

Gates Group LLC (Management)

908 W Montana Street, Livingston, MT 59047 (406) 220-2517 email: RussHimm@gmail.com

RENTAL APPLICATION

INCOMPLETE applications WILL NOT be processed until we have all information. We cannot guarantee any unit you have seen to be available by the time your application is processed. We cannot be held responsible for any unit that is rented after you have seen it and turned in an application. All rentals are on a first-approved basis.

PROPERTY APPLYING FOR: _____

PERSONAL INFORMATION:

_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ DATE OF BIRTH	_____ SOCIAL SEC #	_____ DRIVERS LICENSE NUMBER
_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ DATE OF BIRTH	_____ SOCIAL SEC #	_____ DRIVERS LICENSE NUMBER
_____ CURRENT STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP	_____ PHONE NUMBER(S)	_____ EMAIL ADDRESS(S)

NAMES AND DATES OF BIRTH OF ALL INTENDED APPLICANTS/ROOMMATES: _____

WHEN WOULD YOU LIKE TO MOVE IN: _____ HOW LONG WILL YOU LIVE HERE?: _____ DO YOU SMOKE? Y N

IS THE TOTAL MOVE IN AMOUNT AVAILABLE NOW? Y N HOW DID YOU HEAR ABOUT THIS PROPERTY? _____

DO YOU HAVE A CHECKING ACCOUNT? Y N BALANCE: _____ DO YOU HAVE A SAVINGS ACCOUNT? Y N BALANCE: _____

WHAT PETS DO YOU HAVE? (Describe): _____

DOG OR CAT _____ BREED _____ AGE _____ PET'S WEIGHT _____ SEX _____ SPAYED OR NEUTERED _____ COLOR _____

AUTOMOBILE INFORMATION: How Many Vehicles Do You Own? _____

_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #	_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #
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CURRENT RENTAL HISTORY:

Present Landlord: _____
Name Phone Number

Rental Address / Unit # Rental Amount Move In – Move Out Dates

Reason for Moving: _____

Previous Landlord: _____
Name Phone Number

Rental Address / Unit # Rental Amount Move In – Move Out Dates

Reason for Moving: _____

Previous Landlord: _____
Name Phone Number

Rental Address / Unit # Rental Amount Move In – Move Out Dates

Reason For Moving: _____

HAVE YOU EVER BROKEN A LEASE BEFORE? Y N If yes, reason: _____

HOW MANY EVICTIONS HAVE BEEN FILED UPON YOU? _____ Please Explain: _____

HOW MANY FELONIES DO YOU HAVE? _____ Please Explain: _____

INCOME:

List all verifiable forms of income you wish to have considered. (i.e. employment, financial aid, parents, etc. – we need to know how you will pay rent)

_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number
_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number

PERSONAL REFERENCES:

Name Phone Number Relationship Name Phone Number Relationship

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT? _____

Name Phone # Address

I HEREBY AUTHORIZE MANAGEMENT AND THE LANDLORD, AGENT OR STAFF TO CONTACT ANY PERSONS, CORPORATIONS, EMPLOYERS, CREDIT AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION AND MATERIAL WHICH IS DEEMED NECESSARY TO VERIFY THE INFORMATION AND STATEMENTS IN THE APPLICATION. THE STATEMENTS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. STATEMENTS FOUND TO BE FALSE OR MISLEADING MAY RESULT IN TERMINATION OF ANY RENTAL CONTRACT.

Signature Date Signature Date

AUTHORIZATION TO RELEASE INFORMATION

TO: Gates Group LLC
908 W. Montana St.
Livingston, MT 59047
(406) 220-2517 – buysellmh@gmail.com

I am an applicant for the residence located at:

_____,
managed by Gates Group LLC. I am required to furnish information that this agency may use in determining my qualifications for this residence. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for Gates Group LLC and its representatives to conduct these checks and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for residential applicant purposes.

I hereby release Gates Group LLC and any organization, entity, company, institution or person furnishing information to Gates Group LLC from any liability for damage which may result from furnishing any information requested.

This form must be completely filled out and signed or applicant will be rejected.

Print Full Name: _____

Present Address: _____

(Street)

(City)

(State)

(Zip Code)

Birth Date: _____ Social Security Number: _____ - _____ - _____

(Applicant Signature)

(Date)

Print Full Name: _____

Present Address: _____

(Street)

(City)

(State)

(Zip Code)

Birth Date: _____ Social Security Number: _____ - _____ - _____

(Applicant Signature)

(Date)