

<input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	**Office Use Only**	Received Date: _____ Time: _____ am/pm Initials: _____ Prospect #: _____ Unit #: _____
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PRELIMINARY APPLICATION

(Program Properties)

Applicant's Name: _____ In Care Of (optional): _____ Mailing Address ⁽¹⁾ : _____ _____ Home Phone: _____ Cell Phone: _____ Message Phone: _____ Email Address: _____	Return to: _____ _____ Phone #: _____ / TTY 711 Fax #: _____ Email Address: _____ Website: _____ <small>⁽¹⁾If you are currently homeless, please list a mailing address of a family member or friend who will accept mail on your behalf.</small>
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This Preliminary Application is used to place applicants on our Waiting List and does not include all information we require to determine program eligibility.

Instructions:

- It is important that all information on the Preliminary Application be legible, complete, and correct. False, incomplete, or misleading information will cause us to reject your application. **Do not leave any sections blank.**
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in the rejection of your Rental Application.
- It is your responsibility to contact us within 48 hours after we contact you about scheduling the Application Interview and/or for a specific apartment. If we do not hear from you within this timeframe, we will move to the next applicant on the Waiting List.

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. You may contact our 504 Coordinator, Dustin Tucker, at 2929 3rd Avenue North, Suite 538; Billings, MT 59101; dtucker@tamarackpm.com; (406) 252-3773 / TTY 711 for assistance. Language interpreters and/or translated documents are available upon request. Intérpretes de la lengua y documentos traducidos están disponibles a petición. Alternate formats are available upon request.

Select the apartment size(s) you wish to apply for, in order of preference:

	Apartment Sizes ⁽¹⁾ / Occupancy Standards
1st Preference: _____	Studio (1-3 household members)
2nd Preference: _____	1 Bedroom (1-3 household members)
3rd Preference: _____	2 Bedroom (1-5 household members)
	3 Bedroom (1-7 household members)
	4 Bedroom (1-9 household members)

⁽¹⁾ Be advised that not all apartment sizes listed may be available at this property. Please reference the Resident Selection Plan for apartment sizes or view floorplans on our property website.

When would you like to move in? _____

How did you hear about the property? _____

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Household Information

List all individuals that are applying to live in this apartment.
Exclude live-in aides / attendants (they will be added at move-in).

(1) Response Optional

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden / other legal names</i>	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Gender ¹ M / F / P P=Prefer not to disclose	Is the Individual:		
							A Student (Y/N)	US Military Veteran (Y/N)	Disabled (Y/N) ¹
					Self				

Household Income

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis.

Income sources to consider: Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, income from assets, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi-weekly, semi-monthly, monthly, etc.)	Total Annual Income
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		

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Preliminary Application Questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any changes to the number of people that will be living in your household?
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member need the features of an apartment home adapted for wheelchair use or sensory impairments?
		If yes, select type: <input type="checkbox"/> Mobility Accessible <input type="checkbox"/> Vision Accessible <input type="checkbox"/> Hearing Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:
		Member Name: Describe What Is Needed:
<input type="checkbox"/>	<input type="checkbox"/>	Have you been displaced from your previous home due to government action or a presidentially declared disaster?
		<i>(If you mark yes, please be prepared to provide a written statement or certificate of displacement by the appropriate governmental authority.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you require rental assistance in order to live at this property (if available)? If you mark "no" we will assume you want to be considered only for apartments with no rental assistance.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property? Note: if this property is 100% rent assisted by HUD or RD, we cannot accept your voucher.
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to state lifetime sex offender registration in any state?
		<i>Note: We are required by HUD and company policy to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Failure to respond accurately to questions regarding your criminal record during the application process may jeopardize approval of your application and after move-in, continued assistance and/or occupancy. Having a criminal record does not necessarily mean that you or your household will be disqualified, but you should be prepared to provide documentation regarding your criminal record and/or pending charges to assist in processing your application expediently. Criminal background checks must be performed in this state and in all states where all adult household members have resided.</i>

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Statements by all Household Members

Applicant represents the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.**

Applicant has reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available upon request. Applicant understand that they must notify management in writing if there are any changes in household address, telephone numbers, income and household composition and must respond to Waiting List update requests to remain on the Waiting List.

We are using this brief form of application to gather the minimum information needed to determine if the applicant should be put on the waiting list. Applicant's position on the waiting list may change depending upon the preferences that other households may qualify for. Applicant can find the most up to date status of their waiting list application by calling our office or logging into the online portal.

If apartments are available (or will be soon), we must collect more detailed information from Applicant during the Application Interview and verify all information. Please be aware that if Applicant is placed on the waiting list, it does not indicate that Applicant is eligible to receiving housing at this property. Only after all required information has been received and verified can we make an eligibility determination. Failure to remain eligible as determined by the Resident Selection Plan will result in us rejecting Applicant's application.

Applicant acknowledges by providing an email address, applicant authorizes management to communicate about this Preliminary Application and related documents and/or processes via email.

_____ Signature – Household Member	_____ Date	_____ Signature – Household Member	_____ Date
_____ Signature – Household Member	_____ Date	_____ Signature – Household Member	_____ Date

Attachment(s):

Supplement to Application for Housing
Household Demographics

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