



Laurel Gardens Pre-Application

315 8th Avenue South
Laurel Mt 59044



**EQUAL HOUSING
OPPORTUNITY**

Phone: (406) 245-6391

Montana Relay: 711

FAX: (406) 245-0387

Office Hours for Laurel Gardens is Monday – Friday, 10:30 am – 4:30 pm appointments necessary

How did you hear of this housing opportunity? Newspaper Word of Mouth Site Advertising
 Internet Other Community Agency Family/Friends Current Renters @ Pleasantview Apartments

Street Address City State Zip

Mailing Address City State Zip

Email Address

FAMILY COMPOSITION Phone: ()

| | NAME | SSN | STUDENT Y/N | RELATION TO HEAD | BIRTH DATE |
|------|------|-----|----------------|---------------------|------------|
| Head | | | | self | |
| 2 | | | | | |

| | Gender | | Ethnicity (Voluntary) | | Race (Voluntary) | | | | | Handicap/ Disabled | | Elderly | |
|------|--------|---|--------------------------|---|------------------|---|---|---|---|-----------------------|---|---------|---|
| | M | F | 1 | 2 | 1 | 2 | 3 | 4 | 5 | Y | N | Y | N |
| Head | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |

RACE CODES (Voluntary) **ETHNICITY (Voluntary)** 1 = HISPANIC 2 = NON-HISPANIC
 1 = White 2 = Black/ African American 3 = American Indian/ Alaska Native 4 = Asian 5 = Other

Pleasantview Apartments is designated by the Department of Housing and Urban Development as a living community for the Elderly & Disabled (only 10% for non-elderly). In order to qualify to live at this community you must meet one of these criteria:

Elderly = 62 years of age and older Yes No

Disabled = As defined by HUD Yes No

(HUD definition of disabled is available from on-site manager)

Last: _____
First _____
MI _____

Do you require any modifications in order to fully utilize the unit or the program and its services? (i.e. Handicap Accessible Unit? Policy Change?)

Service Animal? Y N Vision Impaired? Y N Wheelchair? Y N
 Hearing Impaired? Y N Vision Impaired? Y N Other? Y N

If Yes to any of the above, please explain so we can better serve you: _____

INCOME

| Family Member # | Source of Income Name of Company or Agency | Income Type (WAGES, TANF, Child Support, Per Capita, Unemployment, SS, SSI, etc.) | Rate/Frequency |
|-----------------|---|--|----------------|
| | | | |
| | | | |

PROGRAM INTEGRITY

| Adult Member Name | Please list all States you have lived in as an adult: | Registered Sex Offender? Y/N | Ever been charged or convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project? Y/N |
|-------------------|---|------------------------------|--|
| | | | |
| | | | |

Do you owe any money to any assisted housing agency? Yes No If yes, Explain: _____

Do you have any pets? Yes No If yes, Explain: _____

A CURRENT PHOTO ID IS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS

Authorizations, Representations and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. of the Department of Housing and Urban Development.

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE AND OUR SIGNATURES BELOW AUTHORIZE THE HOUSING AUTHORITY OF BILLINGS TO VERIFY ANY INFORMATION

Head of Household

Date

Other Adult

Date

The Housing Authority of Billings Complies with the Fair Housing Act and Provides Reasonable Accommodations/Modifications to persons with disabilities. Request forms are available at Pleasantview Apartment office located at 825 Avenue D Billings, MT 59102

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|---|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 3/31/2014)

| | | |
|-------------------------------------|--------------------|---|
| Name of Property | Project No. | Address of Property |
| Name of Owner/Managing Agent | | Type of Assistance or Program Title: |
| Name of Head of Household | | Name of Household Member |

Date (mm/dd/yyyy): _____

| Ethnic Categories* | Select One |
|---|-------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

APPLICATION FOR LAUREL GARDENS

Please Print: Please fill in the following information and return this form to:

Laurel Gardens
 C/O HAB Development Corporation
 2415 1st Avenue North
 Billings, MT 59101

Date: _____

Legal Name: _____

Name you use if different than above: _____

Street Address: _____

P.O. Box: _____

City, State, Zip: _____

Phone (Day): _____ Message Phone: _____

Email address: _____

List number of **current household members**, including yourself: _____
 Please list below starting with head of household.

| NAME RELATIONSHIP | AGE | BIRTH DATE | PLACE OF BIRTH | SEX | SS# |
|----------------------------|-----|---------------|-------------------|-----|-----|
| Name: Head of Household | | | | | |
| Name: Relationship: | | | | | |

Do you anticipate any change in your household composition? Yes _____ No _____

If yes, what kind of change? _____

Do you have any pets? Yes _____ No _____

If yes, what kind of pet/s do you have? _____

Does any member of your household need reasonable accommodations? Yes___ No___

Wheelchair? Yes___ No___

Other Accommodations? Yes___ No___

Do you have a 24-hour live-in attendant (prescribed by a medical doctor)? Yes___ No___

Do you require handicap (wheelchair) facilities such as a roll in shower, lower sinks and counters? Yes_____ No_____

If yes, please comment:_____

Source of Income (s) of all family members (wages, SS, SSI, SSDI, Alimony, etc.)

| | Income #1 | Income #2 | Income #3 |
|---|-----------|-----------|-----------|
| Source of Income (i.e Wages, SS, SSI, etc.) | | | |
| Amount of Monthly Income | \$ | \$ | \$ |
| Name of Company, Source or Agency | | | |
| Address of Company, Source or Agency | | | |
| Phone # of Company, Source or Agency | | | |

If employed, how long? _____
Are you paid hourly? Yes___ No___
If yes, rate per hour: \$_____ Hours Per Week: _____

Are you a salaried employee (not paid an hourly wage)? Yes___ No___
If yes, monthly gross income (before deductions) \$_____

Is anyone in your household attending school? Yes___ No___
If yes, list names: _____

Do you receive any other income/benefits (monetary or not) that are not listed in the table above? Examples: Food Stamps, LIEAP, Student Financial Assistance, Pel Grants, per capita, income from children or other family members, etc.

Yes___ No___
If yes, amount: \$_____ Source/s? _____
If yes, amount \$_____ Source/s? _____

Do you own, or are you part owner, in any land or property? Yes___ No___

If yes, what is the approximate property value: \$_____

Is the property leased or rented? Yes___ No___

If yes, what is the amount you receive? \$_____

DO NOT INCLUDE INDIAN TRUST LANDS IN THE ABOVE

THE FOLLOWING MUST BE COMPLETED WITH
AT LEAST 2 LANDLORD REFERENCES

1. Present rental address _____
Name and address of landlord _____
Phone # _____
Date moved in _____ Is this a relative? Yes ___ No ___
2. Previous rental address _____
Name and address of landlord _____
Phone # _____
Approx. dates in unit _____ Is this a relative? Yes ___ No ___

If you can't completely fill in at least 2 of the above, please list as many as possible. Applicants submitting less than 2 landlord references must provide additional professional references other than relatives. Applicants may submit 4 professional references or a combination of landlord and professional references, but this combination must total 4. Acceptable references include employers, social workers, clergymen, neighbors, etc. Please use attached professional reference forms.

Have you or any member of your household ever been convicted of an offense against the law or forfeited collateral or are now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$50.00 or less)

No _____ Yes _____ (Please give full explanation)

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

Have you ever lived in any subsidized housing unit? Yes ___ No ___

(Subsidized Housing means any housing program such as Public Housing, Section 8, Mod Rehab, Mutual Help, HOME, Tax Credit, etc.)

If yes, please give complete address and dates: _____

Have you or any member of your household been evicted from subsidized housing? Yes ___ No ___

If yes, when? _____

Have you or any member of your household been evicted from subsidized housing for drug or drug-related activity in the last three years? Yes ___ No ___ If yes, when? _____

Do you owe any housing agency/landlord money? Yes ___ No ___ If yes, please explain. ___

I/we certify that the statements on this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Your signature will authorize the Housing Authority of Billings to obtain information from any source to verify the information you have provided above. This may include rental, credit and criminal history.

Applicant

CO-Applicant

Landlord Verification Form

Applicant Name _____

Rental Address _____

Landlord Name _____

I, the above-named head of household, authorize you to disclose all of the information requested regarding my tenant history.

Signature _____ Date _____

Are you a relative or friend of the applicant? _____ Yes _____ No

Please describe the relationship: _____

_____ Current Landlord _____ Previous Landlord _____ Other

Dates of Applicant's Tenancy: From _____ To _____
Month/Year Month/Year

Did Applicant have a Lease? _____ Yes _____ No Amount of Monthly Rent \$ _____

A. Rental Payment Record.

- 1. Did applicant pay rent on time? _____ Yes _____ No
- 2. Did the applicant ever pay late? _____ Yes _____ No
 - a. How Late? _____
 - b. How Often? _____
- 3. Did you ever begin/complete eviction? _____ Yes _____ No
- 4. Did you ever begin/complete eviction for non-payment? _____ Yes _____ No
- 5. Did you provide any of the utilities for the unit? _____ Yes _____ No
- 6. Were tenant paid utilities ever disconnected? _____ Yes _____ No

B. Caring for the Unit:

- 1. Did the applicant keep the unit clean, safe and sanitary? _____ Yes _____ No
- 2. Did the applicant damage the unit? _____ Yes _____ No
 - a. Describe _____
 - b. Cost of repair _____
 - c. How Often _____
 - d. Did the applicant pay for the damage? _____ Yes _____ No
- 3. Does the applicant owe you any money? _____ Yes _____ No
- 4. Did you keep any of the security deposit? _____ Yes _____ No
- 5. Did the applicant have problems with infestation? _____ Yes _____ No
- 6. Did the applicant's housekeeping contribute to infestation? Yes _____ No
- 7. Did the applicant have any pets? _____ Yes _____ No
If yes what kind? _____

C. General

1. Is applicant listed on the lease for the unit? _____ Yes _____ No
2. Did the applicant permit persons other than those on the lease, to live in the unit on a regular basis? _____ Yes _____ No
3. Did the applicant, family members or guests damage or vandalize the common areas? _____ Yes _____ No
4. Did the applicant, family members or guests interfere with the rights and quiet enjoyment of their neighbors? _____ Yes _____ No
Describe: _____

5. Did the applicant, family members or guests engage in any criminal activity, including drug-related criminal activity in the unit, building or off the premises? _____ Yes _____ No
6. Did the applicant, family members or guests engage in behavior which would indicate that they abused alcohol in a manner that would interfere with the health, safety or right to peaceful enjoyment of the premises by others? _____ Yes _____ No
7. Did the applicant, family members or guests act in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? _____ Yes _____ No
8. Did the applicant give you any false information? _____ Yes _____ No
Describe: _____

9. Would you rent to this applicant again? _____ Yes _____ No
If not, why? _____

Any additional comments? _____

Laurel Gardens
C/O HAB Development Corporation
2415 1st Avenue North
Billings, MT 59101
(406)
FAX ()

Please Print Full Name of Person Completing Form

Address and Phone # of Person Completing Form

Signature of Person Completing Form

Landlord Verification Form

Applicant Name _____

Rental Address _____

Landlord Name _____

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Signature _____ Date _____.

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 - a. Describe _____
 - b. Cost of repair _____
 - c. How Often _____
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7. Did the applicant, family members or guests act in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? _____ Yes _____ No
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Describe: _____

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2415 1st Avenue North
Billings, MT 59101
(406)
FAX ()

Please Print Full Name of Person Completing Form

Address and Phone # of Person Completing Form

Signature of Person Completing Form

**HOUSING AUTHORITY OF BILLINGS
PROFESSIONAL REFERENCE**

To Whom It May Concern:

You have been listed as a reference from:

Full Name of Applicant

Address and Phone # of Applicant

This family is now applying to rent a unit with the Housing Authority of Billings. Please take a moment to complete the information below, along with any other comments you would like to make.

How long have you known this family? _____

Are you a relative of this family? Yes _____ No _____

What is your relationship to this family (employer, clergyman, case worker, etc.?) _____

Have you ever known this family to use drugs or abuse alcohol? Yes _____ No _____

If yes, please explain: _____

Have you ever known this family to disturb their neighbors with loud parties, people coming and going from their unit and vehicle traffic? Yes _____ No _____

Do you believe this family would be good tenants? Yes _____ No _____

Is there anything we haven't asked that you feel is important for us to know? _____

Thank you for taking the time to complete this reference form. Please mail this form directly to:

Laurel Gardens
C/O HAB Development Corporation
2415 1st Avenue North
Billings, MT 59101
(406)
FAX ()

Please Print Full Name of Person Completing Form

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