

Rental Application
(Non Subsidized)

*Antelope Court Apartments – 1 & 2 Bedroom Units
Family Housing*

Return Completed Application to:

HRDC 4
2229 5th Ave
Havre, MT 59501
(406) 265-6743 Phone 711 Relay
(406) 265-1312 Fax

Office Use Only

Date Submitted: _____

Time Submitted: _____



Thank you for considering an apartment at Antelope Court as your next home. If you need assistance in completing this application please let us know. We can make available readers, translators and provide information in large print.

Our goal is to provide safe and decent housing that is affordable to lower income households. Our properties, due to the financing structure, **have rents below the normal market and therefore are offered to households that meet certain income guidelines.** These income eligibility limits vary by property and in some cases by unit. Additional eligibility requirements such as elderly or disability status apply to some properties. Our leasing agent will be happy to review your application and talk with you about your housing options.

In addition to the above noted eligibility requirements we must determine if an applicant is willing to **follow property rules** such as the ability to pay rent on time, not be disruptive to other tenants, not pose a safety risk to others, and to maintain the unit. **We do this by completing reference checks, obtaining credit information and criminal history.** Our policy is that you must have positive prior rental history, positive credit (good recent credit outweighing any negative credit) and no criminal history of drug related offenses, sexual offender records or felony conviction(s). **Because these properties are funded with Federal monies the use of "medical marijuana" is prohibited.**

We comply with the Federal Fair Housing and Montana Fair Housing Laws. Discrimination is prohibited against anyone in any aspect of renting housing because of race, color, religion, national origin, gender (sex), familial status (children under age 18 in the household), disability, creed and marital status or need for a reasonable accommodation or modification. We consider all applications for rental housing and provide all services equally without regard to any of these criteria.

An applicant is entitled to a reasonable accommodation in any rule, practice, policy or service when the reasonable accommodation is needed because of the disability of the applicant or any person associated with the tenant, such as a guest. Under some circumstances reasonable modification of existing premises may be made to afford the person with the disability full enjoyment of the premises. An accommodation or modification is reasonable when it does not create an undue financial or administrative burden and does not fundamentally change the housing program. If you believe you may need a reasonable accommodation or modification please make us aware of your needs.

The collection of the information derived from this form is used to determine an applicant's eligibility. Information provided in this application will be kept confidential.

Antelope Court Apartments
c/o HRDC 4 ♦ 2229 5th Ave
Havre, MT 59501

Phone: (406) 265-6743

Fax: (406) 265-1312

Relay Service 711

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month/Day/ Year</i>

Current Address: _____

Daytime Phone: () _____

Evening Phone: () _____

Do you or a member of your household require a unit with special features related to a disability? _____

Rental References: Please provide information for last three places you have lived.

Landlord Name, Address & Phone	Rental Address	Phone #	Dates Occupied

If no rental references please provide 3, non-family, personal references.

Employment Income:

Household Member	Employer Name & Address	Occupation	Employer Phone #	Employer Fax#

Other Income: Please mark YES or NO for EACH question

YES (X)	NO (X)	TYPE OF INCOME	ADDRESS & PHONE #	HOUSEHOLD MEMBER	GROSS AMOUNT
		Social Security, SSI or SSDI			
		AFDC or TANF cash assistance			
		Unemployment (address needed)			
		Workers Compensation			
		VA Benefits (address needed)			
		Pension Payments, name & address			
		Regular cash assistance from friends or family			
		Child Support or Alimony			
		Self Employment			

YES (X)	NO (X)	TYPE OF INCOME	ADDRESS & PHONE #	HOUSEHOLD MEMBER	GROSS AMOUNT
		Payments from property, inheritance, trust funds, death benefits, etc.(provide name & address)			
		Other Expected Income in the next 12 months			

Family Assets: Please mark YES or NO on each question

Type	YES (X)	NO (X)	Amount	Location, Address and Phone Number	Account #
Checking Account					
Savings Account					
Mutual Funds					
Retirement Account					
Stocks or Bonds					
Money Market					
Certificate of Deposit					
Real Estate					
Cash over \$500					
Other					

Please respond to ALL questions.

Emergency Contact:

Name/Address (If possible list someone in the area that is not listed on the application.)

Name _____ Phone: () _____ Relationship:

1. Do you expect any additions to the household within the next twelve months? _____

Name & Relationship: _____

2. Do you have full custody of your child(ren)? _____

Explanation of custody arrangements: _____

3. Have you ever filed for bankruptcy? _____

4. Have you ever been convicted of a felony? _____

5. Have you ever been evicted from an apartment for any reason? _____

6. Do you own a pet? _____

7. Personal property as an investment? (*Example: paintings, coin or stamps collections, artwork, collectors' cars, and antiques*) _____ Value\$ _____

8. Have you or any household member disposed of or given away any asset(s), including cash, for LESS than fair market value within the past 2 years _____ Value\$ _____

9. Will anyone in the household be a student in the next 12 months? _____ yes _____ no.
If yes, Full time _____ Part time _____ How many hours per semester? _____

10. Are you, or a member of your household, an officer, employee or consultant of HRDC4? _____

11. How did you hear about the Apartments: Newspaper Property Sign Radio
Social Service Agency Current Tenant Other: _____

12. Race: **choose all that apply**; ___ Pacific Islander ___ White ___ Asian ___ Native American
___ Black ___ Hispanic ___ Non-Hispanic

Purpose: Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is **18 years of age or older**, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) and/or the Montana Department of Commerce is requiring the collection of the information derived from this form to determine an applicant's eligibility in the program and the amount of assistance necessary using program funds. This information will be used to establish level of benefit on the program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form" must be signed separately.

Information Covered: Inquiries may be made about, but are not limited to, Income, Assets, References, Criminal and Credit reports.

Authorization: I authorize Antelope Court and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the program. I acknowledge that: (1) A photocopy of this form is as valid as the original., (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me), (3) I have the right to copy information (**excluding credit reports**) from this file and to request correction of information I believe inaccurate, (4) All adult household members will sign this form and cooperate with the owner in this process.

I certify that all information in this application is true and correct to the best of my knowledge. False statements or misrepresentation of a material fact is grounds for termination of my lease.

Head of Household - Signature

Date

Head of Household – Printed Name

Date

Other Adult Member - Signature

Date

Other Adult Member – Printed Name

Date