

# Application for On-Campus Family Housing

Montana State University-Billings students wishing to apply for Family Housing must complete the following application and return to the Housing and Residential Life Office with a \$25.00 nonrefundable application fee. Upon acceptance of your application and confirmed assignment of a family housing apartment, the applicant has 10 days to submit the damage deposit (**\$500.00 + \$50.00 key deposit**) and first month's rent (**\$850.00 or \$925.00**). The \$25.00 application fee will be applied to your damage deposit.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security/ ID No. \_\_\_\_\_

Mailing Address to send assignment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone-home ( ) \_\_\_\_\_ Telephone- work ( ) \_\_\_\_\_

Please check the box which reflects your family status or other eligibility for Family Housing at the time you desire occupancy. Proper documentation must be attached at the time of application.

☐ Married

☐ Married with children or dependent

☐ Single parent with children (dependent)

☐ Other legal relationship

\* Required documentation includes marriage license or declaration of marriage; children's birth certificates or custody decree; documentation of need for live-in personal attendant; or other documentation that is sufficient to establish legal responsibility. This must be attached when the application is submitted. \* Students living in family housing must maintain full-time MSU Billings/Bozeman status (12 or more credits).

Domestic partnership will need to show proof of joint checking account or marriage certificate.

I would like to request (prioritize in number order):

☐ 2 bedroom apartment (ground floor)

☐ 3 bedroom apartment (ground floor)

☐ 2 bedroom apartment (upper level)

☐ 3 bedroom apartment (upper level)

Special accommodations needed (including ESA/Service Animal): \_\_\_\_\_

Dates of desired housing: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ (enter year) \_\_\_\_\_

Applicants will be kept on the waiting list for a period of six months. After that time it is the applicants' responsibility to renew their application with our office. It is also the applicant's responsibility to notify us of any address or phone number changes.

\* Housing assignments are made according to the date the application is received in our office and availability of appropriate apartment spaces.

Please List the names and relationship of all individuals who will be living in the apartment with you (First Name, Last Name, Date of Birth):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will receive a copy of the Family Housing Handbook, the Family Housing Lease, and The Housing Handbook and agree to abide by all policies, rules, and regulations as stated. I also understand I will be required to sign a lease agreement prior to taking occupancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (if applicable)

\_\_\_\_\_  
Date

Office Use Only:

MSUB application on file \_\_\_\_\_ \$25.00 application fee \_\_\_\_\_ Deposit \_\_\_\_\_ First month's rent \_\_\_\_\_

## RENT/CREDIT HISTORY

(To be completed by the applicant)

All information may be checked by the Office of Housing and Residence Life

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

### Rental Reference

Current Address \_\_\_\_\_

Land Lord \_\_\_\_\_ Phone \_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Payment History \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Comments \_\_\_\_\_

### Previous Address

Previous Address \_\_\_\_\_

Land Lord \_\_\_\_\_ Phone \_\_\_\_\_

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_

Payment History \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Comments \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

### Employer Reference

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

If unemployed, source of income \_\_\_\_\_

Your signature is required on this form for us to complete verification of the above credit/ reference information. I (we) give permission for Montana State University-Billings to verify credit/reference information for application to MSU-Billings Family Housing.

Each applicant will be required to have a credit check done. The cost of the credit check will be billed to the applicant.

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

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_