APPLICATION TO LEASE

RENTAL ADDRESS		
DATE		
Applicant #1	Phone	
Applicant #2	Phone	
Applicant #3	Phone	
Applicant #4	Phone	
Angliaget #F	Dhana	
Applicant #5	Phone	

Total number of persons living at this address during term of lease: ______

REQUIRED

- > Each person to live in the premises must be listed on this application.
- Each person over age 18 who will be residing at the apartment must complete the application.
- Incomplete applications will not be considered.

Contact Information:

Phone: (406) 624-8074

Mail: PO Box 6584 Bozeman 59771

Email: rental.application406@gmail.com

APPLICANT

Full Name:	Phone #			
S.S.#[State of issue	
Email:				
Your Current Employer:				
Employer's Contact Name and Phone:				
ength of employment:				
Salary or wage earned: If hourly				
f you are employed at more than one job and	l would like inco	ome considered	, please give same inforr	nation
regarding the second job on the back side of t	his page or a se	parate page an	d check here:	
f your parents pay some or all of your rent, fil	ll in the next lin	es:		
Parent's name		Pho	ne No.	
Address				
Street		City	State	Zip
If no one in the household is employed or you	would like othe	er income consi	dered, please explain:	
Automobile				
Make/Model	Year	State	License #	Color
Two year's rental references preferred: Please			erty manager, or RA.	
Current Address:				
andlord's Name:			ne#	
_ength of time at this address: From: Reason for moving:				
Prior Address:				
andlord's Name:			ne#	
ength of time at this address: From:				
Reason for moving:				
Prior Address:				
		Phone#Phone#		
ength of time at this address: From:				
Reason for moving:				
Personal References				
Name/Relationship	Ac	ldress	Phone No.	
Name/Relationship	Ac	ldress	Phone No.	

How long do you anticipate leasing this dwelling?
Does anyone applying for this apartment have a criminal record?YesNo If yes, please explain on a separate page and check here
Has anyone applying ever had their lease agreement terminated or been evicted?YesNo If yes, please explain on a separate page and check here
Do any applicants have or anticipate obtaining a Medical Marijuana Caregiver or Patient card designation? YesNo
Do any of the people that will be residing in this unit smoke anything? YesNo If yes, how many individuals?
Do any of the people that will be residing in this unit drink? Yes Some No If yes, how many individuals?
Will there be any pets living on or in the premises? YesNo If yes, list and describe each of them: No
Do you currently attend college? YesNo If yes, how many years have you attended? , and when do you plan to graduate?
Will there be any animals, birds, reptiles, insects, fish, or other non-human life forms living on or in the premises? Yes No If yes, list and describe each of them:
Is there a request for reasonable accommodation?

CERTIFICATION AND AUTHORIZATION

I (we) certify that the statements contained herein are true and correct. Misrepresentations contained herein shall constitute grounds for lease revocation. I hereby verify that I am old enough to legally sign and be fully responsible for the terms of the Lease Agreement. Each applicant hereby authorizes the Landlord or rental agent and their representative to contact any persons, corporations, employers, agencies, offices, groups or organizations to obtain any information and material which is deemed necessary to verify the information in this application. In the event the application is approved and I/We desire to lease the premises, each applicant agrees to fill out, sign, and abide by the rental/lease agreement. Each applicant understands and agrees that all adults whom reside on the premises shall be jointly-severally liable for all rent and damage incurred during the term of the Lease Agreement.

Signature (Applicant #1)	
 Signature (Applicant #2)	
 Signature (Applicant #3)	
 Signature (Applicant #4)	
 Signature (Applicant #5)	