## RESIDENTIAL RENTAL APPLICATION

(1 per applicant)

THE PROPERTY – The Cave Condominiums

Type: Condominium

Square Feet: 800SF			
Bedrooms: 1			
Rent Amount: 1,500.00/Month			
Address: 223 Town Center Ave., Big Sky, N	MT, 59716		
Pets? Yes, Cats, Dogs, Birds, Fish			
Smoking Allowed? No			
Parking? Yes, in the following areas: 2			
TENANCY			
Type/Length: 1-year			
Start Date:			
LANDLORD'S DETAILS			
Name: The Liquor Store, LLC/ John Haas			
Address:			
223 Town Center Ave., A3, Big Sky, Monta	na, 59716		
Telephone: (406) 995- 4552			
E-mail: cassandra@haasbuilders.com			
Will there be a manager acting on behalf o	of the Landlord? No		
APPLICANT DETAILS			
Full Name:	DOB:	SSS:	
Driver's License No	Phone:		
Email:			

Other Occupants?YesNO	
If Yes, Describe:	
Pets?YesNO	
If Yes, Describe:	
Vehicls?YesNO	
If Yes, Describe:	
Ever Been Conviction of a Crime?YesNO	
Ever Filed for Bankruptcy?YesNO	
Ever Been Evicted?YesNO	
If Yes, Describe:	
CURRENT EMPLOYMENT	
Company:Occupation/Title:	
How Long? Gross Income: \$ (From Prior Year Tax Filing)	
Street Address:	
City:State:Supervisor:	
PREVIOUS EMPLOYMENT	
Company:Occupation/Title:	
How Long? Gross Income: \$ (From Prior Year Tax Filing)	
Street Address:	
City:State:Supervisor:	
CURRENT RESIDENCE:	
Type (Apt, Home, Condo): Square Feet (SF):	_SF
Bedrooms: Rent Amount: \$/Month	
Street Address:	
City: State: Zip:	
How long at this Address? Current Lease Expiration Date:	
CURRENT LANDLORD	
Name:	

Phone:	E-Mail:			
PREVIOUS ADDRESS:				
Type (Apt, Home, Condo)	:	Square Feet (SF):		SF
Bedrooms: Ren	t Amount: \$	/Month		
Street Address:				
City:	State:	Zip:		
How long at this Address	?	_ Current Lease Expiration Date:	:	
PREVIOUS LANDLORD				
Name:				
Address:				
Phone:	E-Mail:			
PREVIOUS ADDRESS:				
Type (Apt, Home, Condo)	:	Square Feet (SF):		SF
Bedrooms: Ren	t Amount: \$	/Month		
Street Address:				
City:	State:	Zip:		
How long at this Address	?	Current Lease Expiration Date:	:	
PREVIOUS LANDLORD				
Name:				
Address:				
Phone:	E-Mail:			
FINANCIAL INFORMATION	N			
Bank:	Account#	Routing #		
Branch Location		Type: Checking _	Savings	
Bank:	Account#	Routing #		
Branch Location		Type: Checking _	Savings	
PERSONAL REFERENCES				
Full Name:		Relationship:		

E-Mail:	Phone:
Full Name:	Relationship:
E-Mail:	Phone:
Full Name:	Relationship:
E-Mail:	Phone:
ADDITIONAL DETAILS (IF ANY)	
application is true and correct. Application is true and correct. Application but not limited to current Applicant hereby authorizes owner Telechecks, and/or Criminal Backgr personal references upon request. provided in the application may care	Byears of age. Applicant represents that all information given on this plicant herby authorizes verification of all references and facts, and previous landlords, employers, and personal references. /agent to obtain any and all Unlawful Detainer, Credit Reports, ound Reports. Applicant agrees to furnish additional credit and/or Applicant understands that incomplete or incorrect information use a delay in processing which may result in denial of tenancy. In the releases from liability any person providing or obtaining said on.
Applicant's Signature	Date