



KOINONIA MANAGEMENT COMPANY

109 1/2 S. 32nd ST, BILLINGS, MT 59101

PO Box 3381, BILLINGS, MT 59103

PHONE | 406-256-3002

FAX | 406-256-2387

RENTAL APPLICATION

DATE:

UNIT TYPE:

NAMES OR APPLICANTS TO RENT

Head of Household	DOB	Social Security #		Student	Employed
Co-Applicant	DOB	Social Security #	Relationship to HOH	Student	Employed

HOUSEHOLD COMPOSITION

*List all persons (*excluding persons mentioned above*) who will reside in the premises.

Name	DOB	Social Security #	Relationship to HOH	Student	Employed
1.					
2.					
3.					
4.					
5.					
6.					

Will there be any pets on the premises? If so, what kind?

Please list all vehicles that will be parked at the premises (other than guests).

1.

2.

HEAD OF HOUSEHOLD CONTACT INFORMATION

Last		First	
Present Address		Current Phone # & Email address	
City	State	Zip	
Driver's License #	State	Expiration	
Sex	Ethnicity	Misdemeanor/Felony ... If so what is/are they?	

RENTAL HISTORY

Present Landlord		Phone	LL Address
Rental Address/Address you are currently staying if homeless		Rental Amount	Length of time at Address
Reason for Leaving?			
Previous Landlord		Phone	LL Address
Rental Address		Rental Amount	Length of time at Address
Reason for Leaving?			
Previous Landlord		Phone	LL Address
Rental Address		Rental Amount	Length of time at Address
Reason for Leaving?			

EMPLOYMENT INFORMATION: APPLICANT #1

Current Employer		Position	Length of Employment
Supervisor Name		Phone/Email	Address
Hourly Wage	Average Hours Per Week	Pay Period	Average Annual Income
_____ Full Time	_____ Part Time	_____ Self-Employed	_____ Unemployed
Do you have more than one job? If yes, who is your Employer and what is your Position?			

EMPLOYMENT INFORMATION: APPLICANT # _____

Current Employer		Position	Length of Employment
Supervisor Name		Phone	Address
Hourly Wage	Average Hours Per Week	Pay Period	Average Annual Income
_____ Full Time	_____ Part Time	_____ Self-Employed	_____ Unemployed
Do you have more than one job? If yes, who is your Employer and what is your Position?			

OTHER INCOME

Child Support/Alimony	\$
Workman's Comp	\$
Public Assistance:	\$
Retirement	\$
Regular Contributions	\$
Social Security	\$
Tribal Stipend	\$
Unemployment	\$
Retirement/Pension	\$

ASSETS

Checking Account	\$
Savings Account	\$
Cash on Hand	\$
Safety Deposit Box	\$
CD's/Money Market/Stocks & Bonds	\$
IRA Accounts/401K /Keogh Accounts/ Trust Funds	\$
Equity in Real Estate/Land Contracts	\$
Capital Investments	\$
Property (i.e. Boat, recreational vehicle, art, etc.)	\$

SECTION 8

Voucher Amount	Last Recertification Date
Caseworker Name	Caseworker Number

Are the total ASSETS of the household more than \$5,000.00?	
Has a member of the household disposed of an asset for less than fair market value within the last 24 months?	
If NO to both the above questions, what are the expected earnings on all household assets for the next 12 months?	\$

PERSONAL REFERENCES – (cannot be related)

Name	Relationship	Phone
1.		
2.		
3.		

STUDENT STATUS

Are ALL occupants of the household full time students?	
If YES, please answer the following:	
Is the household comprised of a single parent with school age children, none of whom are dependents on a third party?	
Are the head of household and the co-applicant married?	
Do the head of household and the co-applicant file a joint tax return?	
Are any of the students participation in the Job Training Partnership Act?	

Agreements and Authorization for Information

All statements made above are true and complete. Each applicant hereby authorizes the landlord or rental agent and their representatives to contact any persons, agencies, corporations, employers, offices, groups, or organizations to obtain any information or material which is deemed necessary to verify the information in this application. Each applicant agrees that all adults which may reside on the premises will be jointly-severally liable for all rent and damage incurred during the term of occupancy. In the event the application is approved and the applicants desire to rent the premises, each applicant agrees to fill out, sign, and abide by the rental agreement and fill out and sign the condition of premises form.

Head of Household _____ Date ____/____/____

Co-Applicant _____ Date ____/____/____



KOINONIA MANAGEMENT COMPANY

109 1/2 S. 32nd ST, BILLINGS, MT 59101

PO Box 3381, BILLINGS, MT 59103

PHONE | 406-256-3002

FAX | 406-256-2387

I, _____, do hereby authorize Koinonia Management Company, LLC and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing administrated/managed by Koinonia Management Company, LLC to verify all information listed on this application. I agree that photocopies of this authorization may be used for the purposes state above.

Applicant's Signature

Date