



Equal  Housing
Opportunity

812 Abbey Street
Helena, MT 59601

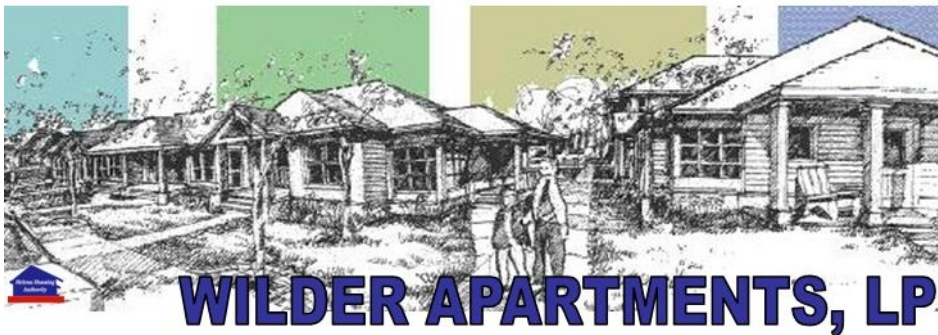
P (406) 442-7970

F (406) 442-0574

TAX CREDIT APPLICATION

INSTRUCTIONS

- **Must fill out separate application for each bedroom size.**
- Application must be filled out in its entirety.
- All application that are incomplete will not be processed.
- There are two (2) parts to the application.
- Both sections must be completed, signed and dated.
- Part B must be filled out by each adult members of the household.
- Part B must be signed by the adult who is providing this information
- Failure to provide a current mailing address will result in your application not being processed.
- All correspondence from Wilders Apartment will be through the mail.
- It is the applicants responsibility to notify Wilder Apartments if there is any change in current mailing address or telephone number
- Wilder Apartments office is located at Helena Housing Authority 812 Abbey Street, Helena, MT 59601 (406)442-7970



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**TAX CREDIT RENTAL APPLICATION
Part I**

(Must provide separate application for each bedroom size)

Bedroom Size:
(Please mark only one)

_____ One bedroom

_____ Two Bedroom

Applicant Name: _____
(Head of Household)

HOUSEHOLD COMPOSITION
(List all persons including family members
who will be residing at the premises)

LEGAL NAME	SOC. SECURITY #	DATE OF BIRTH	SEX
1.			
2.			
3.			
4.			
5.			
6.			

Do you require any special accommodations? ___ Yes ___ No

If so please explain:

I understand I will be required to pay the full amount of deposit at the time I sign the Lease.

**Agreement and authorization for information
All statements made above are true and complete.**

1. 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 information or material which is deemed necessary to verify the information in this application.
2. The application agrees that he/she will reside on the premises and will be liable for all rent and damages incurred during the term of occupancy.
3. In the event the application is approved and the applicant(s) desire to rent the premises, the applicant agrees to fill out, sign and abide by the rental agreement and fill out and sign the condition of premises form.

Applicant Signature

Date

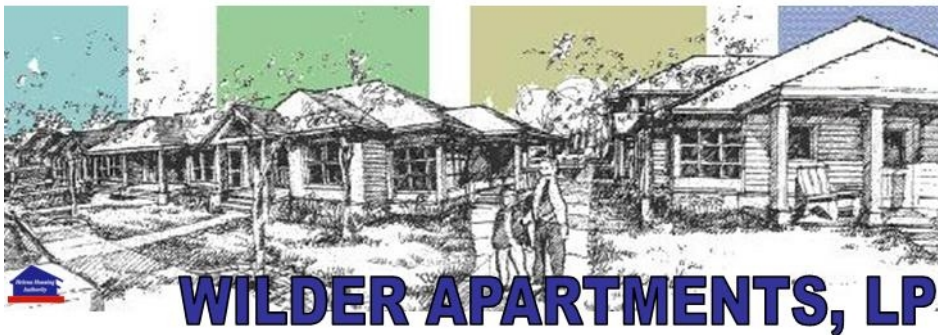
Are you or any household members a full time student or plan to be in the near future? Yes No

If yes please explain:

All Rental business conducted is in conformance with current Montana Code Annotated and does not practice or allow discrimination because of Race/Color, Sex, Religion/Creed, Age, Handicap/Disability, National Origin, Martial Status or Family Status.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____/_____/_____ TIME: _____ AM / PM



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WILDER APARTMENTS, LP

RENTAL APPLICATION Part II

(Must be filled out by each adult member of the household)

Last Name,	First Name	Middle Initial	Soc. Sec #
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Current Address	Current Phone #
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Mailing Address, City, State, Zip Code

City,	State	Zip Code
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Picture Identification: A copy of your picture ID will be required to complete a criminal background check for anyone over the age of 18.

Social Security Card: A copy of your Social Security Card will be required at the time of lease up.

Income Verification: Verification of income will be required prior to lease up to determine if you qualify for unit at this Tax Credit Property.

Assets Verification: Verification of assets will be required at the time of lease up.

It is the responsibility of the applicant to notify Wilder Apartments of any change of address or telephone number.

RENTAL HISTORY

1. Present Landlord	Mailing Address	Phone number	Rent Amount
Rental Address:	Dates: To/From		
2. Previous Land lord	Mailing Address	Phone Number	Rent Amount
Rental Address:	Dates: To/From		
3. Previous Landlord	Mailing Address	Phone Number	Rent Amount
Rental Address:	Dates: To/From		

What Utilities are you paying:

___Electricity ___Gas ___Water ___Sewer

Have you ever been evicted or in violation of your lease? ___Yes ___No

If yes, please explain:

PERSONAL REFERENCES (NO RELATIVES)

Name	How Long Known	Complete Mailing Address	Telephone Number
1.			
2.			
3.			

List **all sources of income** for all members of household

Source	Amount per Month/Week	Telephone Number
1.		
2.		
3.		

Credit References

References	Account Number	Address	Telephone Number
1.			
2.			
3.			

Checking Account # _____ Name of Bank _____

Savings Account # _____ Name of Bank _____

Automobile(s)

Make/Model	Year	State	License Number
1.			
2.			

I hereby authorize the landlord, his agent or staff to contact any persons, corporations, employers, agencies, offices, groups, or organizations to obtain any information and material which is deemed necessary to verify the information and statements in the application.

The statements above are true and correct.

Signature of Applicant

Date