



MAGIC CITY PROPERTY MANAGEMENT, LLC
518 GRAND AVENUE
BILLINGS, MT 59101
(406) 259-2293 (phone) (406)252-4260 (fax)
Website: www.mcpmbillings.com

RENTAL APPLICATION POLICIES AND PROCEDURES

******Please Review Carefully******

- **A SEPARATE APPLICATION IS REQUIRED FOR EACH APPLICANT WHO IS LEGALLY ABLE TO SIGN A CONTRACT AND INTENDS TO RESIDE AT THE PROPERTY.**
- **SUBMITTED APPLICATIONS AND INFORMATION OBTAINED WHEN PROCESSING THE APPLICATION BECOME THE PROPERTY OF MCPM, LLC.**
- **A COPY OF A PHOTO ID IS REQUIRED FOR EACH ADULT APPLICANT**
- **MAGIC CITY PROPERTY MANAGEMENT, LLC RECOGNIZES THE HUD STANDARD OF OCCUPANCY AS 2 PEOPLE PER BEDROOM.**
- **ALL SECTIONS OF THE APPLICATION MUST BE FILLED IN COMPLETELY OR IT WILL NOT BE PROCESSED. APPLICATIONS REMAIN ON FILE FOR 30 DAYS.**
- **THE APPLICATION FEE OF \$30.00 PER PERSON IS NON-REFUNDABLE**
- **THE APPLICATION FEE MUST BE PAID IN CASH OR BY MONEY ORDER BEFORE PROCESSING WILL BEGIN**
- **PROOF IS REQUIRED FOR ALL SOURCES OF INCOME**
- **GOOD CREDIT, RENTAL HISTORY, SOURCES OF INCOME AND CRIMINAL BACKGROUND HISTORY ARE THE BASIS FOR OUR POINT SYSTEM (1=Lowest to 30=Highest) FOR APPROVAL OR DENIAL OF APPLICATIONS.**
- **ALL APPLICATIONS SUBMITTED FOR EACH PROPERTY ARE CONSIDERED AND THE MOST QUALIFIED APPLICANT IS SELECTED. NO PRIORITY IS GIVEN TO ANY APPLICATION IN ANY ORDER OF RECEIPT.**
- **MAGIC CITY PROPERTY MANAGEMENT, LLC RESERVES THE RIGHT NOT TO RENT TO ANYONE CONVICTED OF A CRIME.**
- **IF A PET IS APPROVED, IMMUNIZATION AND REQUIRED LICENSE(S) MUST BE PROVIDED PRIOR TO SIGNING THE LEASE DOCUMENTS. *NO AGGRESSIVE BREEDS ALLOWED. PETS MUST BE 1 YEAR OLD - NO KITTENS OR PUPPIES.**
- **NO HOT TUBS, SWIMMING POOLS OR TRAMPOLINES ARE ALLOWED.**

PLEASE NOTE THAT THE MORE DOCUMENTATION THAT YOU PROVIDE WITH YOUR APPLICATION (PROOF OF INCOME, ANYTHING THAT MAY ASSIST US IN VERIFYING ALL THE INFORMATION), THE FASTER WE WILL BE ABLE TO HAVE AN ANSWER FOR YOU. PLEASE ALLOW AT LEAST 48 HOURS FOR PROCESSING.

***NOTICE OF CONTRACTUAL RELATIONSHIP: MAGIC CITY PROPERTY MANAGEMENT, LLC IS THE EXCLUSIVE RENTAL AGENT FOR THE OWNER(S) OF THE LISTED PROPERTIES.**

I have read and understand the above rental application process: Initial _____.

MAGIC CITY PROPERTY MANAGEMENT, LLC
518 GRAND AVENUE, BILLINGS MONTANA 59101
(406) 259-2293 PHONE (406) 252-4260 FAX

APPLICATION FEE RECEIVED: \$ _____ DATE: _____

DATE OF APPROVAL: _____

DATE OF REJECTION: _____

SEE ATTACHED WRITTEN NOTIFICATION OF REJECTION.

APPLICATION TO RENT
(PLEASE PRINT CLEARLY)

PROPERTY ADDRESS APPLIED FOR _____

FULL NAME OF APPLICANT _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____ E-MAIL _____

DRIVERS LICENSE NUMBER _____ STATE _____ EXP DATE _____

NO OTHER PERSONS TO RESIDE AT ANY TIME WITHOUT WRITTEN CONSENT OF PROPERTY
MANAGER. _____ Applicant Initials

PLEASE LIST YOUR PHYSICAL ADDRESSES WHERE YOU LIVED FOR THE PAST THREE YEARS:
(PARENTS OR OTHER RELATIVES WILL NOT BE ACCEPTED).

PRESENT ADDRESS _____

CITY/STATE/ZIP CODE _____

OWNER/MANAGER _____ PHONE NUMBER _____

RENTAL AMOUNT \$ _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP CODE _____

OWNER/MANAGER _____ PHONE NUMBER _____

RENTAL AMOUNT \$ _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP CODE _____

OWNER/MANAGER _____ PHONE NUMBER _____

RENTAL AMOUNT \$ _____ REASON FOR MOVING _____

APPLICANT SIGNATURE

DATE

PLEASE LIST ALL OTHER OCCUPANTS

NAME _____ NAME _____

NAME _____ NAME _____

NAME _____ NAME _____

PLEASE LIST ALL PETS

TYPE OF ANIMAL _____ BREED _____ SEX _____ WEIGHT _____

TYPE OF ANIMAL _____ BREED _____ SEX _____ WEIGHT _____

PLEASE LIST AT LEAST THE TWO MOST RECENT YEARS OF EMPLOYMENT INFORMATION:

PRESENT EMPLOYER: _____ **DATE STARTED** _____

EMPLOYERS ADDRESS: _____

CITY/STATE/ZIP _____ **PHONE NUMBER** _____

POSITION OR TITLE _____ **GROSS INCOME:** _____ **PER** _____

PRIOR EMPLOYER: _____ **DATE STARTED** _____

EMPLOYERS ADDRESS: _____

CITY/STATE/ZIP _____ **PHONE NUMBER** _____

POSITION OR TITLE _____ **GROSS INCOME:** _____ **PER** _____

OTHER INCOME: \$ _____ **PER** _____ **SOURCE/S** _____

EXAMPLES OF OTHER SOURCES OF INCOME ARE (BUT NOT LIMITED TO) CHILD SUPPORT, ALIMONY, AFDC, TRUST FUNDS, FINANCIAL AID, INSURANCE SETTLEMENTS, REAL ESTATE CONTRACTS, PARENTAL SUPPORT, ETC. YOU MUST PROVIDE DOCUMENTATION OF THIS INCOME.

PLEASE LIST ALL VEHICLES THAT MAY BE PARKED AT OR NEAR THE PROPERTY, INCLUDING TRUCKS, CARS RV'S, TRAILERS, BOATS, MOTORCYCLES ETC:

MAKE: _____ **MODEL** _____ **YEAR** _____
LICENSE NUMBER _____ **STATE** _____ **COLOR** _____

MAKE: _____ **MODEL** _____ **YEAR** _____
LICENSE NUMBER _____ **STATE** _____ **COLOR** _____

MAKE: _____ **MODEL** _____ **YEAR** _____
LICENSE NUMBER _____ **STATE** _____ **COLOR** _____

MAKE: _____ **MODEL** _____ **YEAR** _____
LICENSE NUMBER _____ **STATE** _____ **COLOR** _____

APPLICANT SIGNATURE

DATE

DO YOU CURRENTLY HAVE RENTERS INSURANCE _____ YES _____ NO IF SO, THROUGH WHICH COMPANY? _____

MAGIC CITY PROPERTY MANAGEMENT, LLC STRONGLY ENCOURAGES ALL TENANTS TO OBTAIN RENTER'S INSURANCE COVERAGE.

DOES ANYONE WHO WILL LIVE AT THE PROPERTY SMOKE? _____ YES _____ NO

HAVE YOU EVER HAD AN EVICTION FILED AGAINST YOU? _____ YES _____ NO
IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER FILED FOR BANKRUPTCY _____ YES _____ NO
IF YES PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY _____ YES _____ NO
IF YES PLEASE EXPLAIN _____

DATE _____ PROBATION OFFICER NAME _____

PROBATION OFFICER PHONE NUMBER _____

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OR VIOLENT OFFENDER IN ANY JURISDICTION? _____ YES _____ NO IF SO WHERE _____

IN CASE OF AN EMERGENCY, PERSON TO NOTIFY: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY/STATE/ZIP _____ PHONE NUMBER: _____

PLEASE LIST TWO PERSONAL REFERENCES: (NOT RELATIVES)

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

I, THE UNDRSIGNED, WARRANT AND REPRESENT THAT THE INFORMATION ON THIS RENTAL APPLICATION TO BE CORRECT AND TRUE AND THAT I HAVE READ AND UNDERSTAND ALL THE TERMS CONTAINED ON THIS DOCUMENT. ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION AND LATER DISCOVERED SHALL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE RENTAL AGREEMENT OR LEASE UPON 30 DAYS' WRITTEN NOTICE BY MAGIC CITY PROPERTY MANAGEMENT, LLC. ALL PERSONS AND ENTITIES LISTED ABOVE MAY RELEASE TO MAGIC CITY PROPERTY MANAGEMENT LLC ANY INFORMATION AND ALL INFORMATION RELATING TO MY RENTAL HISTORY, INCOME, EMPLOYMENT AND CREDIT HISTORY IN ORDER TO PROCESS THIS APPLICATION. MAGIC CITY PROPERTY MANAGEMENT, LLC. IS HEREBY AUTHORIZED TO VERIFY INFORMATION INCLUDING CHECKING OR SAVINGS ACCOUNTS, CREDIT REPORTS, CURRENT AND PAST EMPLOYMENT HISTORY, RENTAL HISTORY WITH CURRENT AND PAST LANDLORDS AND PERSONAL REFERENCES.

PRINTED NAME OF APPLICANT: _____

APPLICANT: _____ DATE: _____

SIGNATURE

Landlord Rental Reference

Name of Landlord: _____

Work Phone: _____ Fax #: _____

Reference Date: _____ Lease Period: _____

Rental Address: _____

Name of Tenant: _____

1. Did tenant pay rent on time? yes no _____

2. Did tenant give 30-day notice to terminate lease? yes no _____

3. Did tenant keep the property clean? yes no _____

4. Did tenant damage your property? yes no _____

5. Did you receive complaints from neighbors or police? yes no _____

6. Did tenant fulfill all the terms of lease agreement? yes no _____

7. Have you sent any notices to tenant? yes no _____

8. Did you terminate the lease for cause? yes no _____

9. Would you rent to tenant again? yes no _____

10. Are you owed any money by Tenant(s) yes no _____

Optional question:

11. Did tenant give a reason for moving? yes no _____

Thank you for your time,
Ed McClintock
Magic City Property Management, LLC

I _____ give my full and complete permission to have my rental history provided in full to Magic City Property Management, LLC. Signed _____ Date _____