



Dear Applicant:

Attached is your application package. It should include the following:

- **Application**: You must fill out this form completely and accurately. If your application is not complete with signature and date it will be rejected.
- **Citizenship Declaration**. Please read and complete the package. All members of the household must complete the package to be considered for residency.
- **Document Package for Applicant's/Tenant's Consent to the Release of Information**. Please read the HUD Fact Sheet included in this packet for full information. You may take the packet home with you to read or to discuss with a third party of your choice; however, these forms must be signed by all persons over the age of 18. A copy of this packet will be given to you after you have signed all forms.
- **SSN Document**. All applicants must comply with SSN requirements as described in the attached document.
- **Tenant Selection Plan**. This Plan defines the type of property and who qualifies to live in the community. It addresses how applicants are accepted and rejected and contains other important information. It addresses how applicants are selected and what criteria are used when selecting residents. Be sure to read the Tenant Selection Plan so that you will understand about the Miles City Eagles Manor.
- **Form 92006**. Application Supplemental Information – You have the right to include the name, address and phone number of a family member, friend, advocate or organization that may be able to resolve any problems, answer questions or assist you through the application process or during residency. This information is optional but completion of the form is mandatory. If you choose not to disclose the name of a family member, friend, advocate or organization, you must check the box at the bottom of the form indicating you choose not to provide the information. You must sign and date this form as well.
- **Race and Ethnic Data Reporting Form**. Please complete the form after reading the instruction sheet and return with your application.
- **EIV and You**. Please read the attached brochure, sign the attached receipt and return with your application.
- **Student Certification and Instructions**.

When you return your completed application package you will need to include the following:

- Birth Certificates for all household members, and
- Social Security Cards for all household members.

If you do not include all of the information listed, your application may be placed on the waiting list but you will not be allowed to move in.

Any misrepresentations of information related to eligibility, allowances, rent, family composition, or prior tenant history is grounds for rejection.

If you do not understand a question on the application or need help filling it out, please ask for help from the office staff.

You will be placed on our waiting list according to the time and date we received this package.

Thank you for your interest in the Miles City Eagles Manor.

Miles City Eagles Manor does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs or activities.



Miles City Eagles Manor
1000 Palmer Street
Miles City, MT 59301
(406) 234-5320 Fax (406) 234-3206
TTY 711

APPLICATION ASSISTANCE AND INFORMATION SHEET

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THIS APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

**OUR PHONE NUMBER IS 406-434-5661.
WE ARE AVAILABLE BETWEEN THE HOURS OF 8:00AM - 5:00PM
MONDAY THRU FRIDAY OR BY APPOINTMENT.**

**IF YOU HAVE A HEARING OR SPEECH IMPAIRMENT,
OUR TTY NUMBER IS 711**

**APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A
CONFIDENTIAL MANNER AND SETTING.**

Answering Questions on this Form

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior tenant history is **grounds for rejection**.

Answering Questions Pertaining to Handicap or Disability

Answers to questions concerning handicap or disability status **are optional**. However, without this information we may not be able to:

1. determine your eligibility; or
2. calculate your rent correctly.

Families with handicapped or disabled members may be entitled to certain deductions from income that affect rent.

If you answer these questions we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management.

APPLICATION FOR RENTAL HOUSING

DATE _____

1. Please print all sections in ink. Do not leave any sections blank, even those that do not apply to you. For instance, if a section asks for asset information and you do not have any assets, you may enter 'none' or 'N/A' (Not Applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
2. As head of household, you will complete this application. Each additional adult (excluding spouses) who will live in the apartment must complete a separate application.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of obtaining federal funds.

APPLICANT NAME: _____
 CURRENT ADDRESS: _____ APT. # _____
 CITY, STATE, ZIP CODE: _____
 HOME PHONE: _____ WORK PHONE (HEAD): _____
 WORK PHONE (SPOUSE): _____

List names, addresses and phone numbers of two relatives or friends who know how to contact you:

1. NAME: _____ PHONE: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
2. NAME: _____ PHONE: _____
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List the Head of Household and all other members who will be living in the assisted unit.
- Give the relationship of each family member to the Head of Household.

Member #	Full Name	Relation-ship	Birth Date	Birth Place	Age	Sex	Social Security #
1		Head					
2							
3							
4							
5							
6							

Is anyone living with you now that is not listed above? Yes _____ No _____

If Yes, why are they no longer going to live with you? _____

Do you plan to have anyone living with you in the future that is not listed above? Yes _____ No _____

If Yes, explain: _____

INCOME INFORMATION: For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

Household Member	Source or Type of Income	Annual Income

Please answer each of the following questions. For each “yes” answer provide details in the space provided.

1. Is any member of your household employed full-time, part-time or seasonally?	Yes _____ No _____
2. Does any member of your household expect to work for any period during the next 12 months?	Yes _____ No _____
3. Does any member of your household work for someone who pays them in cash?	Yes _____ No _____
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	Yes _____ No _____
5. Does any member of your household now receive, or expect to receive, unemployment benefits?	Yes _____ No _____
6. Does any member of your household now receive, or expect to receive, child support?	Yes _____ No _____
7. Is any member of your household entitled to child support that he/she is not receiving?	Yes _____ No _____
8. Does any member of your household receive, or expect to receive, alimony?	Yes _____ No _____
9. Is any member of your household entitled to alimony, but does not presently receive it?	Yes _____ No _____
10. Does any member of your household now receive, or expect to receive, welfare?	Yes _____ No _____
11. Does any member of your household now receive, or expect to receive, Social Security?	Yes _____ No _____
12. Does any member of your household now receive, or expect to receive, Veterans Administration Benefits?	Yes _____ No _____
13. Does any member of your household now receive, or expect to receive, a pension?	Yes _____ No _____

14. Does any member of your household receive regular cash contributions from individuals not living in the unit?	Yes _____ No _____
15. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stocks, and bonds, or income from rental property?	Yes _____ No _____

ASSET INFORMATION: List all checking and savings accounts, including IRA's, KEOGH accounts, certificates of deposit, etc. of all household members, including amounts disposed of during the past two years.

Household Member	Bank Name	Account Number	Account Type	Amount (current or disposed of)

List the value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? Yes _____ No _____

If Yes, what is the current market value of the asset? _____

Have you sold or given away real property or other assets in the past two years? Yes _____ No _____

If Yes, what was the value of the asset? _____

EXPENSE AND ALLOWANCE INFORMATION:

Do you pay for childcare that enables you or a household member to work? Yes _____ No _____

If Yes, give the name and address of the childcare provider: _____

Household member enabled to work: _____ Weekly childcare costs? _____

Do you pay for Medicare? Yes _____ No _____ If Yes, what is the premium? _____

Do you pay for a Medicare Drug Discount Program? Yes _____ No _____ If Yes, premium amount? _____

Do you pay for any other kind of medical insurance? Yes _____ No _____ If yes, premium amount? _____

Do you pay for long-term healthcare insurance? Yes _____ No _____ If yes, premium amount? _____

Do you receive medical assistance through the welfare department? Yes _____ No _____

Do you have any outstanding medical expenses you will be making payments on over the next twelve (12) months? Yes _____ No _____ If Yes, state the amount: _____

The following three questions are **optional**, but answering them may entitle you to an additional deduction or accommodation.

- Is any member of your household handicapped or disabled? Yes _____ No _____

If Yes, name of household member: _____

- Identify any special housing needs required as a result of the handicap or disability: _____
- Do you pay for a care attendant or for any equipment for the handicapped member of the household that permits that person or someone else in the household to work? Yes _____ No _____

If Yes, describe the expenses: _____

Name of household member enabled to work: _____

RACE/ETHNICITY: HUD requires us to maintain a record of your race and ethnicity. While these questions are optional, answering them will assist in our HUD reporting. If you choose not to answer the following questions, the housing provider will guess.

• **Optional questions:**

Race of Head of Household:

American Indian _____ Asian _____ Negro/Black _____ White _____ Other _____

Ethnicity of Head of Household:

Hispanic _____ Non-Hispanic _____

HOUSING/RENTAL INFORMATION

How many people live in your home now? _____

How many bedrooms does your home have? _____

Why do you wish to move? _____

Are you being evicted? Yes _____ No _____ If Yes, explain the circumstances: _____

Are you being displaced from your present home? Yes _____ No _____ If Yes, explain the circumstances: _____

Are you living in a government-subsidized unit? (e.g. Section 8, Section 236, Section 221, voucher program or certificate) Yes _____ No _____

Have you been evicted from a government-subsidized unit? Yes _____ No _____ If Yes, explain the circumstances and include the date: _____

What is the amount your household currently pays for rent? _____

What utilities do you pay? _____

What size apartment are you making application for? Studio/Efficiency ___ 1 Bedroom _____

Will any adult in the household be registered as a full time student? Yes _____ No _____

Do we have permission to place your name on a waiting list for any other size apartment this is still within the occupancy guidelines of the property? Yes _____ No _____

List every state in which you or a household member have resided since turning the age of 18. For each state listed provide the name of the city/town or county/parish and the dates of residency. Use additional paper if necessary.

Household Member	State	City/Town or County/Parish	Dates of Residency

It is required that we have references in your file before you are eligible for our active waiting list. If you have never rented before, you may substitute two (2) professional references. Relatives and friends are not acceptable for references. Your application will not be accepted unless these references and their addresses are completed. Use additional paper if necessary.

CURRENT LANDLORD OR HOUSING PROVIDER

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Dates of Residency: From _____ to _____

PREVIOUS LANDLORD OR HOUSING PROVIDER

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Dates of Residency: From _____ to _____
 Address of Previous Residence: _____

PREVIOUS LANDLORD OR HOUSING PROVIDER

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Dates of Residency: From _____ to _____
 Address of Previous Residence: _____

PREVIOUS LANDLORD OR HOUSING PROVIDER

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Dates of Residency: From _____ to _____
 Address of Previous Residence: _____

PREVIOUS LANDLORD OR HOUSING PROVIDER

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Dates of Residency: From _____ to _____
 Address of Previous Residence: _____

If you have never rented before, you may substitute two (2) professional references. Relatives and friends are not acceptable for references.

PROFESSIONAL REFERENCES

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

BACKGROUND INFORMATION

Has any member of your household been convicted of a felony? Yes _____ No _____ If, Yes, list the name of the household member, the state and county in which the conviction occurred and the date. Use additional paper if necessary.

Household Member	State Where Occurred	County Where Occurred	Date of Occurrence

Has any household member's consumption of alcohol affected the household's ability to live in any other community? Yes _____ No _____ If Yes, please explain. Use additional paper if necessary.

Is any member of your household a current user of illegal drugs? Yes _____ No _____ If Yes, does the use of drugs affect the household member's ability to be a good neighbor? Yes _____ No _____ Has the household member's use of drugs affected your ability to live in any other community? Yes _____ No _____ Please explain. Use additional paper if necessary.

Is any member of your household required to register as a sex offender in any state? Yes _____ No _____

If Yes, please list the name of the household member: _____

MARKETING

How did you find out about Miles City Eagles Manor?

- | | |
|------------------------------------|--|
| _____ Newspaper advertisement | _____ Referred by friend or family |
| _____ Lived here before | _____ Social service agency |
| _____ Referred by current resident | _____ Viewed property while driving by |
| Name of resident _____ | _____ Other (specify) _____ |

STATEMENTS BY ALL ADULT MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Lease Agreement.

We authorize Miles City Eagles Manor to make any and all inquiries to verify this information either directly or through information exchanged now or later with any rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation. This information may also be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read, and understand, the information in this application and we agree to comply with such information.

We have received a copy of the Tenant Selection Plan which summarizes the procedures for processing applications.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Lease Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including, specifically all conditions regarding pets, rent, damages, and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Owner Representative

Date

