



Thank you for your interest in the apartments at the Park County Senior Center. In order for you to be placed on the waiting list for an apartment you must first fill out and submit an application packet. Enclosed with this letter is our application packet. Please fill it out and return it via mail or in person at the address listed below. If you have any questions about the contents or how to fill out an item please contact the Senior Center at 406-333-2276.

Mail your completed packet to:

Park County Senior Citizens Center  
206 South Main  
Livingston, MT 59047

Or you can scan and email your packet to:

[edpcsc@gmail.com](mailto:edpcsc@gmail.com)

Enter "Rental Application" in the subject line.

**IMPORTANT:** Incomplete applications will not be considered until all materials have been provided.



**Equal Housing OPPORTUNITY**

REV. 8/2021

Page 1

Park County Senior Center  
206 South Main Street, Livingston, MT 59047  
[www.parkcountyseniorcenter.org](http://www.parkcountyseniorcenter.org) 406.333.2276

# ELIGIBILITY REQUIREMENTS:

## **To be considered eligible**

- 1) You must be at least sixty-two (62) years of age.
- 2) You must be a person of low to moderate income by current HUD standards.
- 3) You must provide annual income documentation as required.
- 4) You must be a non-smoker and sign our NON-SMOKING POLICY (attached).
- 5) You understand that the Senior Center is an independent-living facility and that you are responsible for managing your basic needs, basic upkeep of your apartment, and the security of your belongings.

NOTE: The Senior Center is not a HUD subsidized property. However Section 8 vouchers are accepted. The Senior Center is not a licensed or assisted living facility. We do not provide case management or social work services.

## Rental Application – Please complete all applicable areas

### Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?
UNIT REQUESTED (Please circle)		Efficiency	1-bedroom 2-bedroom

### Employment Information

Current employer/or Source of Income:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income/pensions/benefit:

### Emergency Contact

Name of a person not residing with you:			
Address:			
City:		State:	ZIP Code: Phone:
Relationship:			

### Co-applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?

### Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:

### References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date:



## Pricing Schedule for Park County Senior Citizens Center Apartments

All apartments have electrical, heating, lighting, water, sewer and garbage costs paid by the Park County Senior Citizens Center. Tenants will need to pay:

Telephone,

Cable TV

Internet

Security Deposit will be the equal of one month's rent. In addition there will be a \$25.00 charge for a restricted access security system key to the Lewis Street lobby and both external stairways. It is not duplicable and is not transferrable to anyone else.

Each Renter is required to have Renter's Insurance while renting at the Center. The cost of this insurance depends on which agency the Renter chooses to go with and the extent of coverage.

There is no universal or identical apartment plan at the Center. Each apartment is unique in itself. The following are the general pricing guidelines for apartments at the Center.

Efficiency: \$582.00

One Bedroom: \$652.00

One Bedroom Plus: \$770.00

Two Bedroom: \$875.00

A former tenant of yours has submitted a Rental Application to Lease a property from The Park County Senior Citizens Corporation. In order to process this rental Application, we would like to ask your cooperation by answering the questions below.

Representative: \_\_\_\_\_ Position: \_\_\_\_\_

When did the Tenant move in and move out of the property?

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_

Did the Applicant pay his/her rent promptly?

☐ Yes ☐ No Comment: \_\_\_\_\_

Did the applicant incur any cost for damages, late fees or other charges?

☐ Yes ☐ No Comment: \_\_\_\_\_

Were there any complaints made against the Tenant by any neighbors or anyone within the rental community?

☐ Yes ☐ No Comment: \_\_\_\_\_

Were you given proper notice and a reason for the rental/lease agreement being terminated?

☐ Yes ☐ No Comment: \_\_\_\_\_

Were you able to return the Tenants security / or cleaning deposits after he/she moved out ?

☐ Yes ☐ No Comment: \_\_\_\_\_

Would you lease to this individual if he/she applied again?

☐ Yes ☐ No Comment: \_\_\_\_\_

Please use the space below for any comments you wish to make:

Please fax or email your response at your earliest convenience. We thank you for your prompt attention to this matter

Sincerely,

Brooke Howell

Telephone Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

A former tenant of yours has submitted a Rental Application to Lease a property from The Park County Senior Citizens Corporation. In order to process this rental Application, we would like to ask your cooperation by answering the questions below.

Representative: \_\_\_\_\_ Position: \_\_\_\_\_

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Did the Applicant pay his/her rent promptly?

☐ Yes ☐ No Comment: \_\_\_\_\_

Did the applicant incur any cost for damages, late fees or other charges?

☐ Yes ☐ No Comment: \_\_\_\_\_

Were there any complaints made against the Tenant by any neighbors or anyone within the rental community?

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Please fax or email your response at your earliest convenience. We thank you for your prompt attention to this matter

Sincerely,

Brooke Howell

Telephone Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_



### Park County Senior Citizens Center Smoking Policy

Due to safety concerns, smoking is prohibited on the premises of the Senior Citizens Center in the apartments, hallways, laundry rooms or lobby. It is the policy of the Park County Senior Citizens Center that no apartment shall be rented to an individual who smokes. Tenants are responsible for enforcing this rule with any guests or visitors.

Tenants who are smoking, or are allowing smoking in the building, will be given notice of eviction.

I am a non-smoker and I have read and I understand the above rules, and I agree to comply with the Park County Senior Citizens Center Smoking Policy.

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Name (Signed)

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Name (Printed)

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

Park County Senior Citizen Center Corporation

206 South Main Street

Livingston, MT 59047

406-222-7195 [edpcsc@gmail.com](mailto:edpcsc@gmail.com)

### **Authorization to Release Information**

To Whom it May Concern:

1. I/We have applied for a lease from the Park County Senior Center Corporation. A part of this application process, PCSCC may verify information contained in my/our lease application and in other documents required in connection with the lease.
2. A copy of this authorization may be accepted as an original.
3. Your prompt reply to PCSCC is appreciated.

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Applicant's Signature

Date





MONTANA  
HOUSING



## Housing Choice Voucher Program Application

Rental Assistance Bureau – Montana Housing

### INSTRUCTIONS:

Applicants will be taken on a first-come, first-served basis by application date. Participation is limited. Complete all questions. All information is required for processing.

***Incomplete or illegible applications will not be processed.***

### APPLY ONLINE:

[HOUSING.MT.GOV](http://HOUSING.MT.GOV)

Check your status & position  
number online:

[WWW.WAITLISTCHECK.COM](http://WWW.WAITLISTCHECK.COM)

### MAIL TO:

Montana Department of Commerce  
Housing Choice Voucher Program  
PO Box 200545  
Helena, MT 59620-0545

### Family Composition

Family Member	First Name, M.I. of Household Member	Last Name of Household Member	Social Security Number	Relationship to You	Sex	Date of Birth (Month/Date/Year)
Head of Household				Self		
Spouse or Co-Head				Spouse or Co-Head		

### Race, Ethnicity, Citizenship

Race		Ethnicity	Citizenship
American Indian or Alaska Native	Native Hawaiian / Other Pacific Islander	Hispanic/Latino	Citizen
Asian	White	Non-Hispanic/Non-Latino	Legal Resident
Black or African American	Decline to Answer	Decline to Answer	Migrant

*Racial and ethnic data is collected for statistical purposes.*

### Contact Information

Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

Alternate Contact # \_\_\_\_\_

Alternate Contact Email \_\_\_\_\_

### Household Demographic Information

*Please select all that apply.*

- ☐ Age 62 or over
- ☐ Disabled
- ☐ Single Parent
- ☐ Full-time student
- ☐ Veteran

### Gender Identification

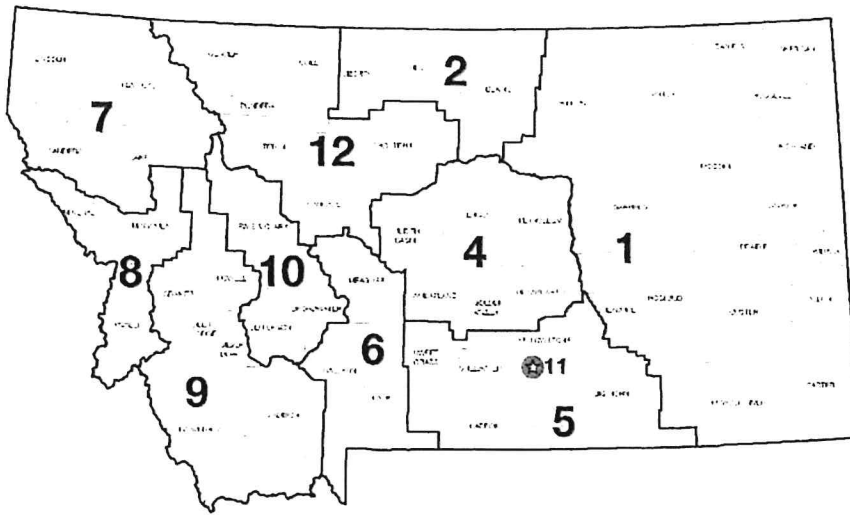
*Please respond for Head of Household only*

- ☐ Female
- ☐ Male
- ☐ Trans Female
- ☐ Trans Male
- ☐ Gender Non-Conforming
- ☐ Decline to Answer

### Are you interested in Moderate Rehabilitation (MOD REHAB)?

There may be MOD REHAB unit available in your area during your waiting period?  
*Contact your local regional office below for more information*

Yes No



**Regional Offices – Choose only one**

- ☐ Region 1 – Action for Eastern Montana
- ☐ Region 2 – HRDC 4, Havre
- ☐ Region 4 – HRDC 6, Lewistown
- ☐ Region 5 – HRDC 7, Billings
- ☐ Region 6 – HRDC 9, Bozeman
- ☐ Region 7 – Community Action Partnership, Kalispell
- ☐ Region 8 – HRC XI, Missoula
- ☐ Region 9 – Action, Inc., Butte
- ☐ Region 10 – Helena Housing Authority
- ☐ Region 11 – Housing Authority of Billings
- ☐ Region 12 – Opportunities, Inc., Great Falls

**Limited Preference**

*IF your household contains a disabled member under the age of 62, check any of the following that applies*

<input type="checkbox"/>	I am transitioning out of institutional and other segregated settings.
<input type="checkbox"/>	I am at serious risk of institutionalization.
<input type="checkbox"/>	I am currently experiencing homelessness and/or am an eligible person(s) that are referred by the state of Montana's Coordinated Entry System (CES).
<input type="checkbox"/>	I have previously experienced homelessness and am currently a client in a Permanent Supportive Housing or Rapid Rehousing project.

**Income**

Family Member	Wages / Salaries	SS or Pensions	Public Assistance (incl. 551)	Income from Assets	Other	Family Assets (Net or Market Value of Real Property & Liquid Assets)

**Privacy Act Statement** – The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**Tenant(s) Statement** – I/We certify that the statements above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

**By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with applicable certification.**

**SIGNATURE**

**DATE**

**NOTE:** You are responsible for keeping your mailing address and phone number current with MDOC for the entire time you are on the Waiting List (approximately 1-3 years). You will be removed from the Waiting List if you fail to respond to Housing Choice Voucher mailings and you will be required to reapply and begin the Waiting List process.