



Pay \$35 Application Fee

Tenant Screening Application

Street Address
510 8th Street West
Billings, MT 59101

Mailing Address
P.O. Box 22006
Billings, MT 59104

For office use only
____ FOP
____ Date

Phone (406) 259-7870 • Toll Free (877) 776-3648 • Fax (406) 259-1413

A NON-REFUNDABLE \$35.00 (PER EACH ADULT) APPLICATION FEE TO COVER CREDIT REPORT AND OTHER PROCESSING COSTS MUST BE PAID IN ADVANCE. PROCESS GENERALLY TAKES 48 HOURS BUT CAN TAKE LONGER. PAID FEE DOES NOT GUARANTEE A RENTAL. ALL BLANKS MUST BE COMPLETED ON BOTH PAGES. APPROVED APPLICATION VALID FOR 60 DAYS.

LEASE APPLICATION: Date: _____ (DOB = Date of Birth)

Address Applied for _____ Rent \$ _____

First Name _____ **Middle** _____ **Last Name** _____

Social Security # _____ **DOB** ____/____/____ **Email** _____

Home Phone (____) ____ - _____ Work (____) ____ - _____ Cell (____) ____ - _____

Present Address _____ City _____ State _____ Zip _____

Dates at this address: from _____ to _____ Rent \$ _____

Reason for moving _____

Owner/Manager _____ Phone (____) ____ - _____

Previous Address _____ City _____ State _____ Zip _____

Dates at this address: from _____ to _____ Rent \$ _____

Reason for moving _____

Owner/Manager _____ Phone (____) ____ - _____

NO OTHER PERSONS TO RESIDE AT ANY TIME WITHOUT WRITTEN CONSENT OF PROPERTY MANAGER.

Applicant Initial _____

Names of all persons who will be living at the residence applied for:

(A separate application must be completed by each adult.)

All properties managed by Professional Management, Inc. are NON SMOKING.

Employer _____ Full-time ____ Part-time ____

Employment Dates: from _____ to _____ Immediate Supervisor: _____

Employer Phone (____) ____ - _____ Gross Monthly Income: \$ _____ Type of work: _____

Other Income Sources _____

Must provide recent copies documenting each source of income – include financial aid, social security, and self-employment.

Checking Account (Y/N) _____ Savings Account (Y/N) _____

Have you ever filed bankruptcy? _____ If yes, what year: _____

Have you ever been evicted? _____ If yes, what year: _____

Application continued on next page

Do you have any PETS? Yes_____ No_____ If yes, how many _____

Breed _____ Weight_____ Age_____ Spayed/Neutered Yes_____ No_____

Breed _____ Weight_____ Age_____ Spayed/Neutered Yes_____ No_____

The following pets are not allowed: Doberman, Rottweiler, Chow, Pit Bull, German Shepherd, Akita, Husky, Malamute, Shar Pei, Wolf Hybrid, Presa Canario or any mix of these breeds.

Pet photo and veterinarian documentation of breed and tag number needs to be provided at lease signing.

Vehicles:

Year	Make	Model	License Plate Number
_____	_____	_____	_____
_____	_____	_____	_____

Have you or anyone that lives with you, rented from Professional Management, Inc. previously? Yes_____ No_____

AUTHORIZATION FOR VERIFICATION, OBTAINING OF A CREDIT REPORT, AND REPORTING TENANT HISTORY
I, the undersigned, am an applicant to rent or lease a premises located at any address, and hereby authorize PROFESSIONAL MANAGEMENT, INC. to do the following in the course of processing my application:

Verification of all application information given by me to PROFESSIONAL MANAGEMENT, INC.; Obtain a credit report to be used by PROFESSIONAL MANAGEMENT, INC. for evaluation of past and present credit worthiness; Report any and all past tenant history to PROFESSIONAL MANAGEMENT, INC.; and PROFESSIONAL MANAGEMENT, INC. may report present and future tenant history to credit bureaus through an authorized agent.

I HEREBY AUTHORIZE THE FOLLOWING PERSONS OR ENTITIES TO RELEASE THE FOLLOWING INFORMATION TO PROFESSIONAL MANAGEMENT, INC. AND ITS MEMBERS:

- My credit history from any credit reporting agency;
- Any and all income information from present or former employers and/or any government agency;
- Any and all rental history from current and former landlords;
- Any and all other information from anyone else named by me (us) on the rental application.

- Professional Management, Inc. recognizes the HUD standard for occupancy as 2 people per bedroom.
- A registry of Sexual and Violent Offenders is available through City and County Law Enforcement Offices and at the website: <https://doj.mt.gov/svor/>
- It is the policy of our office if you have outstanding collections or balances due for utilities or owed to landlords or rental agencies these must be paid off in full with written documentation from the agency prior to a decision being made regarding your application.

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN

I DECLARE THAT THE INFORMATION GIVEN BY ME TO PROFESSIONAL MANAGEMENT, INC. IS TRUE, CORRECT, AND ACCURATE. I UNDERSTAND THAT PROFESSIONAL MANAGEMENT, INC. MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ON THIS TENANT SCREENING FORM.

DATE: _____ SIGNATURE _____

PLEASE PRINT NAME _____



How did you hear about this rental? _____

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