



THE LANDLORD • Professional Property Managers
 547 Spokane Avenue • Whitefish, MT 59937
 (406) 862-5263 • Fax (406) 862-5955

APPLICATION TO RENT

Application must be completed for Rental

1. Name _____ SS# _____ Driver's Lic. # _____
 Name _____ SS# _____ Driver's Lic. # _____
 Vehicle License Number _____ Make of Car _____
 Home Phone _____ Business Phone _____
 Picture ID Supplied _____

2. PROPOSED OCCUPANTS: List all person (including family members) who will reside on the premises.

NAME (\$)	OCCUPATION

3. Will you have any pets? _____ If so, describe _____

4. Why are you vacating your present place of residence? _____

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

GIVE THE FOLLOWING INFORMATION AS TO YOUR LAST THREE PLACES OF RESIDENCE:

ADDRESS	RENT PAID	NAME OF OWNER OR MANAGER	PHONE	FROM - TO DATE
PRESENT:				
LAST PREVIOUS:				
OTHER:				

6. BUSINESS REFERENCES/SOURCE OF INCOME:

EMPLOYED BY	ADDRESS	TAKE HOME PAY	SUPERVISOR	PHONE	FROM - TO DATE
PRESENT:					
LAST PREVIOUS:					
OTHER:					

7. GIVE ONE CREDIT REFERENCE. DO NOT INCLUDE PUBLIC UTILITY COMPANIES.

NAME	ADDRESS/CITY	PHONE	ACCT. NO.

8. GIVE TWO PERSONAL REFERENCES THAT ARE DIFFERENT FROM THE ABOVE NUMBERS.

NAME	ADDRESS/CITY	PHONE

9. Do you maintain a bank account? _____

INDICATE BELOW WHETHER CHECKING OR SAVINGS

NAME OF BANK	BRANCH	ADDRESS/CITY

10. FINANCIAL OBLIGATIONS:

PAYMENTS TO	ADDRESS	MONTHLY PYMT.	TOTAL OWED

11. I EXPECT TO RESIDE ON THE PREMISES: ___ 6 MOS. ___ 1 YR. ___ 2 YRS. OR MORE

THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

I HEREBY VERIFY THAT I AM OLD ENOUGH TO SIGN AND BE FULLY RESPONSIBLE FOR THE TERMS OF THE RENTAL CONTRACT.

I HEREBY AUTHORIZE THE LANDLORD, HIS AGENT OR STAFF 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 AND STATEMENTS IN THE APPLICATION. IN THE EVENT THE APPLICATION IS APPROVED AND I DESIRE TO RENT THE PREMISES, I AGREE TO FILL OUT AND SIGN THE RENTAL AGREEMENT.

12. The undersigned makes application to rent housing accommodations designated as:

Apt. No. _____ Located at _____

The rental for which is \$ _____ per _____ or lease agreement in the form hereto attached.

Dated: _____ Time: _____ APPLICANT _____

Approved: _____ Disapproved: _____ Date: _____ APPLICANT _____