



**Pleasantview  
Pre-Application  
825 Avenue D  
Billings, MT 59102**



**Phone: (406) 248-4111**

**Montana Relay: 711**

**FAX: (406) 245-0336**

Office Hours for Pleasantview Apartments is Monday – Friday, 10:30 am – 4:30 pm **appointments necessary**

How did you hear of this housing opportunity?  Newspaper  Word of Mouth  Site Advertising  
 Internet  Other Community Agency  Family/Friends  Current Renters @ Pleasantview Apartments

Street Address City State Zip

Mailing Address City State Zip

**FAMILY COMPOSITION**

Phone: ( )

	NAME	SSN	STUDENT Y/N	RELATION TO HEAD	BIRTH DATE
Head				self	
2					

	Birth Place	Gender		Ethnicity		Race					Handicap/ Disabled		Elderly	
		M	F	1	2	1	2	3	4	5	Y	N	Y	N
Head														
2														

**RACE CODES**

**ETHNICITY 1 = HISPANIC 2 = NON-HISPANIC**

1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Other

**Pleasantview Apartments is designated by the Department of Housing and Urban Development as a living community for the Elderly & Disabled (only 10% for non-elderly). In order to qualify to live at this community you must meet one of these criteria:**

**Elderly** = 62 years of age and older  Yes  No

**Disabled** = As defined by HUD  Yes  No

(HUD definition of disabled is available from on-site manager)

Last:

First

MI

Do you require any modifications in order to fully utilize the unit or the program and its services? (i.e. Handicap Accessible Unit? Policy Change?) Service Animal?  Y  N Wheelchair?  Y  N Hearing Impaired?  Y  N Vision Impaired?  Y  N Other?  Y  N If Yes to any of the above, please explain so we can better serve you:

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**INCOME**

Family Member #	Source of Income Name of Company or Agency	Income Type (WAGES, TANF, Child Support, Per Capita, Unemployment, SS, SSI, etc.)	Rate/Frequency

**PROGRAM INTEGRITY**

Adult Member Name	Please list all States you have lived in as an adult:	Registered Sex Offender? Y/N	Ever been charged or convicted of manu- facturing or producing methampheta- mine on the premises of an assisted housing project? Y/N

Do you owe any money to any assisted housing agency?  Yes  No If yes, Explain: \_\_\_\_\_

Do you have any pets?  Yes  No If yes, Explain: \_\_\_\_\_

**A CURRENT PHOTO ID IS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS**

**Authorizations, Representations and Certifications**

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.

**Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. of the Department of Housing and Urban Development.**

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE AND OUR SIGNATURES BELOW AUTHORIZE THE HOUSING AUTHORITY OF BILLINGS TO VERIFY ANY INFORMATION

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date

The Housing Authority of Billings Complies with the Fair Housing Act and Provides Reasonable Accommodations/Modifications to persons with disabilities. Request forms are available at Pleasantview Apartment office located at 825 Avenue D Billings, MT 59102

**Housing Authority of Billings Release of Information /Criminal Record Verification**

**Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.**

**A CURRENT PHOTO ID IS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS**

The Housing Authority of Billings is obliged to verify certain information about all adult members of families applying for admission to our Assisted Housing Programs. **Anyone 18 years of age or older must sign.**

Head of Household	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

**By providing the requested information and signatures above, the adult members of the household consent to a complete criminal background check.**

Full Name First, MI, Last Please Print	Male Or Female	Date Of Birth	SS #	Current Street Address	Do you use any other name/s?  If yes, list all	Maiden Name  (Females Only)

**POLICE DEPARTMENT ONLY**

- ( ) Based on the identifiers submitted, there is possible the existence of a criminal history record in the national database. Please submit fingerprints to Montana DOJ Criminal Records and Identification Section, PO Box 201403, Helena, MT 59620-1403.
- ( ) Based on the identifiers submitted, there does not appear to exist a criminal history record in the national database.

Signature of Police Department Personnel	Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.