



# RENTAL APPLICATION,

(One for each person 18 years of age or over)

Landlord: Golden Meadows mobile home park

Address: 3200 King Ave West

Phone: 652-3939 Fax 652-3945

ALL RENTAL BUSINESS CONDUCTED IS IN CONFORMANCE WITH CURRENT MONTANA CODE ANNOTATED AND DOES NOT PRACTICE OR ALLOW DISCRIMINATION BECAUSE OF RACE/COLOR, SEX, RELIGION/CREED, AGE, HANDICAP/DISABILITY, NATIONAL ORIGIN, MARITAL STATUS OR FAMILY STATUS

APPLICANT # \_\_\_\_\_ TO RENT PREMISES AT \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_AM/PM  
(Please Print or Write Clearly)

NAME:

LAST FIRST INITIAL SOCIAL SECURITY #

PRESENT ADDRESS

CURRENT PHONE NUMBER

PICTURE IDENTIFICATION:

CITY STATE ZIP CODE

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

RENTAL HISTORY:

PRESENT LANDLORD  
RENTAL ADDRESS

PHONE

RENTAL AMOUNT

LL ADDRESS

LENGTH OF TIME AT THIS ADDRESS

REASON FOR MOVING

PREVIOUS LANDLORD

PHONE

LL ADDRESS

RENTAL ADDRESS

RENTAL AMOUNT

LENGTH OF TIME AT THIS ADDRESS

REASON FOR MOVING

LL ADDRESS

PREVIOUS LANDLORD

PHONE

RENTAL ADDRESS

LENGTH OF TIME AT THIS ADDRESS

EMPLOYMENT INFORMATION

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ IS THIS A PERMANENT POSITION? \_\_\_\_\_

IF THIS EMPLOYMENT IS TEMPORARY, HOW LONG WILL IT CONTINUE? \_\_\_\_\_

SALARY EARNED: \_\_\_\_\_

IF HOURLY WAGE, HOW MANY HOURS DO YOU WORK EACH WEEK? \_\_\_\_\_

IF YOU ARE EMPLOYED AT MORE THAN ONE JOB AND WOULD LIKE TO HAVE BOTH INCOMES CONSIDERED, PLEASE GIVE THE SAME INFORMATION FOR THE SECOND JOB ON THE BACK OF THIS PAGE.

Have you ever been convicted of a felony \_\_\_\_\_ Yes \_\_\_\_\_, No

If yes please explain

ALTHOUGH OUTSIDE INCOME SUCH AS CHILD SUPPORT OR SOCIAL SECURITY BENEFITS ARE OPTIONAL INFORMATION TO PROVIDE, I MUST HAVE SOME SOURCE OF FUTURE INCOME PROVIDED IN ORDER TO ASSURE RENT PAYMENTS.

HAVE YOU EVER BEEN EVICTED OR VIOLATED YOUR LEASE? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CREDIT REFERENCES

REFERENCE	ACCOUNT #	ADDRESS	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

HOUSEHOLD COMPOSITION: LIST ALL PERSONS (including family members) WHO WILL RESIDE ON THE PREMISES.

LEGAL NAME

OCCUPATION

WHAT UTILITIES HAVE YOU PAID: ELECTRICITY \_\_\_ GAS \_\_\_ WATER \_\_\_ CABLE \_\_\_

IS THERE ANY REASON YOU CANNOT HAVE UTILITY SERVICE TURNED ON IN YOUR NAME? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME RELATIONSHIP PHONE #

ADDRESS CITY STATE ZIP CODE

Are they authorized to take charge of your property? \_\_\_ YES \_\_\_ NO  
If no, who should be contacted?

NAME RELATIONSHIP PHONE #

ADDRESS CITY STATE ZIP CODE



**RENTAL APPLICATION,**  
(One Per Premises)

WILL THERE BE ANY PETS ON THE PREMISES? YES NO

IF YES, PLEASE LIST THEM ALL: \_\_\_\_\_

PLEASE LIST ALL VEHICLES THAT WILL BE PARKED AT THE PREMISES (other than guests):  
\_\_\_\_\_  
\_\_\_\_\_

**MOBILE HOME INFORMATION**

(This information only applies to those who own their own mobile home and are seeking to rent a space on which to park it):

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SIZE: \_\_\_\_\_ FEET X \_\_\_\_\_ FEET SINGLE WIDE \_\_\_\_\_ DOUBLE WIDE \_\_\_\_\_

ELECTRICAL SERVICE REQUIRED: \_\_\_\_\_ 100 AMP \_\_\_\_\_ 200 AMP

PRESENT LOCATION: \_\_\_\_\_

ADDRESS CITY STATE ZIP CODE

TITLE HOLDER PHONE NUMBER

LIEN HOLDER ACCOUNT NUMBER PAYMENT PHONE NUMBER

**AGREEMENTS AND AUTHORIZATION FOR INFORMATION**

ALL STATEMENTS MADE ABOVE ARE TRUE AND COMPLETE.

EACH APPLICANT HEREBY AUTHORIZES THE LANDLORD OR RENTAL AGENT AND THEIR REPRESENTATIVES TO CONTACT ANY PERSONS, AGENCIES, CORPORATIONS, EMPLOYERS, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIAL WHICH IS DEEMED NECESSARY TO VERIFY THE INFORMATION IN THIS APPLICATION.

EACH APPLICANT AGREES THAT ALL ADULTS WHICH MAY RESIDE ON THE PREMISES WILL BE JOINTLY-SEVERALLY LIABLE FOR ALL RENT AND DAMAGE INCURRED DURING THE TERM OF OCCUPANCY.

A CREDIT CHECK FEE IS NOT SUBJECT TO REFUND IN THE EVENT THE APPLICANT IS NOT APPROVED.

IN THE EVENT THE APPLICATION IS APPROVED AND THE APPLICANTS DESIRE TO RENT THE PREMISES, EACH APPLICANT AGREES TO FILL OUT, SIGN, AND ABIDE BY THE RENTAL AGREEMENT AND FILL OUT AND SIGN THE CONDITION OF PREMISES FORM.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_