



**Montage Apartments**  
**Temporary Mailing Address:**  
**210 W Mallard Dr. Ste A Boise, ID 83706**  
**Ph: 541-701-1367 / Fax: 503-907-8697**  
**Email: montage@nwrecc.org**

**For Office Use Only**

Date / Time Received: \_\_\_\_\_ AM/PM

Received By: \_\_\_\_\_

**Waiting List Application**  
**Montage Apartments**

**Contact Information:**

**Applicant's Name:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Referred by** \_\_\_\_\_  
**How did you hear about us?** \_\_\_\_\_

**Apartment Preference Requested (Check all that apply)**

**Please number unit size preference from 1<sup>st</sup> preference through 3<sup>rd</sup> preference:**

\_\_\_\_\_ 1 Bed (1-3 occupants)

\_\_\_\_\_ 2 Bed (2-5 occupants)

\_\_\_\_\_ 3 Bed (3-7 occupants)

**Do you require any of the following unit types?**

☐ Mobility accessible ☐ Hearing accessible ☐ Sight accessible

**What is your household size?** \_\_\_\_\_

**List each person (starting with yourself) who will occupy the apartment**

| Name (Last, First, Middle) | Date of Birth | Relationship to Head of Household | Social Security # (If Applicable) | Estimated Annual Income | Student Y/N | Veteran Y/N |
|----------------------------|---------------|-----------------------------------|-----------------------------------|-------------------------|-------------|-------------|
|                            |               | <b>Self</b>                       |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |
|                            |               |                                   |                                   |                         |             |             |

This Waiting List Application is only to establish your place on the waitlist. Once your name comes up on the list it will be necessary to process a full application, run a background screening on all household members 18 years or older and verify all the information necessary to determine your household eligibility for tenancy.

**Head of Household Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Owner/management does not discriminate against on the basis of race, color, religion, sex, handicap, familial status, marital status, sexual orientation or national origin. Owner/management will consider any Reasonable Accommodation request to accommodate a disability. 504

Coordinator and is available at: 1597 Avenue D, Suite 7, Billings, MT 59102; 504@nwrecc.org; (406) 252-3773 / TTY 711.



