



CAPNM

COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA

HELPING PEOPLE. IMPROVING LIVES. STRENGTHENING COMMUNITIES.

Courtyard Apartments
P.O. Box 8300
1842 Airport Road
Kalispell, MT 59904

Courtyard Apartments Application

WE ARE A SMOKE FREE FACILITY

THIS IS *NOT* EMERGENCY HOUSING

**IF YOU ARE IN AN EMERGENCY SITUATION CONTACT THE SAMARITAN HOUSE
AT 257-5801**

STEPS TO RENTING

- Initial eligibility is determined by application criteria
- In the event that an apartment becomes available and the application criteria determines initial eligibility, you will be contacted for an interview
- Final qualifications and eligibility will be determined during the interview process and after all requested third party verification are received

**The Courtyard Apartments offers 1, 2 & 3 bedroom apartments
4 of the 32 units are handicap accessible**

**One Bedroom Apartments available for \$302 & \$378 monthly
Two Bedroom Apartments available for \$396 & \$432 monthly
Three Bedroom Apartments available for \$504 monthly**

Water, sewer and garbage removal are included in rent



Community Action Partnership of Northwest Montana- Courtyard Apartmetns
PO BOX 8300, Kalispell, MT 59904
(406) 752-6565

THE APPLICATION MAY BE DROPPED FOR ANY OF THE FOLLOWING REASONS:

1. EXPIRED APPLICATION (APPLICATIONS EXPIRE AFTER THREE MONTHS)
2. INCOMPLETE APPLICATION/NO SIGNATURE ON APPLICATION (ANY BLANKS ON THE APPLICATION)
3. INCOME/EMPLOYMENT (OR NON EMPLOYMENT)
4. RENTAL REFERENCES
5. CREDIT CHECKS
6. PERSONAL REFERENCES
7. PERSONAL INTERVIEW
8. UNWILLINGNESS TO PARTICIPATE IN THE PROGRAM AND/OR WITH THE CASE MANAGER

THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT TO RENT.

Authorizations, Representations and Certifications:

I do hereby authorize NORTHWEST MONTANA HUMAN RESOURCES (CAPNM) to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec 1681a (d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants. I further authorize NORTHWEST MONTANA HUMAN RESOURCES (CAPNM) to contact past landlords regarding past tenant rental history. I also give permission for information listed on application to be entered on HMIS system for funding purposes. All information will be kept confidential and will be used solely for the purposes of providing benefits or services, referrals to additional services, and to record services provided to my household in a DPHHS central database system for federal and/or state reporting purposes.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

Signature of Head of Household _____ Date _____

Signature of Co-Applicant _____ Date _____

FOR OFFICE USE ONLY:

Courtyard Apartments
1842 Airport Road
Kalispell MT 59901

Mailing : Po Box 8300
Kalispell, MT 59904

Who referred you to this agency? _____

What is your reason (s) for applying for housing at this agency?

***This information will be held strictly confidential and will only be used for tabulation of equal housing opportunities**

Who is Head of Household?			Sex M F	Social Security #	Date of Birth	Age
Last	First	MI				
*Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Do you require any modifications or accommodations to fully utilize the unit or the program and its services? Yes _____ No _____ <input type="checkbox"/> Require a Handicap Unit?		Monthly Income	Income Source

Number of Veterans in Family _____ Male _____ Female _____

What is your present address?

Street address			
Street	City	State	Zip
Mailing address			
Street	City	State	Zip
Home Telephone	Business Telephone		
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Household Members: List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F	Relationship to Head	Social Security #	Date of Birth	Age	Current or last grade completed
1.							
2.							
3.							
4.							
5.							

What is your housing situation as of the date of completing this application?

<input type="checkbox"/> Physical Violence <input type="checkbox"/> Live in Domestic Shelter? <input type="checkbox"/> Filed Order of Protection?	<input type="checkbox"/> Homeless family or single Homeless due to: <input type="checkbox"/> Utility shut off <input type="checkbox"/> By owner action <input type="checkbox"/> Other-(Explain)	How many times have you been homeless in the last 3 years?
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Do you expect anyone to move in or out of your household within the next 12 months? Yes _____ No _____

Does anyone live with you now who are not listed above? Yes ___ No ___

If yes, please explain: _____

Have you ever lived in assisted housing before? Yes ___ No ___

If yes, When? Where? Under what name: _____

Who was head of Household? _____

Have you ever used a name other than the one you are using now? Yes ___ No ___

If yes, what name? _____

Have you ever used a social security number other than the one listed above? Yes ___ No ___

If yes, what is it? _____

Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances? Yes ___ No ___ If yes, Who? When? What?

Has anyone in your household been convicted of a felony? Yes _____ NO _____ If yes, Who? When? What?

Has anyone in your household ever been evicted from housing for violent criminal charges or drug activity?

EXPLAIN:

Do you owe any money to a past landlord for housing? Yes___No___.

Have you ever been evicted? Yes___ No ___ If yes, please explain by Whom? When? Why?

List the address and landlord references of applicant for the past **THREE YEARS.**

Address	Landlord	From	To	Telephone

Income Information: Provide a complete explanation of any and all "Income" into the household.

Family Member	Source of Income	Hours worked /pay rate	Type of Income	Yearly <u>Gross</u> Income
1.				
2.				
3.				
4.				

Does anyone outside household pay for any of your bills or expenses? Yes___, No___, If yes, please explain:

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Payment	Cable	Credit Card
Gas	Auto Insurance	Insurance	Loan
Water	Child Care	Rentals	Other

Do you have any other regular monthly payments besides those above? Yes___No ___ If yes, please specify

Credit References (List 3 credit references) MUST INCLUDE ACCOUNT NUMBERS

Company	Account Number	Telephone

Vehicles: How many vehicles do the family own? MUST INCLUDE LICENCE #'S FOR ALL CARS

Owner	Make	Model	Year	Color	License #	State

COMMENTS/ADDITIONAL INFORMATION: