

DWELLING PLACE PROPERTY MANAGEMENT

2801 S. RUSSELL STREET, SUITE 42 & 43
MISSOULA, MONTANA 59801
(406) 721-1596
(406) 549-9834 fax

RENTAL APPLICATION

(PLEASE PRINT)

\$20.00 APPLICATION FEE MUST BE PAID AT THE TIME OF APPLICATION. IF NOT PAID, APPLICATION WILL NOT BE PROCESSED.
THIS APPLICATION FEE IS NON-REFUNDABLE

Date: _____ Property Located: _____

PERSONAL INFORMATION

Applicant's Full Name: _____

(Last) (First) (Middle)
SS# _____ DL# _____ (State) _____ DOB _____ Age _____

Are you known by any other names? If so, please list:

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

Names of persons other than the above applicant who will be residing in the unit:

Full Name: _____

(Last) (First) (Middle)
SS# _____ DL# _____ (State) _____ DOB _____ Age _____

Full Name: _____

(Last) (First) (Middle)
SS# _____ DL# _____ (State) _____ DOB _____ Age _____

Full Name: _____

(Last) (First) (Middle)
SS# _____ DL# _____ (State) _____ DOB _____ Age _____

Does anyone who will be living on these premises smoke? Yes _____ No _____

Do you have a waterbed? Yes _____ No _____

PETS:

Do you have any pets? _____, If yes, what kind _____ How many? _____

If dog, Breed _____, Weight _____

CRIMINAL HISTORY:

1. Have you or any other intended occupant, including minors, ever been charged (whether or not resulting in a conviction) or convicted, or pleaded guilty or “no contest” to a felony?

Yes _____ (What was the Charge)_____ No _____

2. Have you or any other intended occupant, including minors, ever been convicted or pleaded guilty or “no contest” to a misdemeanor involving sexual misconduct or the manufacturing of drugs whether or not resulting in a conviction?

Yes _____ (What was the Charge)_____ No _____

3. Are you or any other intended occupant, including minors, required to register as a Violent or Sex Offender in any jurisdiction?

Yes _____ No _____

EMPLOYMENT/ INCOME:

Present Employer _____

Address: _____

Phone: _____ Position: _____

How Long: _____ From _____ to _____

Monthly income _____

Previous Employer _____

Address: _____

Phone: _____ Position: _____

How Long: _____ From _____ to _____

Monthly income _____

List All Verifiable Sources Of Income You Wish To Have Considered:

Source	\$ per month/week	Verification Phone #
1. _____		
2. _____		
3. _____		

OTHER INFORMATION

Please account for any “gaps” in your rental history: _____

Have you ever been evicted from any tenancy? _____ If yes, please explain:

BANKING INFORMATION

Checking Account/ Bank: _____
Savings Account/ Bank: _____

AUTOMOBILE INFORMATION

Year	Make/Model/Color	State/License#
1. _____	_____	_____
2. _____	_____	_____

In Case of Emergency Contact:
Name: _____ Address: _____
Phone: _____

I DECLARE THE FOREGOING INFORMATION TO BE TRUE UNDER PENALTY OF PERJURY.

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers, lack of answers, or statements given by me are sufficient grounds for eviction and loss of any security deposit given.

I hereby verify that I am 18 years or older and I understand that I will be fully responsible for the terms of the rental contract. I understand and agree that security deposit, 1st month's rent and any other fees must be paid prior to the execution of a lease agreement in certified funds, money order or cash.

In the event the application is approved and I desire to rent the premises, I agree to complete and sign the rental agreement, and complete, sign and return to the management office the Property Condition Report, and the smoke alarm form.

Applicant Signature _____ Date _____

RESIDENCE HISTORY

We require two (2) rental references or two (2) full years of rental history, whichever is greater. Please list your actual landlord or property manager, NOT ROOMMATES.

Present Address: _____

City/State _____

How long there? _____ From: _____ To: _____ Amount of Rent: _____

Landlord (name/address): _____

Phone: _____

Reason for Leaving _____



Previous Address: _____

City/State _____

How long there? _____ From: _____ To: _____ Amount of Rent: _____

Landlord (name/address): _____

Phone: _____

Reason for Leaving _____

I hereby authorize The Dwelling Place Property Management, his agent or staff to contact any persons, corporations, employers, agencies, offices, groups or organizations to obtain information, credit report or material which is deemed necessary to verify the information and statements in the application.

Signed: _____ Date: _____

PLEASE RETURN TO:

The Dwelling Place Property Management
P.O. Box 5637
Missoula, Montana 59806
(406) 721-1596
(406) 549-9834 fax