



MAILING ADDRESS: PO BOX 8315, KALISPELL, MT 59904
406-756-8733 and Fax 756-1407

RENTAL APPLICATION COVER SHEET

Equal Housing Opportunity

Thank you for your interest in a Glacier Management Property. Your application will be processed promptly. We look forward to working with you!

\$25.00 Application Fee required for processing and credit check. Your Application **WILL NOT** be processed without receipt of this fee. This fee is non refundable.

All available rentals are on a first come first serve basis.

We will not rent to anyone that is a sexual or violent offender.

In order for your application to be considered you must meet the following requirements:

1. **Sufficient Income** - Three times the rental amount per month is a suggested guideline. Income **may be combined** by multiple applicants. (Permanent employment of at least 4 months at the same job is preferred). *
2. **Verifiable Good Credit** - Credit references listed will be contacted, so please provide telephone numbers. Credit reports will be checked with a national credit bureau.
3. **Good Previous Rental History** - We will verify rental history with all your previous landlords. You must provide names and telephone numbers of prior landlords. Applications will not be approved if we cannot contact your prior landlords or mortgage holders.
4. Each person who will be responsible for rent must complete a separate application.
5. **Complete Application** - This application must be complete in its entirety. Failure to complete the entire application can result in a denial of the application.

Most applications are processed within 24 hours. Incomplete or falsified applications will be rejected. All applications, credit reports and background information submitted become the property of Glacier Management.





RENTAL APPLICATION
EQUAL HOUSING OPPORTUNITY

Name of Applicant: _____

Current Address: _____

Phone: _____ Cell or Other Phone () _____

Names of Dependents (if applicable) _____

The above, makes an application for property located at: _____

Anticipated move in date _____ at a monthly rent of \$ _____

and security deposit of \$ _____.

AUTHORIZATION

Release of Information

I agree to permit an investigation of my credit, civil, criminal, tenant history, banking and employment for the purposes of renting a unit or house with Glacier Management, Inc. and its agent.

Name (please print)

Social Security #

Signature

Date



PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

1. Current Address _____ Apt# _____
City _____ State _____ Zip _____
Month/Year Moved In _____
Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____
Phone () _____

2. Current Address _____ Apt# _____
City _____ State _____ Zip _____
Month/Year Moved In _____
Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____
Phone () _____

If additional space is needed please use back of page.

PLEASE DESCRIBE YOUR HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____
Have you ever been convicted of a felony? Yes _____ No _____
Have you ever been convicted, plead guilty or no contest to charges of sexual misconduct or violence? Yes _____ No _____

If you answered yes to any of the above, please explain: _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed _____ Retired



Current Employer _____

Date this job started _____

Job Title _____

Supervisor Name and Title _____

Phone () _____ Salary _____

(If employed by above less than 12 months, give name & phone of previous

Employer and length of time employed there):

Employer _____

Dates of Employment _____

Job Title _____

Supervisor Name and Title _____

Phone () _____ Salary _____

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____

Source/Contact Name _____.

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____

Account Number _____

Name _____ Type of Account _____

Account Number _____

Personal References and Emergency Contact:

1. Name _____

Address _____



Phone _____ Relationship _____

2. Name _____

Address _____

Phone _____ Relationship _____

3. Name _____

Address _____

Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate # and

State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help management evaluate this application?

Where may we reach you to discuss this application?

Day Phone () _____ Night Phone () _____

The above information, to the best of my knowledge, is true and correct.

Please sign: _____
Name of Applicant Date



APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____

Date _____

OFFICE NOTES:

