



## Rainbow Property Management Inc.



### Low Income Housing Tax Credit ( LIHTC ) Application

### Tax Credit Certification Questionnaire

**\*\* These are NOT subsidized properties. Tenants must pay full rent unless you have a Section 8 voucher\*\***

*MOUNTAIN VIEW APARTMENTS - RED LODGE, MT.  
Westchester Duplex - Billings, MT*

#### ***Resident Screening and Selection Process***

*Thank you for applying to live within our rental communities. RPM is an Equal Housing Opportunity provider and seeks to process all application in a fair and consistent manner. We comply with Fair Housing and offer Reasonable Accommodations to persons with disabilities.*

#### **Application Process:**

- *All Adults: please read and complete this entire application packet. **Incomplete applications will be denied.** It is your responsibility to provide all phone numbers and contact information to verify your references.*
- *RPM requires a **non- refundable screening fee of \$30 per adult housing member.** Applications will not be processed until this fee has been received in the form of cash, cashier check, money order, or online at [www.billingsrpm.com](http://www.billingsrpm.com) (fees apply).*
- *Admission / Rejection Policy*
  - *Units are rented to the first approved applicant with a full security deposit paid. A security deposit will not be accepted until the Rental Application is approved.*
  - *All incoming applications will be reviewed and initially approved applicants will be contacted.*
  - *The application process may take several weeks.*
  - *All applicants will be notified in writing of any denial citing the reasons for denial.*

#### **General Requirements**

- ***ID's**-Applicants must be at least 18 years of age, or married, or an emancipated minor. A Social Security card plus one other form of United States government issued photo ID is required at application. Examples of acceptable forms include; a valid, state-issued driver's license or identification card, United States issued passport, visa or legal alien documentation, tribal card.*
- ***Income**-Individual or combined income must be 2-2 ½ times the rental amount due per month. This may be offset if you have state or federal rental assistance such as Section 8.*
- ***Rental History**-We will contact your present and past landlords to verify you pay on time and take care of the property. If you do not provide contact information the application may not be processed.*
- *Verifiable Good **Credit**-Credit reports are obtained on all adults in the household.*
- ***Guarantors**-if you do not have good credit and/or rental references, you may choose to obtain a qualified co-signer to help you obtain a unit. Please contact our office if this may apply to you.*

#### **Student Status**

- *According to the LIHTC Program or section 42 of the IRS Cod, **A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community.** There are five exceptions to this rule:*
- *At least one adult in the unit is married, not necessarily to another adult living in the unit, and they have filed a joint federal tax return the previous year.*
- *The household consists of one single parent and at least one child, neither of whom is listed as a dependent on another person's (outside the household) most recent tax return.*
- *A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF).*

- A household member is a participant in a federal, state, or local job training program comparable to those funded by the job Training Partnership Act.
- At least one household member who was, in the past 5 years has been under the care and placement responsibility of the state agency responsible for administering foster care.

**NO UNAUTHORIZED PETS ARE ALLOWED ON THE GROUNDS AT RPM PROPERTIES.**

**Screening Criteria**

- All applicants and co-signers must agree to the following by executing a rental application form:

*I hereby consent to allow RPM, through its designated agent and its employees, to obtain and verify my credit information and criminal background search for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, RPM and its agent shall have a continuing right to review my credit information, criminal background, payment history, and occupancy history for account review purposes and for improving application methods.*

**Criminal Background Search**

We will conduct a criminal background search. It is our policy not to lease to applicants who have the following:

- A conviction of any felony in the last 5 years. Any applicant with a felony conviction older than 5 years will be assessed on a case by case basis. We do not rent to violent or sexual offenders.
- A background search that reveals a past history of violent, drug related, or criminal activity.

**Income/Asset Verification**

- RPM is required to verify all sources of income and assets. Failure to report or misrepresentation of application information will result in denial of the application.
- Income or some source of rental subsidy, such as Section 8 voucher, is required to be considered for tenancy. Applicants, who may be declined due to credit or income criteria, may be required to submit a budget for approval or obtain a co-signer in order to be approved.

**Evictions/ Rental History**

- An applicant may be declined if they have been evicted, or have failed to payoff money owed to past landlords or utilities.
- Any applicant who has declared bankruptcy in the past 5 years may be denied.

**\*\*MEGAN’S LAW DISCLOSURE:** pursuant to the provisions of the Title 46, Chapter 23, Part 5 of the Montana code Annotated, certain individuals are required to register their address with the local law enforcement agencies as part of Montana’s Sexual and Violent Offender Registration Act. In some communities, law enforcement offices will make the information concerning registered offenders available to the public. If you desire further information, please contact the local County Sheriff’s office, the Montana Department of Justice in Helena, Montana, and/or the probation office’s assigned to the area. Visit the website at [www.doj.mt.gov/svor/search.asap](http://www.doj.mt.gov/svor/search.asap) “RPM will not rent to a violent or sexual offender”.

**Acknowledgement**

I have read and understand the Resident Screening & Selection Process. I understand the circumstances for which my application may be denied.

**HOW DID YOU HEAR ABOUT US? FRIEND  NEWSPAPER  YELLOW PAGES  INTERNET  billingsrpm.com  freerentalfinder.com  OTHER \_\_\_\_\_**

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Apartment Number Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (Resident) Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Name(s) of dependent Children Covered by This Questionnaire: \_\_\_\_\_

A Separate Form is required for Each Adult Member (18 or older) of the Household including Members under the Age of 18 Who Will be designated as either the Head, Co Head, Spouse.

**INCOME- Include all income anticipated in the upcoming 12 months**

1. {YES} {NO} I am self-employed or own my own business. Provide a copy of your Federal income Return. List Nature of self-employment or business \_\_\_\_\_
2. {YES} {NO} I am employed. Please List Place of Employment \_\_\_\_\_
3. {YES} {NO} I am employed at more than one place Please list additional places of employment \_\_\_\_\_
4. {YES} {NO} I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return.
5. {YES} {NO} Do you expect any other person(s) to join the household in the next 12 months?
6. {YES} {NO} I receive cash contributions of gifts including rent or utility payment, on an ongoing basis from persons not living in my household.
7. {YES} {NO} I receive unemployment benefits or expect to receive in the upcoming 12 months.
8. {YES} {NO} I receive Military, Veterans, GI Bill, or National Guard Benefits /Pay (If yes please circle all that apply).
9. {YES} {NO} I receive Social Security Benefits.
10. {YES} {NO} I receive Supplemental Security Income (SSI) Benefits.
11. {YES} {NO} I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s) \_\_\_\_\_
12. {YES} {NO} I receive disability or death benefits other than Social Security.
13. {YES} {NO} I receive **Cash** Public Assistance/Welfare/Assistance or any other type of assistance from an agency that provides this type of assistance (example -TANF AFDC) please list: \_\_\_\_\_
14. {YES} {NO} I am receiving assistance from a Housing Authority in the form of Section 8 assistance/vouchers to help with my rental Payment.
15. {YES} {NO} I am entitled to receive child support payments: however, I am not receiving payments.
16. {YES} {NO} I am currently receiving child support payments.
17. {YES} {NO} I receive alimony / spousal support payments.
18. {YES} {NO} I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings. (If YES, please circle all that apply)
19. {YES} {NO} I receive income from real or personal property
20. {YES} {NO} I am receiving other forms of income that are not listed above, If YES, please list sources \_\_\_\_\_
21. {YES} {NO} I receive tribal monies and/or gaming fees. If YES, please list \_\_\_\_\_

**Assets**

22. {YES} {NO} I have Checking Account(s) How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
23. [YES] {NO} I have saving Accounts(s) How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
24. {YES} [NO] I have Certified Deposits (CD's) How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
25. [YES] {NO} I have Money Market Account(s) How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
26. [YES] {NO} I own Stocks or Bonds How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
27. [YES] {NO} I have a Trust. How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
28. [YES] {NO} I have a 401K account How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
29. [YES] {NO} I have a retirement account How Many\_\_\_\_\_ Interest Rate\_\_\_\_\_% Value \$\_\_\_\_\_
30. [YES] {NO} I have money in a safety deposit box. Amount held: \$\_\_\_\_\_
31. [YES] {NO} I own property
32. [YES] {NO} I have whole life or universal life insurance
33. [YES] {NO} I hold assets for investment purposes (example-antique car, jewelry, stamp collection, ect)
34. [YES] {NO} I have disposed of assets (gave away, sold cash or assets) for less then fair market value in the past Two years.  
If YES, list items and date disposed \_\_\_\_\_
35. [YES] {NO} I have access to any other asset or receive income from any other asset not listed above. If YES, list  
Type(s), how many, interest rate(s) and value(s) \_\_\_\_\_

### Student Status Questions

36. {YES} {NO} I am currently a part-time or full-time student (if YES, circle which one)
37. {YES} {NO} I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months.
38. {YES} {NO} There are currently minors in the household grades K-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors:\_\_\_\_\_
39. {YES} {NO} I have been a full-time student for 5 months or more of the past twelve (12) months (This includes recent High School Graduates).
40. {YES} {NO} Are all members of the household (adults and minors) full-time students?
41. {YES} {NO} Does your Household anticipate becoming a household in which all persons (adults and minors) will be Full time students in the next 12 months?

**If you answered YES to question #40 or question #41, please answer the following:**

42. {YES} {NO} Are you receiving assistance under the Title IV of the Social Security Act which is AFDC or TANF?
43. {YES} {NO} Are you enrolled in a local, state or federal job-training program?
44. {YES} {NO} Are you married and filing a joint tax return?
45. {YES} {NO} Are you a household of a single parent and at least one child, where neither of you are claimed as dependants on Another person's tax returns?
46. {YES} {NO} Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIHTC-RENTAL APPLICATION**



**Applicant Information** Please fill in every answer. If not applicable, write N/A. Incomplete applications will be denied.

Name (Last, Middle Initial, First)	Phone
Current Address	City, State, Zip
Mailing Address (if different from above)	
Current landlord name	Current landlord phone
Dates of residence?	Current monthly rent      Reason for moving?
Do you currently (circle one):    OWN      RENT    (if renting, are you in a lease now?)	

**Previous Rental History**

Address	City, State, Zip
Landlord name	Landlord phone
Dates of residence?	Monthly rent      Reason for moving?
OWN      RENT	

**Previous Rental History**

Address	City, State, Zip
Landlord name	Landlord phone
Dates of residence?	Monthly rent      Reason for moving?
OWN      RENT	

**List All Persons Who Wish to Reside in Your Unit (including part-time occupants)**

Head of Household (Last, Middle, First)	Full time student? (Y/N)	Social Security Number	Birth-date	Marital Status
Spouse/CoHead (Last, Middle, First)	Full time student? (Y/N)	Social Security Number	Birth-date	Marital Status
<b>Continued from page 5- List all persons</b>				

Name (Last, Middle, First)	Full time student? (Y/N)	Social Security Number	Birthdate	Marital Status
Name (Last, Middle, First)	Full time student? (Y/N)	Social Security Number	Birthdate	Marital Status

RPM complies with Fair Housing Act and offers reasonable accommodations/modifications to persons with disabilities.

**Accessibility Issues:** Do you or a household member require any modifications or accommodations?  Yes  No

If yes, please explain:

**Sources of Income:** Includes but not limited to: Employment (full or part time), self employment, welfare assistance, social security, pensions, SSI, SSDI, military pay/benefits, unemployment, child support, alimony, student grants/loans, lottery income, income from sale of property, income from trust, and any other income received from people not residing with you.

Family Member Name	Source of Income (wages, Social Security, etc)	Source contact info (name, address phone)	Annual Gross Income
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**Assets:** This includes, but is not limited to Checking/Savings accounts, 401K, Money Market accounts, IRA, Stocks/Bonds, Certificates of Deposit, Trusts, whole or universal life insurance policies, cash held in safety deposit boxes, items held as investments, etc. (Exclude vehicles unless being held for investment purposes)

Type of Asset	Current Balance/Value	Held Jointly? Y/N if yes, with whom?	Name of Financial Institution
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Type of Asset	Current Balance/Value	Held Jointly? Y/N if yes, with whom?	Name of Financial Institution
Do you own any real property? Y/N	If yes, type of property?	Address:	
Have you sold/disposed of any property/assets in the past 2 years? Y/N	If yes, type of asset?	Date disposed of?	

Are the Assets listed above for the entire household more than \$5000? Y/N

Do you have any other assets not listed (excluding household goods)? Y/N If yes, please list:

**Personal References:** List 3 persons *not related or living with you*, whom you have known at least one year.

Name	Address	Relationship	Phone
Name	Address	Relationship	Phone
Name	Address	Relationship	Phone

**Who should be contacted in Case of an Emergency?**

\_\_\_\_\_  
Name Address Phone Relationship

**Additional Information:**

**Why are you leaving your current residence?**

**How did you find out about our properties?**

Newspaper Drive By Online Family/Friends Other

**Vehicle Make/Model/Year**

**Have you given notice to your current landlord? Y/N**

**Do you intend to have animals, caged or un-caged at this residence? Y/N**

If Yes, what kind?

**Have you or any person who will be occupying the unit including minors ever been convicted, pled guilty or no contest to any crime?**

\_\_\_\_\_  
Who? When? Felony?  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever filed for Bankruptcy? Y / N**

**Have you ever been evicted from a rental? Y / N**

If yes, please explain including dates.

**Do you have any collections or judgments on your credit report? \_\_\_\_\_ If you answer yes, Can you explain your negative credit history?**

**Do you have a Section 8 Voucher Rental Assistance? Y/N**

What is the dollar amount of the voucher?

**Do you smoke? Y / N Does anyone in your household smoke? Y / N**

**IMPORTANT!!!**

**To save time when applying, please bring with you items below that apply to your household:**

**ID's (photo ID's all household members 18 yrs & over)**

**Social Security Cards- for all household members**

**Birth certificates for all minors in the household**

**SS/SSI Award Letters-if you receive social security benefits**

**Checking & Savings Statements-6 month of statements if you have checking or savings accounts\*\*Check with Management Office First**

**Child Support Documents - Children in household-please bring child support documents, divorce decree, parenting plan if they apply to your household.**

**Tax Returns-\*\*\*If Self-Employed provide Schedule C**

**Section 8-do you currently have section 8 assistance? How much do you qualify for?**

**\*\**Students*-we will need documentation of your Tuition Cost/Financial Aid/Grants/Student Verification form completed (to be completed at time of application)**

The following forms (3) will be needed to complete your application process. Please fill out the **top half** of each form only. Please legibly print all information then sign your name where indicated. If the form is not applicable to your situation please write N/A across it. If you need additional forms, please ask our office.



**Landlord Reference Request**

**Landlord's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_

I \_\_\_\_\_, SS# \_\_\_\_\_ am applying for housing  
Applicant Name (Printed)  
with Rainbow Property Management and a written reference from former landlords is required. **Please provide the following information to the address and/or fax to the number shown below:**

**Dates of Occupancy:**                      (From)                      (To)

\_\_\_\_\_  
**Past or Current Rental Street Address** Unit # \_\_\_\_\_

**Rainbow Property Management**  
**1417 13th St. West**  
**Billings, MT. 59105**  
**(406) 248-9028**  
**Fax (406) 248-4755**

\_\_\_\_\_  
**Additional Names on Lease**  
Thank you for your cooperation!

**Applicant signature**

**Date**

**APPLICANT-STOP HERE AND RETURN FORM TO RAINBOW PROPERTY MANAGEMENT**

**Landlords-please answer every question. We appreciate your prompt response. Thank you.**

Are you related or a friend to the applicant? \_\_\_\_\_ If yes, please describe relationship: \_\_\_\_\_

Please check appropriate Box  Current Landlord  Past Landlord

Amount of monthly rent \$ \_\_\_\_\_. Dates of Tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Was lease fulfilled? Yes No

What utilities were included in the rent? \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ Late how many times and how many days? \_\_\_\_\_

Were any of the late payments pre-arranged and the agreement honored? \_\_\_\_\_

Does the applicant have an outstanding balance? \_\_\_\_\_ If yes, what is the balance? \_\_\_\_\_ Have payment terms been met? \_\_\_\_\_ If not, has the balance been referred to a collection agency? \_\_\_\_\_

**Circle yes or no for the following answers:**

Y N Did tenant receive deposit back? If not, what were deductions for? \_\_\_\_\_

Y N Did tenant have pets, if so what kind? \_\_\_\_\_ Any problems? \_\_\_\_\_

Y N Did tenant smoke in unit? If yes, was smoking allowed in unit? Yes No

Y N Did tenant keep the unit in a clean and sanitary condition, including at move-out? If no, please explain the conditions that were unsatisfactory: \_\_\_\_\_

Y N Was the tenant responsible for taking care of the yard? If so, please explain the condition of the yard during tenancy and after move-out \_\_\_\_\_

Y N Did the tenant or their guest alter, damage or vandalize the unit or common areas or create hazards to the property or others? If yes, please describe: \_\_\_\_\_

Y N Did any member of the household or guest disrupt other tenants, staff or others? If yes, please describe \_\_\_\_\_

Y N Did this tenant/household receive any lease violation notices while living at your property? If yes, please explain \_\_\_\_\_

Y N Did the tenant/household permit persons not on the lease to live in the unit?

Y N To your knowledge, is any household member currently using, selling, distributing or in possession of illegal drug or drug paraphernalia?

Y N Was proper notice given when vacating? If no, was tenant evicted, asked to leave or lease renewal refused? Y N  
If, yes to last question, please explain \_\_\_\_\_

Y N Would you rent to this tenant again?

\_\_\_\_\_  
Landlord signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**Landlord Reference Request**

Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

I \_\_\_\_\_, SS# \_\_\_\_\_ am applying for housing  
Applicant Name (Printed)  
with Rainbow Property Management and a written reference from former landlords is required. **Please provide the following information to the address and/or fax to the number shown below:**

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\_\_\_\_\_  
Past or Current Rental Street Address Unit # \_\_\_\_\_

**Rainbow Property Management**  
1417 13th St. West  
Billings, MT. 59105  
(406) 248-9028  
Fax (406) 248-4755

Additional Names on Lease \_\_\_\_\_  
Thank you for your cooperation!

**Applicant signature**

**Date**

**APPLICANT-STOP HERE AND RETURN FORM TO Rainbow Property Management**

**Landlords-please answer every question. We appreciate your prompt response. Thank you.**

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Please check appropriate Box  Current Landlord  Past Landlord

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What utilities were included in the rent? \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ Late how many times and how many days? \_\_\_\_\_

Were any of the late payments pre-arranged and the agreement honored? \_\_\_\_\_

Does the applicant have an outstanding balance? \_\_\_\_\_ If yes, what is the balance? \_\_\_\_\_ Have payment terms been met? \_\_\_\_\_ If not, has the balance been referred to a collection agency? \_\_\_\_\_

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Y N Did tenant keep the unit in a clean and sanitary condition, including at move-out? If no, please explain the conditions that were unsatisfactory: \_\_\_\_\_

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Y N Did the tenant or their guest alter, damage or vandalize the unit or common areas or create hazards to the property or others? If yes, please describe: \_\_\_\_\_

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Y N To your knowledge, is any household member currently using, selling, distributing or in possession of illegal drug or drug paraphernalia?

Y N Was proper notice given when vacating? If no, was tenant evicted, asked to leave or lease renewal refused? Y N  
If, yes to last question, please explain \_\_\_\_\_

Y N Would you rent to this tenant again? \_\_\_\_\_

\_\_\_\_\_  
Landlord signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY TENANT**

TO: (PRINT Name and Address of employer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Employer's Phone Number  
\_\_\_\_\_  
Employer's Fax Number

RE: \_\_\_\_\_  
Print Applicant/Tenant Name

\_\_\_\_\_  
Applicant's Social Security Number

Date of Hire: (From) \_\_\_\_\_ (To) \_\_\_\_\_

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is applying for housing that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Please Return Form to:

Rainbow Property Management  
1417 13th St. West  
Billings, MT. 59105  
(406) 248-9028  
Fax (406) 248-4755

**THIS SECTION TO BE COMPLETED BY EMPLOYER-we will initiate form to them.**

Employee name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages per hour \$ \_\_\_\_\_ How often paid (circle one) hourly weekly bi-weekly semi-monthly  
Salary \$ \_\_\_\_\_ monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly  
Yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer's (Company) Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail Address

**Applicants Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

The statements on this application are true and correct and I authorize this company to contact any persons, corporations, employers, and agencies to obtain any information and material, which is deemed necessary to verify the information and statements in this 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.

By signing below:

I declare the information on this application is true and correct, and understand false statements may result in rejection of this or future applications for a rental through Rainbow Property Management. I understand by signing I am giving freely the authorization of any person or firm I have listed to release requested information I have listed concerning me and I hereby waive all right to action for any consequences resulting from such information. Such information I am releasing to Rainbow Property Management and/or its' principal and/or the owner of any property, which I am applying to rent; includes, but is not limited to a credit check and information disclosed on the credit report.

I understand if I enter into a Lease/Rental Agreement as a result of this application, it will be based upon the fact herein given as true and correct. If any facts on this application prove to be untrue after entering into an agreement, my tenancy may be terminated immediately and Rainbow Property Management can collect from me any damages incurred including reasonable attorneys fees resulting there from.

You are also herein notified that a negative credit report reflecting your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental obligations or if you default in those obligations in any way.

Rainbow Property Management is an exclusive agent of the Property Owner and represents the Property Owner's interest in any and all rental transactions.

I have read all pages of this application packet, which stipulates Rainbow Property Management's Rental Policies and Procedures, and have signed all pages before turning in this application. I understand that if this application is not fully completed (including all phone numbers and names needed) by me the application can be denied.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

