



# APPLICATION FOR ADMISSION

BURLINGTON SQUARE APARTMENTS  
2420 BURLINGTON AVENUE  
MISSOULA, MT 59801  
P: 406-327-6659, F: 406-721-7169



### OFFICE USE ONLY

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Apt. Size: \_\_\_\_\_

### OFFICE USE ONLY

Gross Income: \_\_\_\_\_  
Income Limit/Set Aside \_\_\_\_\_%

### GENERAL INFORMATION:

#### Head of Household:

Name	Social Security #	Birthdate/Age	Sex	Drivers Lic. #/State
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/
_____	_____	/	_____	/

Does anyone live with you who is not listed above?  No  Yes

Are you requesting an accommodation in housing due to disability?  No  Yes If so, what is the accommodation requested?  
\_\_\_\_\_

Are you or any member of your household, 18 or older, attending school?  No  Yes If yes, who? \_\_\_\_\_

Do you own a pet?  No  Yes If yes, how many? \_\_\_\_\_ Description (cat, bird, etc.): \_\_\_\_\_

APARTMENT SIZE REQUESTED:  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

CURRENT ADDRESS: \_\_\_\_\_  
Street Apt # City State Zip

Phone Number: \_\_\_\_\_ Dates you lived here: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_  
Street or P.O. Box City State Zip

CURRENT LANDLORD: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ If apt., name of complex: \_\_\_\_\_

Reason you want to move: \_\_\_\_\_

Amount of rent you are paying: \_\_\_\_\_ Are you being, or have you been evicted?  No  Yes If yes, explain: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ Dates you lived there: \_\_\_\_\_

If apt., name of complex: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_



PERSONAL REFERENCES (do not include relatives):

Name	Address	Phone Number	Relationship
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EMERGENCY CONTACT PERSON:

Name	Address	Phone Number	Relationship
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AUTOMOBILES:

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

HOUSEHOLD FINANCIAL OBLIGATIONS: Include ALL medical expenses, car payments, child support, loans, etc.  
 PAYABLE TO: (Company Name) MONTHLY PAYMENT

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

INCOME: Do you or any member of you household anticipate receiving income from any of the following sources during the next 12 months? Please mark EVERY question YES or NO. If you answer any questions with YES, complete the blanks on the right.

	AMOUNT RECEIVED (Per time period)	BY WHICH FAMILY MEMBER	SOURCE OF INCOME (name, address, and phone #)
Employment	_____ / _____	_____	_____
Employment	_____ / _____	_____	_____
Child Support	_____ / _____	_____	_____
Alimony	_____ / _____	_____	_____
Monetary Gifts	_____ / _____	_____	_____
Pensions	_____ / _____	_____	_____
School Grants	_____ / _____	_____	_____
Scholarships	_____ / _____	_____	_____
Social Security	_____ / _____	_____	_____
Supplemental Security	_____ / _____	_____	_____
Unemployment	_____ / _____	_____	_____
Veterans (VA)	_____ / _____	_____	_____
AFDC (Welfare)	_____ / _____	_____	_____
Other	_____ / _____	_____	_____



**ASSETS:**

In the last TWO years have you sold, given away or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins or collections?)  No  Yes If yes, type of asset: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_ Name of party who acquired asset: \_\_\_\_\_

Address: \_\_\_\_\_ Was this due to a divorce, separation or bankruptcy?  No  Yes

**ASSETS II:** Please mark every question either YES or NO. If you answer YES, complete the blanks on the right.

DO YOU HAVE?	NO	YES	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	BANK (name and address)
Checking Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Savings Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Money Market Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Certificate/Time Deposit	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Safety Deposit Box	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Trust Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Stocks or Bonds	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
IRA/Keogh/Life Ins. or Other retirement acct.	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Rental Property	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Other Real Estate	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Other	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____

I/We Certify the housing I/We will occupy at Burlington Square Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain a credit report and to contact current and previous landlords.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility as the applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

**HOUSEHOLD COMPOSITION:** "The following information is requested by the owner as required by the United States Government under conditions of the funding they made available for the property's development. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary."

Marital Status of Head of Household (check one):  Married  Separated  Unmarried (single, divorced or widowed)

Race/National Origin of Head of Household (check one):  White  Black/African American  Asian  Asian AND White  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  Black/African American AND White  American Indian or Alaskan Native AND White  American Indian/Alaskan Native AND Black/African American  Other

Ethnicity:  Hispanic/Latino  Mexican/Chicano  Puerto Rican  Cuban  Non-Hispanic/Latino

