2809 Great Northern Loop Suite 400 P.O. Box 17858 Missoula, MT 59808 Ph: 406-251-8500. Fax: 406-543-8889

www.rentinmissoula,com

MOBILE HOME RENTAL APPLICATION POLICIES & PROCEDURES

Please read carefully before completing rental application

The attached form is an application to lease a residence. IT IS NOT A LEASE OR RENTAL AGREEMENT.

Applications are <u>not</u> approved on a first come-first serve basis. Each application is reviewed and a decision will be made based on the property and its requirements.

\$30.00 Non-refundable application fee must accompany each application

(Applications will not be processed until completed, signed and accompanied by the application fee.)

Application Checklist

Missoula Property Management makes every effort to process applications within 48 hours. In order to reach this goal and better serve our applicants, the application will not be accepted unless the following checklist has been initialed and documentation, if applicable, attached.

Copy of valid driver's license or photo I.D.
Proof of income (i.e. paystubs, tax document, bank statement, etc.)
$_{\rm max}$ No information left blank on application. If something does not apply please mark N/ A or provide explanation.
Current and past landlord reference phone and fax numbers.
If you do not meet the criteria provided below, you will be required to obtain a co-signer(s) or pay an additional deposit.
Co-signer forms must be signed in front of a Notary, Co-signer fee of \$15.00 paid and proof of Co-signer income provided.
If you have a pet(s), you must provide a copy of the current vaccination records and a recent picture of the pet.
Proof of Ownership (Bill of Sale, Title, etc.)
Application Criteria, Policies and Procedures

- 1. **Each applicant** over the age of 18 must complete, sign and date a separate application, regardless of familial/marital status or relationship to any other applicant. Submitted applications become the property of Missoula Property Management, LLC and will remain on file for 6 months
- 2. Qualifications for application approval are based on:*
 - Sufficient Income Income must equal 3 times the monthly rental amount and may be combined by multiple applicants
 - Verifiable Credit Credit is verified by a national credit bureau
 - Criminal Background Check Missoula Property Management, LLC reserves the right to decline persons who have been convicted of a crime. (A registry of Sexual and Violent Offenders is available through City and County Law Enforcement Offices as well as the website: http://svor2.doj.state.mt.us:8010/index.htm)
 - Good Rental History Inability to verify previous/ current landlords may result in denial of the application

 Complete Application – Applications may be denied if not entirely complete, signed or necessary copies of photo ID; pictures, proof of ownership and insurance of mobile home; and/ or a picture and immunizations of each pet are not submitted.

* If any of the above requirements are not met, a co-signer or larger security deposit may be required.

- 3. **Processing** applications takes 24-48 hours. However processing may take longer if the application is incomplete. Processing time may be reduced if you include written income verification and/or a written reference from your landlord. Missoula Property Management, LLC cannot guarantee that the property you have applied for will still be available by the time your application is processed.
- 4. Once an application is approved the applicant must pay the first month's rent/ prorated rent, security deposit and any other necessary requested funds. This application will become an integral component of the Rental Agreement.
- 5. Should you require a reasonable accommodation or modification, please ask for assistance from a leasing agent. Missoula Property Management, LLC strictly adheres to all Fair Housing Laws.
- 6. Applicable residence rules and regulations and a sample lease are available for your review upon request. You should thoroughly understand them before making an application to rent from us. In addition, you will receive executed copies of your Rental Agreement at lease signing with Missoula Property Management, LLC.

I, the undersigned, certify that the information given herein is true and complete to the best of my knowledge. I have read and understand all of the application policies and procedures. I consent to the investigation of all statements contained in this application. I authorize Missoula Property Management, LLC to contact any persons, agencies, employers or corporations necessary to verify information at any time. All persons and firms may freely release any information including, but not limited to credit reports, criminal investigations, employment and income verification, rental history and personal references. I declare that I am legally able to sign a contract in the State of Montana and understand that Missoula Property Management, LLC may terminate any Rental Agreement entered into for any misrepresentations made in this Rental Application. I understand Missoula Property Management, LLC reserves the right, in its sole discretion, to report to national credit reporting agencies my failure to fulfill any of the terms of any rental agreement subsequently executed by me, including any amendments, renewals or extensions thereof. Subsequent consumer credit reports may be obtained and utilized under this authorization in connection with any update, renewal, modification, or extension of any Rental Agreement including any amendments thereto or regarding any collection matter pertaining to, arising from or in conjunction with, the rental or lease of a residence for which application was made. **Electronic** Submissions: By entering information onto this application. Applicant and Missoula Property Management LLC agree to the above agreement.

Applicant's Signature:	How did you hear about us:		
Applicant Name:	Date:		
Residence applied for:	Expected Move-In Date:		
Please return applications to: PO Box 17858, Missoula MT 59808 or by fax or email.			

Please share with us how you discovered our company: _ Name of Applicant: Have you gone by any other name: Home Phone #:_____ Cell Phone #:_____ Social Security #:_____ Drivers License # & State:_____ Date of Birth: ____ __ Email Address:____ Provide a copy of a Valid Photo ID Current Address: City, State, Zip: Lease Term: From (Month/ Year):_____ to: ____/ Monthly Rent:____ Landlord Name: Landlord Phone #: Any relation to the Landlord: Y / N If yes, relationship: Number of People in Household: Reason for Leaving:____ Previous Address: City, State, Zip:_____ Lease Term: From (Month/ Year):_____ to: ____ Monthly Rent:____ Landlord Name: Landlord Phone #: Any relation to the Landlord: Y/N If yes, relationship: Number of People in Household: Reason for Leaving:_____ Employment Information: Company Name: Phone#: Address: City, State, Zip: Monthly Income:_____ Supervisors Name: Position:____ Length of Employment: Other Income (Indicate source and amount & <u>provide letter or bank statement showing proof</u>): Previous Employment Information: Company Name: Phone#:____ Address: City, State, Zip: Supervisors Name: Monthly Income: Length of Employment:_____ Position: Additional Occupants: (if additional occupants, please indicate on a separate page) 2._____ 3.____ Do you have any pets? YES NO (Please provide a picture of pets with application) (Additional Monthly Pet Fee Applies) * No more then 2 pets. Immunization records and licensing of pet(s) are required if pet(s) are approved. Name:_____ Type/ Breed:_____ Age:___ Weight:____ Sex: M F Altered: YES NO Name:_____ Type/ Breed:_____ Age:___ Weight:____ Sex: M F Altered: YES NO

Make:	Model:	Vin:
Yr:		
Make:		
Yr:		
Bank Information:		
Name:	Address:	City, State, Zip:
	Account Number:	
Other Financial References:		
Background Information:		
Do you or any of the applica	nts smoke? YES NO	
Have you ever been charged	furniture (including fish tanks over 10 g l (regardless of whether or not it resulted YES NO	gallons)? YES NO d in a conviction), convicted, or pled guilty or
Have you ever been convicte whether or not resulting is a		nisdemeanor involving sexual misconduct
	gal judgments or lawsuits against you?	
Are you required to register a	as a violent or sexual offender in any jur	risdiction? YES NO
Emergency Contact Info:		
Name:		Phone #:
Name: Address:		Phone #: ip:
Name:Address:Personal References:	City, State, Zi	ip:
Name:Address:Personal References:	City, State, Zi	
Name:	City, State, Zi Relationship: City, State, Zip: Relationship:	ip: Phone#:
Name:	City, State, Zi Relationship: City, State, Zip: Relationship: City, State, Zip:	ip:Phone#:Phone#:
Name:	City, State, Zi Relationship: City, State, Zip: Relationship: City, State, Zip:	ip:Phone#:Phone#:Phone#:
Name:	Relationship: Relationship: City, State, Zip: Relationship: City, State, Zip: City, State, Zip: Mobile Home Information:	Phone#:Phone#:Phone#:
Address: Personal References: Name: Address: Name: Address: Mobile Home and Owner of I * Include photos, proof of ow application* Name:	Relationship: Relationship: City, State, Zip: Relationship: City, State, Zip: City, State, Zip: Mobile Home Information:	Phone#:Phone#:Phone#: ance of home in order to process thePhone #:
Name:	Relationship: City, State, Zi Relationship: City, State, Zip: Relationship: City, State, Zip: City, State, Zip: Mobile Home Information: vnership/ purchasing contract and insura Address: Address:	Phone#:Phone#: Phone#: ance of home in order to process the Phone #: Serial #:



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Applicant must complete the top section

Landlord's Name:		Return to:	Missoula Property Management, LLC		
Phone#:			P.O. Box 17858		
Fax#:			Missoula, MT 59808		
			Phone #:406-251-8500 Fax #: 406-543-8889		
Name of Applicant:			1 dx #. 400-343-0009		
Address of property rented:					
Address of property applied for:					
I consent to the investigation of all statements co persons, agencies, employers or corporations nec including, but not limited to credit reports, crimina references. I declare that I am legally able to sign LLC may terminate any Rental Agreement entered	essary to verify inform al investigations, empl a contract in the State	ation. All persons a oyment and income of Montana and u esentation made a	and firms may freely release any information e verification, rental history and personal understand that Missoula Property Management, pove.		
Signature of Applicant:		Date:			
This section to be filled out by previo					
1. Are you the owner or manager of the property?	MANAGER	OWNER			
Are you related to the applicant? YES NO If yes would you be willing to co-sign for		NO			
3. What is the address you rented to the above ap	pplicant?				
4. Term of the lease: Month to Month If fixed term, did the applicant stay for the lifno, please explain:			YES NO		
5. What in the beginning and end date of the tena	ancy? Move In Date:_		Move Out Date:		
6. Amount of monthly rent:					
7. Number of late payments/ returned checks:					
8. Did the Applicant have any roommates? If yes who?					
9. Number & type of disturbances/ complaints:					
10. Were any of the disturbances/ complaints the	fault of roommate(s)?)			
11. Did the applicants have pets? YE If yes, how many and what kind:					
12. Was proper notice to vacate given?	S NO				
13. Rate the applicants quality of care of the prop	perty: GOOD	FAIR	POOR		
14. Did you return the full security deposit? YE If no, how much and why:	S NO				
15. Would you rent to this applicant again? YE					
Landlords Signature:			Date:		
Title:			<u></u>		

EMPLOYMENT VERIFICATION

THIS SECTION	TO BE COMPLETED BY MANAG	EMENT AND EXECUTED BY	TENANT
TO: (Name & address of employer)		Date:	
RE: Applicant/Tena	nt Name	Social Security Number	Unit # (if assigned)
hereby authorize release of my employm		Oddai Occurity Number	onit # (ii assigned)
Signature of App	licant/Tenant	Da	te
The individual named directly above is a remain confidential to satisfaction of that s	an applicant/tenant of a housing progra tated purpose only. Your prompt respon	m that requires verification of inc se is crucial and greatly appreciate	ome. The information provided will d.
Project Owner/Management Agent		Return Form	Го:
	THIS SECTION TO BE COMPLE	TED BY EMPLOYER	
Employee Name:	Job	Title:	
Presently Employed: Yes Da	te First Employed	No Last Day of Employ	/ment
Current Wages/Salary: \$	_ (circle one) hourly weekly bi-w	reekly semi-monthly monthly	yearly other
Average # of regular hours per week:	Year-to-date ea	rnings: \$	_through//
Overtime Rate: \$ per he	our Average # of ov	ertime hours per week:	
Shift Differential Rate: \$	per hour Average # of sh	ift differential hours per week:	
Commissions, bonuses, tips, other: \$	(circle one) hourly weekly	bi-weekly semi-monthly month	nly yearly other
ist any anticipated change in the employ	ee's rate of pay within the next 12 month	s:	; Effective date:
If the employee's work is seasonal or spor	adic, please indicate the layoff period(s)	·	
Additional remarks:			
Employer's Signature	Employer's Prin	ted Name	Date
	Employer [Company] N	ame and Address	
Phone #	Fax #		F-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.