

**METRO PROPERTY MANAGEMENT**

2116 Broadwater Ave. Suite 101  
Billings, MT 59102  
406-655-4244 Fax 406-655-4275

6701 Hollister, P.O. Box 1080  
Colstrip MT 59323  
406-748-3016 Fax 406-748-3096

Website: [billingsarearentals.com](http://billingsarearentals.com)

**PROCESSING DISCLOSURE, POLICIES AND APPLICATION TO RENT/LEASE**

Applicant:

Our company will be processing your application based upon the following information:

Our company acts on behalf of the owners of the property you are viewing. Please review the unit and property carefully. If you have questions regarding the unit, the condition of the unit, your maintenance and yard work responsibilities, or other questions, please ask them **before** filling out an application.

**EVERY PERSON 18 YEARS AND OVER MUST FILL OUT AN APPLICATION.**

Processing consists of :

1. You-(every person of legal age ‘18’ and over) Completing an application thoroughly.
2. You-Providing a copy of your picture ID-we can copy it for you.
3. You-Paying a processing fee of **\$30**—nonrefundable.

Our company will:

1. Pull and review your credit report.
2. Check for criminal history.
3. Check the sexual offender’s list.
4. Verify income to meet financial obligations to the rental unit and normal expenses.
5. Verify rental references from information you provide.
6. Report to you regarding approval or disapproval of application when processing is complete.
7. If approved-we will expect you to pay the security deposit and fill out paperwork immediately.

**A UNIT IS STILL AVAILABLE TO OTHERS UNTIL SECURITY DEPOSIT IS PAID AND PAPERWORK IS COMPLETED.**

Each application must be completely filled out, \$30 fee paid, and accompanied with a picture ID to our office-BEFORE any processing will begin.

Each person intending to live in the unit who is 18 years of age and over-regardless of relationship-must apply.

**MOBILE HOME OWNERS RENTING LOTS MUST BE ABLE TO PROVIDE COPIES OF OWNERSHIP TITLE, LEGAL IDENTIFICATION NUMBERS AND INFORMATION.**

We look forward to helping you find a new home!

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

X \_\_\_\_\_  
Applicants signature indicates acceptance of these procedures Date

X \_\_\_\_\_  
**C0-SIGNER** signature indicates acceptance of these procedures Date

APPLICANTS NAME: \_\_\_\_\_

PROPERTY ADDRESS APPLIED FOR: \_\_\_\_\_

This application consists of 7 pages. All forms must be filled out completely and a fee of **\$30.00 PER PERSON** must be received before any client will be considered for a property managed by Metro Property Management. Your application fee will be used to cover the costs of processing this application and to cover the cost of your credit report and is **NOT REFUNDABLE.**

**A PHOTO ID OF ALL APPLICANTS IS REQUIRED**

**REQUIREMENTS CONSIDERED FOR APPROVAL:**

- 1. Income-** Individual or combined income must be Three times the rental amount due per month.
- 2. Verifiable Good Credit-** Credit reports are obtained on all adults living in the rental unit and all adults are required to fill out an application form. **It is your responsibility to provide names and phone numbers of landlords and creditors.**
- 3. Good Rental History-** We will contact your two rental references given on the application. **If you do not provide names and phone numbers, your application will not be processed and, therefore, will not be approved.**
- 4. Pet References/Deposits-** all applicants must disclose pets they intend to have in the home and it will be verified with your previous landlords. You must also understand, the property owners that we represent require a larger security deposit to be paid. The amount is set by the owner and cannot be waived. Some properties do not allow pets.
- 5. Complete Application-** If all of the application pages are not filled out completely, it can result in the application being denied or not processed. If a question does not apply to you, please mark "NA" on the appropriate line. Co-signers must complete a separate application to be processed.
- 6. Yard Work & Home Maintenance Responsibility** – If you are applying for a unit with yard work required done by tenants, you **MUST** take care of the yard as required. **Ask about your responsibilities before applying.**

If you do not have credit and/or rental references, you may choose to obtain a qualified co-signer to help you obtain a rental unit. The co-signer must apply, read and sign all pages of the application and understand that he/she will be responsible completely with you for all aspects of the rental unit. If you have questions, please contact us.

We will attempt to process all applications within 24 hours Monday - Friday.

All rental units are on a first approved basis and will not be held pending application approval. Once approved, you will be contacted to come in and sign the lease and pay the security deposit to hold the unit until availability. A unit is still on the rental market until deposit is paid and paperwork signed.

Upon move-in

- You will be required to pay the first month's rent.
- The security deposit must be paid in full before moving in.
- All utilities you are responsible for must be put in your name prior to obtaining keys to your unit.
- After signing a lease you are liable to report to us within 48 hours of any changes in phone numbers and/or employment status.

I have read and understand page two of this application: \_\_\_\_\_

Applicant Signature

Date

APPLICANTS NAME \_\_\_\_\_ DATE \_\_\_\_\_

LAST FIRST MI

APPLICANT CURRENT ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ HOW LONG \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

FULL/PART TIME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOW OFTEN PAID \_\_\_\_\_ INCOME \_\_\_\_\_

OTHER SOURCES OF INCOME \_\_\_\_\_ AMOUNT \_\_\_\_\_

Have you ever filed bankruptcy? Y/N When? \_\_\_\_\_

**Are there any judgments/collections against you? Y/N** If YES, list specifics of judgments and collections: \_\_\_\_\_

CREDIT REFERENCES: \_\_\_\_\_

Names of ALL adults that will be residing in the rental unit: \_\_\_\_\_

Names of ALL children/minors that will be residing in the rental unit: \_\_\_\_\_

HOW MANY PETS DO YOU HAVE? \_\_\_\_ WHAT KIND? (I.E.SIZE/BREED) \_\_\_\_\_

Pets include fish, birds, dogs, cats, or any caged or tanked animal, fowl, reptile, etc. \_\_\_\_\_

**DO YOU INTEND TO USE A WATERBED IN YOUR NEW RENTAL: YES NO**

**Do you smoke? Yes No**

**CRIMINAL HISTORY**

1. HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR "NO CONTEST" TO A FELONY (whether or not resulting in a conviction) YES \_\_\_\_\_ NO \_\_\_\_\_
2. HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT (whether or not resulting in a conviction) YES \_\_\_\_\_ NO \_\_\_\_\_

**If Yes to either of the above-please provide details below.**

ANY ADDITIONAL INFORMATION/COMMENTS? \_\_\_\_\_

The statements on this page are true and correct and I authorize this company to contact any persons, corporations, employers, or 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 Metro 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:**

\_\_\_\_\_  
Rental Street Address Unit # \_\_\_\_\_

**METRO PROPERTY MANAGEMENT  
2116 BROADWATER AVE. STE 101  
BILLINGS, MT 59102  
406-655-4244 FAX 406-655-4275**

\_\_\_\_\_  
Additional Names on Lease

Thank you for your cooperation!

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**APPLICANT-STOP HERE AND RETURN FORM TO METRO 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 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 Metro 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:**

\_\_\_\_\_ **METRO PROPERTY MANAGEMENT**  
Rental Street Address Unit # \_\_\_\_\_ **2116 BROADWATER AVE. STE 101**  
\_\_\_\_\_ **BILLINGS, MT 59102**  
Additional Names on Lease **406-655-4244 FAX 406-655-4275**

Thank you for your cooperation!

\_\_\_\_\_ Applicant signature \_\_\_\_\_ Date

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

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

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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

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (PRINT Name and Address of employer)

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's phone Number \_\_\_\_\_

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

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

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:

Metro Property Management  
2116 Broadwater Avenue Ste 101  
Billings MT 59102  
Phone: 406-655-4244  
FAX: 406-655-4275

THIS SECTION TO BE COMPLETED BY EMPLOYER

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 Metro 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 Metro 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 Metro 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.

Notice of the contractual relationship between the Property Owner and Metro Property Management: Alan Lees Realty 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 Metro 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:** \_\_\_\_\_

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**2116 Broadwater Ave, Suite 101, BILLINGS, MT 59102**  
**OFFICE (406) 655-4244 FAX (406) 655-4275**

