



## Application Requirements

Thank you for your interest in Forsyth Apartments when looking for your next home! HOPE Management is committed to providing the best service in order to assist you in choosing a housing complex that fits your needs. Please feel free to contact us at any time should you need assistance with completing this application at (406) 356-9815 or stopping by our office located at 1855 Main Street, Forsyth, MT 59317 during the hours of 9 am - 2 pm Monday through Friday. An application fee of \$25.00 per adult is required to complete the background screening.

Only one application per household is required regardless of marital status.

To ensure that you are able to have a quick and smooth move in, please be sure to do the following:

- ✓ Make sure all blanks are complete. If the question does not apply to you, fill in N/A.
- ✓ Please do not use white out ever.
- ✓ If you make a mistake, draw a single line through the mistake and initial next to it.
- ✓ Make sure that all adults sign and date the application.
- ✓ Bring copies of all household members' social security cards and all occupants who are over 18's identification at the time you drop off the application.
- ✓ Sign the application.

Eligibility will be determined based upon this property's Resident Selection Criteria (available upon request) and the applicant(s) will be notified **in writing** within 10 days of the applications receipt as to the acceptance or denial of the application. If there is not a unit available, the applicant will be placed on the waiting list.

HOPE Property Management, LLC. is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act (ADA). If you require assistance in the form of readers, interpreters, large print, or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible. If you are mobility impaired and do not have access to our rental office, we can make arrangements to meet you at a different office, your home, or another accessible location.





# Rental Application

Desired Move In Date: \_\_\_\_\_  
 Applicants Name: \_\_\_\_\_  
 Current Physical Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Return Application to:**

Foothill Manor I & II Apartments  
 1855 Main Street  
 Forsyth, MT 59317  
 Phone: (406) 356-9815  
 Fax (406) 356-3463

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 App Paid: \_\_\_\_\_

Apartment Bedroom Size Seeking:  One  Two  Three  
 Specially Equipped Handicap Unit (Specify) \_\_\_\_\_

Do you certify that, if eligible, this will be your primary residence?  Yes  No  
 Have you ever applied for or currently holding a Section 8 waiting Certificate or Voucher?  Yes  No  
 If Yes, do you currently have a Section 8 Voucher?  Yes  No  
 Are you currently residing in a HUD/RD Assisted unit?  Yes  No  
 Do you have a pet?  Yes  No  
 Are you:  Homeless  Disabled/Handicap  52 or Older  62 or Older  Victim of Domestic Violence  
 How did you hear about us?  Online  Publications  Referral  Other: \_\_\_\_\_

**Household Information**

1. List all occupants beginning with the Head of Household including Live in Aides, foster children and foster adults who will be occupying the house. (Head of Household is the person whose name is at the top of this Application. All other adults are Co-Heads)

	Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Age	Sex M/F	Social Security Number
#1	_____	Self	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____	_____
#7	_____	_____	_____	_____	_____	_____

2. Are there any anticipated changes to the number of people living in the household in the next 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_

3. Is any adult member of your household separated, but not divorced? If Yes, who? \_\_\_\_\_  Yes  No

4. All occupants listed above who have attended (in the last calendar year) or will be attending an educational institution in the next 12 months.

Household Member	Educational Institution	Full or Part Time	Financial Assistance?
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Full / <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Rental Application

Income / Asset Information

1. List all amounts of unearned income that the household is currently receiving or anticipating on receiving in the next 12 months:

Social Security, SSI, SSDI:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Cash Assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Food Stamps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Unemployment Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Workman's Comp:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Child Support / Alimony:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Pension / Veterans' Benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Student Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Family Support:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member Name(s): _____	Monthly \$ _____

2. Is any household member currently employed?  Yes  No

If yes, list below:

Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		
Applicant Name:			
Current Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		

3. If no, are you currently seeking employment?  Yes  No

Amount Anticipated:	Annual Income: \$ _____
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*\*\* If seeking employment, please attach copy of previous year's tax returns. \*\**

Please list your previous employment:

Applicant Name:			
Previous Employer:	Monthly: \$	Hourly: \$	Hours/Wk:
Work Address:	Phone Number:		
Length of time:	Fax Number:		

4. Has any household member sold or given away assets for less than fair market value with the past two years?  Yes  No

Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____
Household Member: _____	Asset Type: _____	Value: \$ _____	Cash Value: \$ _____



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# Rental Application

1. List all household members' assets including bank accounts, cash on hand, stocks, bonds, land and real estate, ect.

Household Member	Type of Asset (checking, saving, cd, cash card)	Account Number Bank Name	Current Value	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

Additional Information

2. Have you, or any member of your household, been charged with or convicted of a felony?  Yes  No  
 Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_\_  
 Date parole or probation ends? \_\_\_\_\_
3. Have you, or any member of your family, been charged with or convicted of illegal manufacture or distribution of a controlled substance?  Yes  No  
 Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_\_  
 Date parole or probation ends? \_\_\_\_\_
4. Are you, or any member of your household, a registered sex offender under any state sex offender registration programs?  Yes  No  
 Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_\_  
 Date parole or probation ends? \_\_\_\_\_
5. Is any member of your household currently charged with any criminal activity but not yet been convicted?  Yes  No  
 Name of Household Member: \_\_\_\_\_  
 If yes, when? \_\_\_\_\_  
 Date parole or probation ends? \_\_\_\_\_
6. Have you, or any member of your household, ever been evicted from housing?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Deductions

7. Do you have out of pocket child care expenses for a child under the age of 13 and the child care enables you to work or go to school?  Yes  No
8. Do you receive child care reimbursement?  Yes  No
9. Do you have or will have unreimbursed medical expenses or expenses related to a disability?  Yes  No



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# Rental Application

Housing Information: List the past residences of the last five years for all adult members. (Attach additional pages if necessary)

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Current Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Apartment  Rent Home  Own Home  Family  Other: \_\_\_\_\_

Member(s) Name(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates of Residency: Move In \_\_\_\_\_ Move Out \_\_\_\_\_

Previous Landlord Name or Mortgage Company: \_\_\_\_\_

Landlord/Mortgage Phone: \_\_\_\_\_ Landlord/Mortgage Fax: \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_



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# Rental Application

### References

1. If you have never rented or cannot provide a complete five years of rental history, please provide three professional references. (professional references can include co-workers, supervisors, community members, teachers, religious leaders, probation, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship:  Work  Community  Other \_\_\_\_\_ If not professional:  Friend  Family

### Emergency Contact

1. In case of Emergency, who do we have your permission to contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby swear that to the best of my knowledge, the above information is true, correct and complete. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I further certify that I do not expect any changes in the information provided above or on the attached Application. Should my information change unexpectedly or otherwise, I will notify management immediately. Failure to do so may cause a delay in the process of my household for occupancy or may cancel my household's application for occupancy altogether.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move in occurs. I also certify that I will maintain no other place of residence. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing

I understand the Resident Selection Plan is available to me upon request, that it summarizes the procedures for processing applications, and I also understand that I must meet the requirements set-forth in the Resident Selection Plan.

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Adult Member

\_\_\_\_\_  
Date

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





# Rental Application

RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RETURN: \_\_\_\_\_  
 Forsyth Apartments  
 1855 Main Street  
 Forsyth, MT 59317

To Whom It May Concern:

The person(s) named above is a resident/applicant for Section 42 Housing, or a program which has rents that are subsidized by the U.S. Government. Federal regulations require that in order for a family to be eligible for this type of housing, the income of the family, as well as their assets must not exceed certain established limits. The information requested below will be held in STRICT CONFIDENCE as is required under the provisions of the applicable law and will be used only to determine the eligibility of the family for the housing. Thank you for your cooperation.

Resident Manager  
 \_\_\_\_\_  
 406-356-9815  
 Telephone Number

Date  
 \_\_\_\_\_  
 406-356-3463  
 Fax Number

Section B: Applicant(s): Sign and date.

**AUTHORIZATION TO RELEASE INFORMATION**  
All adult household members must sign below.

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
 Tenant/Applicant Signature

\_\_\_\_\_ Date

This form expires one year from date of signature.



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## Gender, Race, & Ethnicity Appendix (RD)

The following information is requested by USDA Rural Development (per instructions on HB-2-3560, Chapter 6, 6.18 A.):

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Please enter the appropriate number and letter in the columns below. To avoid entering each occupant name again, enter the Race, Ethnicity and Gender of each person in the order they are listed on Part 1 of the application. The first row is filled out for you as an example.

Occupant(s)	Race	Ethnicity	Gender	Disabled
<i>Example</i>	<i>5</i>	<i>A</i>	<i>F or M</i>	<i>Y or N</i>
1.				
2.				
3.				
4.				
5.				
6.				

Choices for Race are:

- 1 – American Indian or Alaskan Native
- 2 – Asian
- 3 – Black or African American
- 4 – Native Hawaiian or Pacific Islander
- 5 – White
- N/A – Do not wish to answer

Choices for Ethnicity are:

- A – Hispanic/Latino
- B – Non-Hispanic/Latino
- N/A – Do not wish to answer

Choices for Gender are:

- M – Male
- F – Female
- N/A – Do not wish to answer

Choices for Disabled According to the Fair Housing Act are:

- Y – Disabled/Handicap
- N – Not Disabled or Handicap
- N/A – Do not wish to answer

