

## **Online Rental Application**

This is a secure form. All information is encrypted.

HDA Management, LLC P.O. Box 1496 • 2320 3rd Ave. North Billings, Montana 59103-1496 Office (406) 245-9998 • Fax (406) 248-9399

ne undersigned hereby makes ap	oplication to rent at:			
eginning the date of:	at a mor			
olicant Information				
Your Full Name:				
Social Security No.:				-
Physical Address:				
City:		State:	Zip:	
Mailing Address:	If different than add	dress above		
City:		State:	Zip:	
[				
Home Phone:				
Work Phone:				
Cell Phone:  E-mail Address:				1
E-mail Address:				
Reason for Leaving:				
_ [				1
Landlord's Name:				
Landlord's Phone:				
Spouse's Name:				
Spouse's Social Security No.:				
Co-Applicant's Name:				
Γ				
Total No. of Occupants:	(Including o	o-applicant)		٦

Do you own a vehicle?	O Yes	○ No			
Vehicle Type:					(Make, Model, Year)
License Plate Number:					
Emergency Contact Name:					
<b>Emergency Contact Address:</b>					
<b>Emergency Contact City:</b>			State:	Zip:	
<b>Emergency Contact Phone:</b>					
Residential History for the Past	t Three Ye	ars (Beginı	ning with mos	t recent)	
(1) Previous Rental Address:					
Previous Rental City:			State:	Zip:	
Reason for Leaving:					
Previous Landlord's Name:				//	
Previous Landlord's Phone:					
revious Editatora 5 i none:					
(2) Previous Rental Address:					
Previous Rental City:			State:	Zip:	
Reason for Leaving:					
Previous Landlord's Name:				//	
L					
Previous Landlord's Phone:					
Employment Information					
Employed Full Time Part	Time				
(1) Current Employer:					
Date Employed:					
Supervisor's Name:					
Supervisor's Phone:					
Salary: \$		per			
(2) Previous Employer:					
Student Unemployed	A source of	income is re	quired.		
Source of Income:					
Amount: \$		per			

Other Information
Have you ever been convicted of a sexual and/or violent offense?  OYes  No
Have you ever been evicted? Yes No If yes, please explain:
nave you ever been evicted? Tes No II yes, please explain:
Are you currently in the Section 8 Program? Yes No
Authorization
Please Read Carefully Before Signing
We check your credit and references. Please allow 2 business days for processing. Submitted application does not guarantee a rental.
Before considering this application from you, management will rely heavily on the information which you have supplied. I is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information. You further authorize management to verify the information contained in this application and to obtain a credit report.
Please type your name below. Entering your name constitutes an electronic signature.
Applicant's Signature:
NO OTHER PERSON TO RESIDE AT ANY TIME WITHOUT WRITTEN CONSENT OF MANAGEMENT
HDA Management, LLC does not rent to convicted sexual and/or violent offenders.
Megan's Law Disclosure (Sexual and Violent Offender Registration Act)
Montana law, pursuant to the provisions of Title 46, Chapter 23, Part 5 of Montana Code Annotated, as amended, requires certain individuals to register their address with the local law enforcement agencies as part of the Sexual and Violent Offender Registration Act. In some communities, law enforcement offices will make the information concerning registered offenders available to the public. If you desire further information, please contact the local County Sheriff's Department, the Montana Department of Justice in Helena, Montana or probation officers assigned to the specific area in question. The Division of Criminal Investigation of the Montana Department of Justice maintains a sexual and violent offender registry which can be accessed through the State of Montana website: <a href="https://www.mt.qov">www.mt.qov</a> .
Reminder: your \$15 application fee can be paid at our office or by mail to P.O. Box 1496, Billings, MT 59103

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Submit Application