



## KOINONIA MANAGEMENT COMPANY

24 S 29<sup>th</sup> ST, BILLINGS, MT 59101  
PO Box 3381, BILLINGS, MT 59103  
www.cldibillings.org  
PHONE | 406-256-3002  
FAX | 406-256-2387

### Thank you for your interest in Koinonia Management's rental community!

Koinonia Management Company is a ministry of Community Leadership and Development Inc., which has been at work in the South Side of Billings since 1981. Our mission at KMC is to endeavor to provide quality, affordable housing to persons in need in an effort to encourage and empower individual and family wellness through Christ.

For this application:

Please note that this application must be completed in its entirety with no question left unanswered. Separate applications are required for anyone 18 years or older.

When returning the application, please bring the following items:

- Valid photo identification for every adult aged 18 or older
- Social Security Cards for each household member
- A \$30 non-refundable application fee per adult household member. This fee must be paid with a cashier's check or with a money order. We do not accept cash.

Upon signing a lease:

First month's rent and deposit are due upon signing.

Liability to Landlord Insurance is required for all tenants. This can be purchased through our AppFolio management system (for \$10.50 per month). This is not the same as Renters Insurance, but AppFolio also offers Renters Insurance at different levels of coverage.



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**RENTAL APPLICATION**

Head of Household	DOB	Social Security #	Student	Employed		
			Y/N	Y/N		
<b>DATE:</b>	<b>Bedrooms (circle):</b>	Studio	1	2	3	4

**HOUSEHOLD COMPOSITION**

\*List all persons *other than yourself* who will reside in the premises.

	DOB	Birth State	Social Security #	If your child, do they live w/ you full time?	Student	Employed
Name: Relationship:				Y/N	Y/N	Y/N
Name: Relationship:				Y/N	Y/N	Y/N
Name: Relationship:				Y/N	Y/N	Y/N
Name: Relationship:				Y/N	Y/N	Y/N
Name: Relationship:				Y/N	Y/N	Y/N
Name: Relationship:				Y/N	Y/N	Y/N

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

Make/Model:	Year:	Color:	Plate #:
Make/Model:	Year:	Color:	Plate #:

Do you have pets? Y/N	If yes how many?			
Type/Breed:	Weight:	Age:	Spayed/Neutered?	Y/N
Type/Breed:	Weight:	Age:	Spayed/Neutered?	Y/N

Not all units allow pets, and there is a 20lbs limit. A photo and veterinary documentation (e.g. vaccines, tag #, etc.) will be required at lease signing.

Emergency Contact:	Relationship:	Phone:
Address:	City:	State: Zip:

Do any of the people on the application smoke?	Y/N
Are any of the people on the application required to register as a Violent or Sex offender in any jurisdiction?	Y/N
Are any of the people on the application convicted felons?	Y/N
If yes, please explain:	
If on probation, Officer's name:	Officer's phone #:
Have you ever been subject of an eviction proceeding or settlement (whether or not a suit was filed)?	Y/N
If yes, please explain:	

### HEAD OF HOUSEHOLD CONTACT INFORMATION

Last	First	Phone	
Present Address		Email address	
City	State	Zip	
Driver's License #	State	Expiration	
Sex	Ethnicity	Any other name you have used	

### RENTAL HISTORY

<b>Present Landlord</b>	Phone	Landlord's Address
Rental Address/Address you are currently staying if homeless	Rent Amount	Length of time at Address
Reason for Leaving?		
<b>Previous Landlord</b>	Phone	Landlord's Address
Rental Address	Rental Amount	Length of time at Address
Reason for Leaving?		

### EMPLOYMENT INFORMATION

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?			

How did you hear about us?		
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Referral from a Program/Resource	<input type="checkbox"/> Referral from a current KMC tenant
<input type="checkbox"/> Other _____		

**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

**DEBT**

Credit Card Debt	\$
Loans	\$
Loaning Agency	

Are the total ASSETS of the household more than \$5,000.00?	Y/N
Has a member of the household disposed of an asset for less than fair market value within the last 24 months?	Y/N
If NO to both the above questions, what are the expected earnings on all household assets for the next 12 months?	\$
Have you ever filed for bankruptcy?	Y/N
Are you able to put utilities in your name?	Y/N

**PERSONAL REFERENCES – (cannot be related)**

Name	Relationship	Phone
1.		
2.		
3.		

**STUDENT STATUS**

Are ALL occupants of the household full time students?	
<b>If YES, please answer the following:</b>	
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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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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 stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date