into a Lease/Rental Agreement as a result of this application, it will be based upon the fact herein given as true and correct. If any facts on this application prove to be untrue after entering into an agreement, my tenancy may be terminated immediately and Metro Property Management can collect from me any damages incurred including reasonable attorneys fees resulting there from.

You are also herein notified that a negative credit report reflecting your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental obligations or if you default in those obligations in any way.

Notice of the contractual relationship between the Property Owner and Metro Property Management: Alan Lees Inc. is an exclusive agent of the Property Owner and represents the Property Owner's interest in any and all rental transactions.

I have read all pages of this application packet, which stipulates Metro Property Management's Rental Policies and Procedures, and have signed all pages before turning in this application. I understand that if this application is not fully completed (including all phone numbers and names needed) by me the application can be denied.

APPLICANT SIGNATURE: _____ **DATE:** _____ **TIME:** _____



METRO PROPERTY MANAGEMENT
2116 Broadwater Ave, Suite 101, BILLINGS, MT 59102
OFFICE (406) 655-4244 FAX (406) 655-4275



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Applicant or Co-Signer Signature

Date

APPLICANTS NAME _____ DATE _____
LAST FIRST MI

CO-SIGNERS NAME _____ DATE _____
LAST FIRST MI

FILL OUT FOR THE PERSON BEING SCREENED ON THIS APPLICATION FROM HERE TO THE END OF THE APPLICATION

APPLICANT OR CO-SIGNERS CURRENT ADDRESS: _____
Please include physical address AND, mailing address, City, State and Zip

DATE OF BIRTH: _____ SSN# _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

PRESENT EMPLOYER: _____ How long : ____ Supervisor Name: _____

Employer's Address: _____ Work Phone #: _____

Do you work full or part time (circle one) Occupation: _____ Hours per week worked: _____

How often are you paid: _____ What is your GROSS Income per month: _____ PER HR _____

OTHER SOURCES OF INCOME _____ AMOUNT _____ How often paid: _____

Do you have any government rental assistance or other assistance? _____ What agency? _____
(i.e. section 8, TANF, food stamps, recurring gifts, tribal funds)

Have you ever filed bankruptcy? Yes No Have you ever been evicted? Yes No
If yes to either answer: When _____ Why: _____

Are there any judgments/collections against you? Yes No **If YES**, list specifics of judgments and collections: _____

CREDIT REFERENCES: _____

Names of ALL adults that will be residing in the rental unit (include yourself): _____

Names of ALL children/minors that will be residing in the rental unit: _____

HOW MANY PETS DO YOU HAVE? ____ WHAT KIND? (I.E.SIZE/BREED) _____
Pets include fish, birds, dogs, cats, or any caged or tanked animal, fowl, reptile, etc. _____

HOW MANY PETS DOES YOUR SPOUSE/ROOMMATES HAVE? ____ WHAT KIND? (I.E.SIZE/BREED) _____
Pets include fish, birds, dogs, cats, or any caged or tanked animal, fowl, reptile, etc. _____

NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____
PHONE: _____

Do you smoke? Yes No Does anyone intending to live in the unit with you smoke? Yes No

CRIMINAL HISTORY

1. HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR "NO CONTEST" TO A FELONY (whether or not resulting in a conviction) circle one YES NO
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Landlord Reference Request

Landlord's Name: _____ **Phone Number:** _____
Mailing Address: _____ **FAX Number:** _____
City/State/Zip _____

I _____ SS# _____ am applying for housing
with Metro Property Management and a written reference from former landlords is required. **Please provide the following information to the address and/or fax to the number shown below:**

Current or Past Rental Street Address Unit # _____

Additional Names on Lease

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Are you related or a friend to the applicant? _____ If yes, please describe relationship: _____

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Amount of monthly rent \$ _____. Dates of Tenancy: from _____ to _____ Was lease fulfilled? Yes No

What utilities were included in the rent? _____

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Y N Did tenant have pets? If yes, what kind? _____ Any problems? _____

Y N Did tenant smoke in unit? If yes, was smoking allowed in unit? Yes No

Y N Did tenant keep the unit in a clean and sanitary condition, including at move-out? If no, please explain the conditions that were unsatisfactory: _____

Y N Was the tenant responsible for taking care of the yard? If so, please explain the condition of the yard/grounds during tenancy and upon move-out inspection: _____

Y N Did the tenant or their guest alter, damage or vandalize the unit or common areas or create hazards to the property or others? If yes, please describe: _____

Y N Did any member of the household or guest disrupt other tenants, staff or others? If yes, please describe _____

Y N Did this tenant/household receive any lease violation notices while living at your property? If yes, please explain i.e. 3-day pay/quit, unauthorized person/pet, noise, smoking? _____

Y N Did the tenant/household permit persons not on the lease to live in the unit? _____

Y N To your knowledge, is any household member currently using, selling, distributing or in possession of illegal drug or drug paraphernalia? _____

Y N Was proper notice given when vacating? If no, was tenant evicted, asked to leave or lease renewal refused? Y N If, yes to last question, please explain _____

Y N Would you rent to this tenant again?

Landlord signature _____ Date _____ Phone number _____

Office Use: If this information is filled out by staff please sign, date and verify how information was obtained here: _____

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (PRINT Name and Address of employer)

Date: _____

Employer's phone Number _____

RE: _____
Print Applicant/Tenant Name

Applicant's Social Security Number

I hereby authorize release of my employment information.

X _____
Signature of Applicant/Tenant

X _____
Date

The individual named directly above is applying for housing that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Please Return Form to:

Metro Property Management
2116 Broadwater Ave, Ste 101
Billings, MT 59102
Phone: 406-655-4244
FAX: 406-655-4275
Email: receptionist@rentalsbymetro.com

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee name: _____ Job Title: _____

Presently Employed: **Yes** _____ Date First Employed _____ **No** _____ Last Day of Employment _____

Current Wages per hour \$ _____ **How often paid (circle one)** hourly weekly bi-weekly semi-monthly
Salary \$ _____ monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through ____/____/____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly
Yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's (Company) Name and Address

Phone # Fax # E-mail Address

Applicants Name: _____ Date _____

The statements on this application are true and correct and I authorize this company to contact any persons, corporations, employers, and agencies to obtain any information and material, which is deemed necessary to verify the information and statements in this application. In the event the application is approved and I desire to rent the premises, I agree to fill out and sign the rental agreement.

By signing below:

I declare the information on this application is true and correct, and understand false statements may result in rejection of this or future applications for a rental through Metro Property Management. I understand by signing I am giving freely the authorization of any person or firm I have listed to release requested information I have listed concerning me and I hereby waive all right to action for any consequences resulting from such information. Such information I am releasing to Metro Property Management and/or its' principal and/or the owner of any property, which I am applying to rent; includes, but is not limited to a credit check and information disclosed on the credit report.

I understand if I enter into a Lease/Rental Agreement as a result of this application, it will be based upon the fact herein given as true and correct. If any facts on this application prove to be untrue after entering into an agreement, my tenancy may be terminated immediately and Metro Property Management can collect from me any damages incurred including reasonable attorneys fees resulting there from.

You are also herein notified that a negative credit report reflecting your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental obligations or if you default in those obligations in any way.

Notice of the contractual relationship between the Property Owner and Metro Property Management: Alan Lees Inc. is an exclusive agent of the Property Owner and represents the Property Owner's interest in any and all rental transactions.

I have read all pages of this application packet, which stipulates Metro Property Management's Rental Policies and Procedures, and have signed all pages before turning in this application. I understand that if this application is not fully completed (including all phone numbers and names needed) by me the application can be denied.

APPLICANT SIGNATURE: _____ **DATE:** _____ **TIME:** _____



METRO PROPERTY MANAGEMENT
2116 Broadwater Ave, Suite 101, BILLINGS, MT 59102
OFFICE (406) 655-4244 FAX (406) 655-4275

