

HOMESTEAD MANOR/TOWNSEND HOUSING RENTAL APPLICATION

504 S Elm Street Townsend, MT 59644

(406)437-4411 TTY 711

NOT ALL APARTMENTS HAVE SUBSIDY AVAILABLE
Non-subsidized apartments will pay basic rent
Subsidized Rent Estimate – 30% of adjusted Annual Income
One-year initial lease with all apartments.

All utilities are paid except Telephone, Internet, & Cable at Townsend Housing, Tenants are also responsible for electricity at Homestead Manor. A \$36 utility allowance is provided to help with this cost.

YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THE FOLLOWING ITEMS ARE ATTACHED TO YOUR APPLICATION. WE CAN PHOTOCOPY ITEMS FOR YOU IF NEEDED:

1. DRIVER'S LICENSE OR PHOTO ID
2. SOCIAL SECURITY CARD
3. SIGNED AUTHORIZATION TO RELEASE INFORMATION (PROVIDED WITH APPLICATION)
4. AUTHORIZATION FOR CREDIT & CRIMINAL BACKGROUND CHECK (PROVIDED WITH APPLICATION)
5. COMPLETED RURAL DEVELOPMENT CERTIFICATION QUESTIONNAIRE

RENTAL SCREENING CRITERIA

Incomplete applications or applications with incorrect information will be denied.

- Occupancy must be limited to no more than 3 persons per apartment
- No less than five (5) years of current and previous verifiable landlord references are to be listed on the application provided with telephone numbers and addresses. If no rental history, then you must provide 3 professional references. ***If you own your own house or mobile home when you apply, landlord references are not necessary.***

Inability to meet any of the above criteria for residency will result in the denial of the application for residency.

OUR TOWNSEND PROPERTIES ARE PROUDLY MANAGED BY ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. WE ARE MORE THAN A LANDLORD. PLEASE VISIT OUR WEBSITE AT WWW.RMDC.NET TO SEE ALL THAT ROCKY HAS TO OFFER!

HOMESTEAD MANOR/TOWNSEND HOUSING

RENTAL SCREENING CRITERIA

Incomplete applications or applications with incorrect information will be denied.

- Applicant **must have** form of income to apply.
- Occupancy must be limited to no more than 3 persons per apartment
- The prospective resident must initially provide unmistakable identification. A driver's license or other Picture ID is acceptable. Valid proof of a social security number is also required.
- Our apartment complex provides homes for senior citizens at least 62 years old and for persons with disabilities. You **must** meet one of these criteria to qualify for residency.
- **No less than five (5) years** of current and previous verifiable landlord references are to be listed on the application provided with telephone numbers and addresses. If no rental history, then you must provide 3 professional references. ***If you own your own house or mobile home when you apply, landlord references are not necessary.***

Inability to meet any of the above criteria for residency will result in the denial of the application for residency.

Rocky Mountain Development Council, Inc. does not discriminate on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Disability, Creed, Marital Status, Age, or Sexual Orientation

(FOR OFFICE USE ONLY) APPLICATION # _____ DATE/TIME _____ RECEIVED _____ / _____

HOMESTEAD MANOR/TOWNSEND HOUSING
 504 S ELM STREET
 TOWNSEND, MT 59644

PHONE: (406) 437-4411 TTY 711
FAX: (406) 266-9938
EMAIL: jdensmore@rmdc.net

APPLICANT NAME	SEX	SOCIAL SECURITY #	DATE OF BIRTH	CITIZEN	STUDENT
				Y/N	Y/N

OTHER HOUSEHOLD MEMBERS

OPTIONAL (USED FOR REPORTING ONLY): RACE _____ ETHNICITY _____

NOTICE: *You are required to notify the Property of ANY change of address and/or phone number. If we cannot contact you at the phone number you provide us, your name will be removed from the waiting list and you will need to re-apply.*

APPLICANT PHONE NUMBER			
CURRENT ADDRESS	CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	FROM: _____ TO: _____		

CURRENT LANDLORD	CITY	STATE	ZIP	PHONE NUMBER

****FIVE YEARS' WORTH OF LANDLORD REFERENCES ARE REQUIRED UNLESS YOU OWN A HOME OR MOBILE HOME****

PREVIOUS ADDRESS: _____

FROM: _____ TO: _____ NAME/PHONE OF PRIOR LANDLORD _____

2ND PREVIOUS ADDRESS: _____

FROM: _____ TO: _____ NAME/PHONE OF PRIOR LANDLORD _____

****PLEASE LIST ANY OTHER PREVIOUS ADDRESSES IN THE LAST 5 YEARS ON A SEPARATE PAGE AND ATTACH TO APPLICATION**



REQUIRED INCOME AND ASSET INFORMATION

INCOME SOURCES (All Sources)

List ALL Sources of Income

Examples: Wages, Social Security, Pension, Etc.	GROSS MONTHLY	NET MONTHLY
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

ASSETS/BANK ACCOUNTS

List ALL Accounts

CHECKING, SAVINGS, CD'S, IRA, ANNUITIES, ETC.

NAME OF BANK OF FINANCIAL INSTITUTION	ACCOUNT TYPE	APPROXIMATE BALANCE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

DO YOU OWN A HOUSE OR MOBILE HOME? ____ YES ____ NO

IF YES, APPROXIMATE VALUE: \$ _____

IS THERE A MORTGAGE ON THE HOME? (REVERSE MORTGAGE DOES NOT APPLY) ____ YES ____ NO

IF YES, APPROXIMATE AMOUNT OWED: \$ _____



➤ **YOU MUST ANSWER ALL OF THE QUESTIONS BELOW TRUTHFULLY WITH FULL DISCLOSURE. FAILURE TO DO SO WILL RESULT IN DENIAL OF YOUR APPLICATION. IF YOU ARE ACCEPTED AND WE FIND THERE HAS NOT BEEN FULL DISCLOSURE, IT COULD LEAD TO EVICTION.**

Have you/anyone who will be sharing the apartment here with you **ever** been charged with criminal offenses or DUIs? YES NO

If Yes, please explain: _____

Do you/anyone in your household who will be sharing the apartment here with you have **a felony** conviction: YES NO

Are you required to register as a lifetime sex offender in this or any other state? YES NO

Is any member of your FAMILY subject to a lifetime sex offender registration requirement in any state? YES NO

Please complete a list of ALL STATES in which you have resided: _____

Have you had credit under any other name? YES NO If yes, what name? _____

In the last two (2) years, have you/any household member who will be sharing the apartment here with you disposed of assets for less than fair market value? YES NO

Have you/anyone in your household who will be sharing the apartment here with you ever been convicted for the use, sale, manufacture, or distribution of controlled substances? YES NO

Do you/anyone in your household who will be sharing the apartment here with you currently use **illegal** drugs? YES NO

Have you/anyone in your household who will be sharing the apartment with you ever been evicted? YES NO

Have you/anyone in your household who will be sharing the apartment with you been evicted from federally assisted housing in the last five years? YES NO

Are you currently receiving tenant-based or project based assistance from HUD/USDA/or similar? YES NO

Will this apartment be your only residence? YES NO

Do you own any pets? YES NO If yes, what type? _____ approx. size _____

How did you hear about our housing program? _____

This property does not recognize any preferences except income requirements per HB-1-3560 Appendix 1 Section 3560.257.





In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living will be verified. You have the right to dispute the information reported. The facts set forth in this application are true and complete. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance. You agree to all the above and sign this of your own free will.

I/We further understand that, upon acceptance of this application for tenancy, ***I/WE must provide verification of all income, all assets, and household composition, sign a Lease Agreement, Property Rules and Regulations, and a Tenant Income Certification.***

You, as the prospective tenant(s), agree that a complete investigation of all information on this application will not constitute invasion of privacy. I/We are aware of and extend the privilege to its representatives to obtain credit reports, current & previous landlord references, and/or character reports as necessary.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Agriculture.

X _____
Applicant Signature

X _____
Date

X _____
2nd Applicant Signature

X _____
Date

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Homestead Manor/Townsend Housing APPLICATION REVISION DATE: 4/12/2023

