

Office Use Only Date app received: _____ Time app received: _____ Staff initials: _____

APPLICATION INSTRUCTIONS

*Thank you for your interest in applying.
Circle the Name of the Housing complex to which you are applying:*

ACME

SOUTHERN LIGHTS

Please read the following application instructions carefully.

Incomplete applications will not be processed! Due to large volume of applications received, we are unable to give daily updates on your application. The process can take 2-4 weeks. Metro will contact you in regards to your eligibility as quickly as possible. All adult applicants must pay a \$30 non-refundable application fee in the form of cash, money order or Cashiers Check only.

- **Depending upon the unit, eligible households must have an annual income at/below the following:**

1 person: \$17,200 - \$22,050	4 person: \$25,200 - \$31,500
2 person: \$20,160 - \$25,200	5 person: \$27,240 - \$34,050
3 person: \$ 22,680 - \$28,350	6 person: \$29,240 - \$36,550
- **In addition, households must demonstrate one of the following to be considered for housing:**
 - Total household monthly income, in general, must be at least 2 ½ times the monthly rent amount for the unit they applying for

OR

 - Household must have a subsidy, such as a portable Section 8 housing Voucher or Shelter Plus Care
- **Occupancy guidelines are as follows. Exceptions may be considered.**

Studio: 1 person	2-bedroom: 2-4 people	4-bedroom: 4-8 people
1-bedroom: 1-2 people	3-bedroom: 3-6 people	
- **A separate, signed and complete application is required for EACH applicant who is legally able to sign a contract and intends to reside at the property.**
- Please **complete the application thoroughly** and note N/A (or “not applicable”) for any question which is not applicable. Also, please provide reliable documentation and telephone numbers so we can expedite your application process.
- **If you are self-employed**, please include a copy of your income tax returns for the last two years and documentation for the current year.
- Feel free to **include any additional documentation or information** that would help us evaluate your application (i.e., letter of reference, certificate from housing workshop, etc).
- Qualifying is based on income, credit, rental history and owner approval. **Only completed, eligible, and approved applications will be considered.**
- **We are fair housing and equal opportunity housing providers.** We do not discriminate against any person based on race, color, creed, religion, gender, sexual orientation, familial status, national origin, age, marital status, physical or mental disability.
- We are committed to making our programs, services and activities accessible to people with disabilities. If you have a disability and need assistance with any part of the application process, please request an accommodation.
- **All information on your application is confidential.** Your application will remain on file for one year.

We look forward to receiving your application.

Required Documents

Along with the \$30 application fee all applicants are required to bring in the following documentation. If the items listed below are not turned in with the application your application will not be processed and our agents have the right to return the application until all documents are collected. If any of the items do not apply to you please write "N/A" beside the item(s) that do not apply:

HOMEWORD APPLICATION CHECKLIST Southern Lights and ACME Hotel

Items Required	Needed	Not Applicable
Photo ID		
Social Security Card		
All Children's Birth Certificate		
All Children's Social Security Cards		
Child Support Documents		
Divorce Decree		
Financial Aid/Grant		
Section 8-What you qualify for paper work		
Employment Verification		
6 months of pay/check stubs		
Proof of Income (ex. Award letter)		
6 months of bank Account Statements		
Previous Year Tax Returns		
Rental Reference Information		

10. Other Income (i.e. inheritance, insurance Policies)	Yes or No	\$ _____
11. Zero Income (no income from any source) Do you receive any income at all?	Yes or No	\$ _____

ASSET INFORMATION: Fill in all that apply to household			
<i>Do you have?</i>	<i>Name of Financial Institution(s)</i>	<i>Circle One</i>	<i>Amount</i>
1. Cash on Hand		Yes or No	\$ _____
2. Stocks/Mutual Funds	_____	Yes or No	\$ _____
3. CD/Money Markets	_____	Yes or No	\$ _____
4. Treasury Bill	_____	Yes or No	\$ _____
5. Bonds	_____	Yes or No	\$ _____
6. IRA/KEOGH	_____	Yes or No	\$ _____
7. 401K	_____	Yes or No	\$ _____
8. Pension/Annuity	_____	Yes or No	\$ _____
9. Whole Life Insurance	_____	Yes or No	\$ _____
10. Universal Life Insurance	_____	Yes or No	\$ _____
13. Land Contract/Deed of Trust	_____	Yes or No	\$ _____
14. Real Estate	_____	Yes or No	\$ _____
15. Safety Deposit Box	_____	Yes or No	\$ _____
16. Personal Property Held as an Investment	_____	Yes or No	\$ _____
17. Trusts	_____	Yes or No	\$ _____
18. Lottery Winnings	_____	Yes or No	\$ _____
19. Lump Sum Receipts	_____	Yes or No	\$ _____
20. Tribal Funds	_____	Yes or No	\$ _____

Do you smoke? Yes No

By signing below:

I declare the statements on this application are 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 concerning me and I hereby waive all right to action for any consequences resulting from such information. I am authorizing Metro Property Management to contact any

person, corporations, employers, or agencies to obtain any information and material, which is deemed necessary to verify the information and statements in this application. Such information, I am releasing to Metro Property Management and homeWORD, which I am applying to rent; includes, but is not limited to a credit check and information disclosed on the credit report. In the event the application is approved and I desire to rent the premises, I agree to fill out and sign the rental agreement.

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 homeWORD and Alan Lees Inc. dba Metro Property Management is an exclusive agent of homeWORD and represents homeWORD’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:** _____



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



homeWORD APPLICATION

Circle the Name of the Housing Complex to which you are applying:

Acme

Southern Lights

Date _____ Home Phone #: _____ Cell or message phone #: _____

	First Name and MI	Last Name	Date of Birth	Social Security Number	Full (F) or Part time (P) occupant*
Applicant					
Co-Applicant					
Additional occupant					
Additional occupant					
Additional occupant					

*Part time occupant is a household member who lives in home less than 50% of time

I. HOUSEHOLD INFORMATION

- What size unit are you applying for? **Please note** all of our housing complexes do not have each size unit in the complex. You will need to know what is available at the specific housing complex you are applying. (Circle one or more, and star your top choice.)
a) Efficiency b) 1-bedroom c) 2-bedroom d) 3-bedroom e) 4-bedroom
- I am applying for: (please circle one)
a) accessible unit *only* b) accessible unit *preferably*
c) either accessible or non-accessible units d) non-accessible unit *preferably*
e) non-accessible unit *only*

*The ACME does not have an elevator and all accessible and adaptable units are located on the first floor.

3. Current Address

4. **Rental History**

A) Current Landlord Relative? _____ Friend? _____ Other? _____	B) Previous Landlord Relative? _____ Friend? _____ Other? _____
Name	Name
Daytime Phone #	Daytime Phone #
Address Rented: Complete Address please	Address Rented: Complete Address please
Rental Date From: _____ To: _____	Rental Date From: _____ To: _____
Rent per month \$	Rent per month \$
Roommate(s) names?	Roommate(s) ?
Did you sign a lease?	Did you sign a lease?
Why did you move?	Why did you move?

C) Previous Landlord Relative? _____ Friend? _____ Other? _____	D) Previous Landlord Relative? _____ Friend? _____ Other? _____
Name:	Name:
Daytime Phone #	Daytime Phone #
Address Rented: Complete Address please	Address Rented: Complete Address please
Rental Date From: _____ To: _____	Rental Date From: _____ To: _____
Rent per month \$	Rent per month \$
Roommate(s) names?	Roommate(s) names?
Did you sign a lease?	Did you sign a lease?
Why did you move?	Why did you move?

II. HOUSEHOLD EMPLOYMENT

Your Current Employer (1)		Dates of Employment (Mo/Yr - Mo /Yr)	
Address		Type of Business	
Hourly Wage or Salary	Average Hours/Week	Overtime Wage	Average Overtime/Week
Job Title		Supervisor's Name & Phone Number	

Your Current Employer (2) (if you have more than 1 job)		Dates of Employment (Mo/Yr - Mo /Yr)	
Address		Type of Business	
Hourly Wage or Salary	Average Hours/Week	Overtime Wage	Average Overtime/Week
Job Title		Supervisor's Name & Phone Number	

Your Former Employer (1)		Dates of Employment (Mo/Yr - Mo /Yr)	
Address		Type of Business	
Hourly Wage or Salary	Average Hours/Week	Overtime Wage	Average Overtime/Week
Job Title		Supervisor's Name & Phone Number	

1. May we call your past employers to verify your employment? **YES** **NO**

2. If your work history fluctuates or if you have never worked or been employed recently, please explain.

III. HOUSEHOLD INCOME AND ASSETS

1. List all regular **before tax** income for your household. For income, which varies each month, record, the average you've received over the last six months.

House- hold income Earners	Gross pay from a job (before taxes)	Child support/ alimony etc.	Public assistance (AFDC, TANF, SSI, SSDI, Food stamps etc)	Social security, retirement, disability, VA, tribal money, etc.	Unemploye nt, worker's comp, severance, etc.	Other (tips, student loans, interest dividend, etc.	Total Gross Monthly Income
Applicant							
Co-Applicant							
Additional earner							
TOTAL							

2. Do you receive child support? Yes No
3. How much child support is ordered? \$_____
4. Does your household receive?
 a) Food Stamps? YES NO
 b) LIEAP energy assistance? YES NO
 c) WIC? YES NO
 d) Child Care assistance? YES NO
5. Are you receiving assistance under Title IV of the Social Security Act, which is AFDC OR TANF?
YES NO
6. Will your income be changing in the next year (e.g., your probationary period ends at your job and you anticipate a raise, you are beginning school and you are cutting back on hours)?
YES (yes, continue to question 7) NO (no, skip to question 8)
7. What is the anticipated (circle one) increase/decrease? \$_____
8. Please explain the reason for the increase/decrease of income.

9. Please list all assets you own including real estate, boats, campers, valuable collections, stocks, bonds, CDs, IRAs, pensions, other retirement accounts, life insurance policies (not term), cash on hand, etc. Write the balance of your checking and savings accounts.
- | Description | Value or balance | Unpaid Balance |
|--------------|------------------|----------------|
| Checking | \$ | \$ |
| Savings | \$ | \$ |
| Other Assets | \$ | \$ |
10. In the last two years, have you sold or given away any assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value? **YES NO**
 If **yes**, please describe.

IV. CREDIT HISTORY

1. Has anyone in your household ever been involved in any of the following:

	Yes	No	Amount	Dates
Bankruptcy				
Collections				
Foreclosure				
Judgment				
Eviction				

2. If you checked "yes" to any of the above, please describe the situation and the outcome.

3. In the space provided in the next page, please list all outstanding debts including (but not limited to):

- credit cards
- automobile loans
- real estate loans
- collections
- student loans (including deferred ones)
- medical bills
- legal fines
- back child support or back taxes

Credit reports will be pulled for households in the final selection.

Creditor	Balance Due	Minimum Monthly Payment
Total		

V. STUDENT STATUS

1. Are you currently a full-time student in school? **(Have you attended school fulltime for any 5 months in this calendar year?)**
YES (yes, skip to question 3) NO (no, continue to question 2)
2. Are you currently a part-time student?
YES (yes, skip to question 6) NO (no, skip to question 5)
3. If answered yes to full-time student status, are you married and file a joint tax return?
YES NO
4. If answered yes to full-time student status, are you a single income household defined as **a)** there is only one adult in the household or **b)** there are two adults in the household but some reason prevents the other adult(s) from working (i.e., medical disability).
YES NO
5. Are you involved in a local, state or federal job-training program?
YES (yes, continue to question 6) NO (no, skip to question 8)
6. Do you claim the children of the household as dependants on your tax returns?
YES NO

10. How many people are in your household? _____
11. What do you pay for rent per month? \$ _____
12. On average, what do you pay for utilities each month? \$ _____
13. Is there a reason you need to leave your current home involuntarily in the near future (i.e., disaster, government action, etc.)?
YES NO
 If **yes**, please describe.

14. Have you ever been evicted from a home? **YES NO**
 If **yes**, please describe:

15. How many days notice do you need to give to move from your current housing? _____
16. Have you had to pay your rent late in the last two years?
YES NO (no, skip to # 21)
17. How many times in the last two years have you had to pay rent late? _____
18. On an average how many days late was the rent? _____
19. Please explain why your rent was late.

20. Did you make arrangements with you landlord to repay the rent? **YES NO**
 If **yes**, please explain the arrangements.

21. Do you currently have any pets? **YES NO**
 If **yes**, list and describe each of your pets.

VII. HOUSEHOLD QUESTIONS

1. Briefly describe why you would like to live at the housing complex you are applying for.

2. Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? **YES NO**
 If yes, you will be asked to complete a Request for Reasonable Accommodation.

III. REFERENCES

1. Please provide the names of at least 3 references. These may be co-workers, friends, neighbors, case managers, etc.

Name	Relationship to you (co-worker, friend etc.)	Phone

VX. OTHER

Do you own or have use of a vehicle? **YES NO**
 If yes, please complete the following:

Year: _____	Make: _____	Model: _____	Color: _____	License# _____
Year: _____	Make: _____	Model: _____	Color: _____	License# _____

Please complete the following for an **EMERGENCY CONTACT**.

Name/relationship _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell # _____

IX. ACKNOWLEDGEMENT, AUTHORIZATION AND AGREEMENT

I understand that the information I provided in this application will be used solely to determine my household's eligibility for tenancy. I hereby declare that I am legally able to sign a contract in the State of Montana and to be fully responsible for the terms and conditions of a rental contract. I certify that all the information given on this application is true and correct.

I authorize the Property Management Company to contact any persons, corporations, employers, or agencies to obtain any information, which is deemed necessary to verify the above information. I agree that the PM Company may terminate tenancy if any of the above information has been misstated or misrepresented. **I authorize the Property Management Company to contact any and all credit reporting agencies to obtain a credit report.**

Name (printed) _____

Signature _____

Social Security # _____

Date _____

Landlord Reference Request

Landlord's Name: _____
Mailing Address: _____
City/State/Zip: _____

Phone Number: _____
FAX Number: _____

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 # _____

METRO PROPERTY MANAGEMENT
2116 BROADWATER AVE. STE 101
BILLINGS, MT 59102
406-655-4244 FAX 406-655-4275

Additional Names on Lease _____

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? _____

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? _____

Circle yes or no for the following answers:

Y N Did tenant receive deposit back? If not, what were deductions for? _____

Y N Did tenant have pets, if so 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 during tenancy and after move-out _____

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 _____

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 drugs 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

Landlord Reference Request

Landlord's Name: _____
Mailing Address: _____
City/State/Zip: _____

Phone Number: _____
FAX Number: _____

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 # _____

METRO PROPERTY MANAGEMENT
2116 BROADWATER AVE. STE 101
BILLINGS, MT 59102
406-655-4244 FAX 406-655-4275

Additional Names on Lease _____

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? _____

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? _____

Circle yes or no for the following answers:

Y N Did tenant receive deposit back? If not, what were deductions for? _____

Y N Did tenant have pets, if so 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 during tenancy and after move-out _____

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 _____

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 drugs 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

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT

TO: (PRINT Name and Address of employer)

Date: _____

Employer's phone Number

Employer's fax Number

RE: _____
Print Applicant/Tenant Name

Applicant's Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

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 Avenue Ste 101
Billings MT 59102
Phone: 406-655-4244
FAX: 406-655-4275

THIS SECTION TO BE COMPLETED BY EMPLOYER-we will initiate form to them.

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