

**Gates Group LLC (Management)**

908 W Montana Street, Livingston, MT 59047

(406) 220-2517

email: [RussHimm@gmail.com](mailto:RussHimm@gmail.com)

**RENTAL APPLICATION**

INCOMPLETE applications WILL NOT be processed until we have all information. We cannot guarantee any unit you have seen to be available by the time your application is processed. We cannot be held responsible for any unit that is rented after you have seen it and turned in an application. All rentals are on a first-approved basis.

**PROPERTY APPLYING FOR:** \_\_\_\_\_

**PERSONAL INFORMATION:**

_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ SOCIAL SEC #	_____ DRIVERS LICENSE NUMBER
_____ LAST NAME	_____ FIRST	_____ M.INITIAL	_____ SOCIAL SEC #	_____ DRIVERS LICENSE NUMBER
_____ CURRENT STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP	_____ PHONE NUMBER(S)
				_____ EMAIL ADDRESS(S)

Household Composition: List all persons (including family members) who will reside on the premises. NAMES AND RELATIONSHIP TO APPLICANT(S):

\_\_\_\_\_

WHEN WOULD YOU LIKE TO MOVE IN: \_\_\_\_\_ HOW LONG WILL YOU LIVE HERE?: \_\_\_\_\_ DO YOU SMOKE? Y N

IS THE TOTAL MOVE IN AMOUNT AVAILABLE NOW? Y N HOW DID YOU HEAR ABOUT THIS PROPERTY? \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT? Y N BALANCE: \_\_\_\_\_ DO YOU HAVE A SAVINGS ACCOUNT? Y N BALANCE: \_\_\_\_\_

WHAT PETS DO YOU HAVE? (Describe): \_\_\_\_\_

DOG OR CAT \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_ PET'S WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ SPAYED OR NEUTERED \_\_\_\_\_ COLOR \_\_\_\_\_

**AUTOMOBILE INFORMATION: How Many Vehicles Do You Own?** \_\_\_\_\_

_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #	_____ MAKE/MODEL	_____ YEAR	_____ STATE	_____ LICENSE #
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**CURRENT RENTAL HISTORY:**

Present Landlord: \_\_\_\_\_  
Name Phone Number

Rental Address / Unit # Rental Amount Move In - Move Out Dates

Reason for Moving: \_\_\_\_\_

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

Rental Address / Unit # Rental Amount Move In - Move Out Dates

Reason for Moving: \_\_\_\_\_

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

Rental Address / Unit # Rental Amount Move In - Move Out Dates

Reason For Moving: \_\_\_\_\_

HAVE YOU EVER BROKEN A LEASE BEFORE? Y N If yes, reason: \_\_\_\_\_

HOW MANY EVICTIONS HAVE BEEN FILED UPON YOU? \_\_\_\_\_ Please Explain: \_\_\_\_\_

HOW MANY FELONIES DO YOU HAVE? \_\_\_\_\_ Please Explain: \_\_\_\_\_

**INCOME:**

List all verifiable forms of income you wish to have considered. (i.e. employment, financial aid, parents, etc. - we need to know how you will pay rent)

_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number
_____ Name of Company	_____ Dates of Employment	_____ Net Amount/Month	_____ Contact/Supervisor Name	_____ Supervisor Phone Number

**PERSONAL REFERENCES:**

_____ Name	_____ Phone Number	_____ Relationship	_____ Name	_____ Phone Number	_____ Relationship
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**IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?**

_____ Name	_____ Phone #	_____ Address
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I HEREBY AUTHORIZE MANAGEMENT AND THE LANDLORD, AGENT OR STAFF TO CONTACT ANY PERSONS, CORPORATIONS, EMPLOYERS, CREDIT 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 TO THE BEST OF MY KNOWLEDGE. STATEMENTS FOUND TO BE FALSE OR MISLEADING MAY RESULT IN TERMINATION OF ANY RENTAL CONTRACT.

_____ Signature	_____ Date	_____ Signature	_____ Date
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## AUTHORIZATION TO RELEASE INFORMATION

TO: Gates Group LLC  
908 W. Montana St.  
Livingston, MT 59047  
(406) 220-2517 – buysellmh@gmail.com

I am an applicant for the residence located at:

\_\_\_\_\_,  
managed by Gates Group LLC. I am required to furnish information that this agency may use in determining my qualifications for this residence. I understand that a thorough background and reference check will be conducted, including a criminal records check. I hereby give my consent for Gates Group LLC and its representatives to conduct these checks and expressly authorize the release of any and all information concerning me, including information of a confidential or privileged nature. Information received will be used only for residential applicant purposes.

I hereby release Gates Group LLC and any organization, entity, company, institution or person furnishing information to Gates Group LLC from any liability for damage which may result from furnishing any information requested.

This form must be completely filled out and signed or applicant will be rejected.

Print Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

DRIVERS LICENSE NUMBER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature) (Date)

Print Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

DRIVERS LICENSE NUMBER: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature) (Date)