



# RENTAL APPLICATION, PART 1 OF 2 (One Per Premises)

Landlord: TROY LEISTIKO

Address: 2251 BRIGGS ST, MISSOULA, MT 59803

Phone: (406) 370-9883

Date: \_\_\_\_\_

All rental business conducted is in conformance with current Montana Code Annotated and does not practice or allow discrimination because of race, color, sex, religion, creed, age, handicap, disability, national origin, marital status, or family status.

Address of premises 520 SCHILLING, UNIT #2, MISSOULA, MT 59801

**We Require:**

- That each person to reside in the premises be listed on this application.
- That each person of legal age (18 years or older) on this application complete an individual application.
- That each person of legal age (18 years or older) who will reside on the premises sign the rental agreement/term lease agreement and accept responsibility for the terms of the agreement.

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Names, e-mail addresses, and phone numbers of applicants (E-mail address is optional - Please print clearly):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Household Composition: List all persons (including family members) who will reside on the premises.

LEGAL NAME

OCCUPATION

<u>LEGAL NAME</u>	<u>OCCUPATION</u>

Does anyone intending to reside at the premises require a housing accommodation because of a disability or other condition? If so, what accommodation is needed?

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Will there be any animals on the premises? \_\_\_ Yes \_\_\_ No

	<u>NAME</u>	<u>AGE</u>	<u>SPECIES</u>	<u>BREED</u>	Current on vaccinations?
1.	_____	_____	_____	_____	___ Yes ___ No
2.	_____	_____	_____	_____	___ Yes ___ No
3.	_____	_____	_____	_____	___ Yes ___ No
4.	_____	_____	_____	_____	___ Yes ___ No

Please list all vehicles that will be parked at the premises (other than guests):

	<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Does anyone intending to reside at the premises smoke any substances, including e-cigarettes? \_\_\_ Yes \_\_\_ No

The following is the Smoking Policy for this premises:

**NO SMOKING IS ALLOWED ON THE PREMISES**

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_