

HRDC4 RENTAL APPLICATION

406-265-6743

NON-SUBSIDIZED HOUSING

Please print all information

Name First, middle initial, last List ALL household members	Relationship to Head of Household	M/F	Social Security Number	Birth Date Mont/Day/year

Date of Application: _____

Current Address: _____

Daytime Phone: (_____) _____

Mailing Address: _____

Evening Phone: (_____) _____

Type and size of apartment/house desired: _____

Desired date of occupancy: _____ Do you have a waterbed? _____

Do you own piano/organ: _____; Do you smoke: _____; Do you have a pet(s): _____

How many pet(s) do you have: _____; if you have a pet(s) what kind of animal is

it: _____; Have you been known by any other name(s), if so list all

names: _____

Have you or any member of your household ever been convicted of or pleaded guilty or "no contest" to a

felony? Yes _____ No _____ : if yes please describe _____

Are you required to register as a sexual or violent offender? Yes _____ No _____

RENTAL HISTORY

Provide 2 rental references.

Current landlord: _____

Landlords phone number and mailing address: _____

How long have you been living there? From _____ to _____

Amount of rent paid _____; were you ever late paying rent? Yes ___ No ___

Reason for leaving: _____

Previous Landlord: _____

Address and phone number for that landlord _____

How long there: From _____ to _____

Reason for leaving: _____

Please account for any gaps in rental history: _____

Is there any reason you cannot have the utilities in your name? Yes _____ No _____, if yes
please explain _____

Have you ever been evicted from an apartment/house/trailer? _____

PERSONAL REFERENCES

Please list 3 NON-FAMILY references:

Name	How Long Known	Address	Phone/Cell #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

LIST ALL VERIFIABLE SOURCES OF INCOME, HOW OFTEN PAID, GROSS AMOUNT RECEIVED EACH PAYPERIOD.

Source: _____

Address and phone/cell#: _____

How often paid: _____ Amount each pay period: _____

Source: _____

Address and phone/cell#: _____

How often paid: _____ Net amount each pay period: _____

List any other sources of income on a separate sheet of paper and submit with this application.

CREDIT REFERENCES:

Name: _____ Account # _____

Address: _____ Phone # _____

Name: _____ Account# _____

Address: _____ Phone # _____

Name: _____ Account # _____

Address: _____ Phone# _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ Phone/cell # _____

If my application is approved to live in HRDC4 apartment/house I expect to reside on the premises for 1 year for the initial lease. After the one (1) year the lease will be on a month to month basis with a 30 day notice required to vacate the premise.

The statements above are true and correct. I hereby verify that I am 18 years old or older, or otherwise competent to enter into a binding rental contract and I understand that I will be fully responsible for the terms of the rental contract. I hereby authorize the landlord, agent or staff to contact any person(s) corporations, employers, agencies, offices, groups or organizations to obtain any information, credit report or material which is deemed necessary to verify the information and statements in the application. In the event the application is approved and I desire to rent the premises, I agree to complete and sign the rental agreement and the conditions of premises. All household members over 18 years of age must sign this application and the rental agreement.

Name: _____ Date: _____
SIGNATURE

Name: _____
PRINT NAME

Name: _____ Date: _____
SIGNATURE

Name: _____
PRINT NAME

All other household members 18 and older place signature and printed name below.

DISTRICT 4 HUMAN RESOURCES DEVELOPMENT COUNCIL



2229 5TH AVENUE HAVRE, MT 59501
PHONE: (406) 265-6743 FAX: (406) 265-1312

THE HI-LINE'S COMMUNITY ACTION AGENCY

"PEOPLE HELPING PEOPLE HELP THEMSELVES."

I authorize District 4 Human Resources Development Council to obtain information about me and my household that is pertinent to for eligibility for participation in renting from HRDC4. I acknowledge that: (a photocopy of this form is as valid as the original, (2) I have the right to review the file and the 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.

Signature

Date

Printed Name

Date

Other Adult Member – Signature

Date

Printed Name

Date

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AGENCY INTAKE FORM

FOR OFFICE USE ONLY		Household Last Name Starting Initial (A, B, etc.)
HH # _____	Date Entered _____	
Program _____	Staff _____	

HOUSEHOLD ADDRESS INFORMATION	Street Address:	Mailing Address:	County
City: _____	State: _____	Zip: _____	Housing: <input type="checkbox"/> Multi Family <input type="checkbox"/> Single Family <input type="checkbox"/> On Reservation <input type="checkbox"/> Mobile Home <input type="checkbox"/> None
Home Phone: _____	Work Phone: _____	Message Phone: _____	
Email Address: _____			

HOUSEHOLD MEMBER INFORMATION

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSHOLD	BIRTH DATE M / D / YR	Sex	RACE CODE BELOW	TRIBAL MEMBER YES/NO	VETERAN YES/NO	DISABLED YES/NO	HEALTH INSURANCE	IN LITERACY TRAINING	IN SCHOOL	EMPLOYMENT STATUS	LAST GRADE COMPLETED
									CHECK ALL THAT APPLY	YES/NO	YES/NO	CODES BELOW	
		SELF/ HEAD OF HOUSE	/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				
			/ /	M F					<input type="checkbox"/> HMK <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE				

RACE CODES:	N = Native American/Alaskan	A = Asian or Pacific Islander	B = Black/Not Hispanic	H = Hispanic	W = White – Not Hispanic	O = Other	U =Unknown
EMPLOYMENT STATUS CODES:	N = Not Employed	F = Full-Time Employment	P = Part-Time Employment	R = Retired/Not Working			

HRDC does not discriminate against any person on the basis of age, sex, race, religion, national origin, sexual orientation, gender identity or disability with respect to employment, volunteer participation or the provision of services.
 (Form Revised 10/22/2012)

GROSS INCOME AND BENEFITS OF ALL HOUSEHOLD MEMBERS

Check all income sources that apply to any/all members of your household.

- | | | | | |
|---|---|--|---|--------------------------------------|
| <input type="checkbox"/> Employment/Wages | <input type="checkbox"/> TANF (AFDC, FAIM) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> SSI | <input type="checkbox"/> Child Support/Alimony | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> VA | <input type="checkbox"/> Retirement Income | |

Enter the requested information for all household members, regardless of age or relationship.

Household Member	Wages, Salaries, etc.	Social Security, Pensions, Etc.	Public Assistance (list type)	Other Income (list amount & type)
	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	
	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	
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	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly \$ <input type="checkbox"/> Annual	

READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR HRDC STAFF WORKER

- The collection of personal information on program participants is essential to the provision of services at District 4 HRDC: information is collected and stored in the agency Central Database System. Information may be used by HRDC programs to determine eligibility. I further understand that information contained on this application can be used in DPHHS electronic database for the determination of eligibility for programs and/or to record services provided to my household for federal and/or state reporting purposes. If you have questions or need help filling out this form please speak to you HRDC case manager or staff providing you with assistance.
- The information I (we) give here is subject to verification by HRDC staff. If false information is knowingly provided eligibility for services may be jeopardized.
- I certify that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature _____ **Date** ____/____/____



STAFF MEMBER PLEASE PRINT LAST NAME HERE: _____