Eastside Village Apartments

111 2nd Street SE Stewartville, MN 55976 Phone 507.533.4953 or 507.288.9205 Fax 507.536.4685

INSTRUCTIONS FOR RETURNING APPLICATION BY MAIL

- 1. Complete all sections of the application; N/A may be written if not applicable.
 - > Any application received with missing information will not be accepted and returned to the sender.
 - The name, address, apartment complex name (if applicable), and phone number for all previous landlords **must** be included on the application.
- 2. The following items must be included and returned with your application:

 Please copy each person's information separately.
 - > You must provide copies of all forms of identification that apply to your household.

Examples: Drivers License or State ID, Social Security Card, I-94 Document (front and back on the same page), Green Card, Permanent Resident Card and Birth Certificates, United States Passport, etc, for all members of the household.

- 3. All applications are date/time stamped when received and put on the waiting list in the order received.
- 4. When you are near the top of the waiting list you will be called for an interview.

****Return all required forms/documents to address listed above****

Please remember all questions on the application must be answered and all identification, landlord, and contact information must be included to process your application. If you have questions you may contact the Eastside Village Office at 507.533.4953 or 507.288.9205.



7392 Airport View Drive SW P.O. Box 249 Rochester MN 55903-0249

Phone: 507-285-5082 Fax: 507-289-0238 Web: www.paramark.us

SCREENING CRITERIA

TO BE CONSIDERED FOR HOUSING, A HOUSEHOLD MUST MEET THE MINIMUM SCREENING CRITERIA WITH REGARD TO CREDIT, CRIMINAL HISTORY AND ACCEPTABLE PERSONAL AND LANDLORD REFERENCES. IF ANY OF THE FOLLOWING INFORMATION IS TRUE, THE APPLICANT(S) WILL BE DENIED RESIDENCY.

CREDIT

- ♦ Applicants with outstanding (unpaid) collections totaling \$500.00 or more.
- Applicants with judgments and credit grantor loss write-offs totaling \$500.00 or more.
- ♦ Applicants with any combination of the above two criteria totaling \$500.00 or more.
- Applicants with a bankruptcy on their record that is less than two years old.
- Applicants with a consistent history of late payments on their financial obligations.
- Applicants with outstanding financial obligations to current or previous landlords.
- Applicants with outstanding financial obligations to mortgage lenders.
- ♦ Applicants with a Beacon Score under 550.

Note: A valid explanation for any of the above listed criteria may be considered by the owner/agent if provided in writing by applicant(s).

LANDLORD REFERENCES

- Applicants that can not provide verifiable rental landlord references of at least one-year duration with a written contract.
- Applicants with an unlawful detainer on their record.
- Applicants with verified housekeeping problems or with a history of disturbing the peace.
- ♦ Applicants with a verified charge by local law enforcement for disorderly use pertaining to crime free/drug free housing.

Note: A valid explanation for any of the above listed criteria may be considered by the owner/agent if provided in writing by applicant(s).

CRIMINAL HISTORY

We do not reject applications based on arrests, dismissed charges, or expunged convictions.

We do not reject applications based on juvenile records unless the resulting adjudication or conviction is based on an adult charge or public juvenile adjudication.

We do not reject applications based on minor crimes (failure to pay transit fare, minor consumption of alcohol, loitering without intent, worthless check, etc.) or for minor and moderate driving offenses that do not involve criminal vehicular operation causing property damage or bodily injury.

DUIs/DWIs will not be considered unless the applicant has three or more such offenses in the past five years.

No matter the date of the conviction, we reject applications for criminal convictions such as homicide; arson; 1st, 2nd, and 3rd degree criminal sexual conduct; child pornography; illegal manufacture or distribution of controlled substances; terrorism; blackmail; extortion; and racketeering. We reject applicants who are currently subject to any sex-offender registration requirement under any jurisdiction.

For convictions not described above, we consider the nature, severity, and age of the conviction in determining whether to approve or reject an application. For felony convictions, the range is between 2 and 15 years. For example, a less serious felony (like harboring a runaway child) must be at least 2 years old, or your application will be denied. A more serious felony (like assault with a deadly weapon) must be at least 15 years old, or your application will be denied. The age ranges for gross misdemeanors and misdemeanors is 2 years old to 10 years old. The age ranges for petty misdemeanors is 2 years old to 5 years old, unless an applicant has repeated convictions. Given the variety of convictions that exist and the need to review accurate records, we cannot make binding preapplication determinations about whether your criminal history may disqualify you from our housing. We make admissions decisions after we have ordered and reviewed screening reports.

Open charges: Unless the charge is for a crime that we disregard under our screening policy, we reject applicants with open charges. An applicant may re-apply upon resolution of the open charge, at which time the then-closed charge will be considered under our criteria. If the open charge was dismissed, the application will not be denied on the basis of that charge. If the open charge resulted in a conviction, it will be evaluated under our criteria to determine whether the conviction requires rejection of the application.

We have the discretion to evaluate criminal records to determine how to characterize them and apply our screening criteria. Our screening criteria are narrowly and proportionately tailored to comply with fair housing law, advance the property's interests, and not unduly limit an applicant's admission based on criminal background. We have and will continue to consider the interests of the property; various laws; and other relevant materials when determining how to treat criminal records under our criteria. We will reject applications when required to do so by federal, state, or local law. We have the discretion to modify our policy and criteria based on new information, new law, our experience in applying the policy and criteria, and other business justifications.





7392 Airport View Drive SW P.O. Box 249 Rochester MN 55903-0249 Phone: 507-285-5082

ANNUAL

DRIVER LICENSE

Phone: 507-285-5082 Fax: 507-289-0238 Web: www.paramark.us



RENTAL APPLICATION

Eastside Village

(Property Name)

RELATIONSHIP

Does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

SOCIAL SECURITY

Please Print

NAME

List each person who will live in the apartment or townhouse (start with yourself).

Those who are over the age of 18 will need to fill out a separate application.

DATE

	Last, First, Middle Initial	OF BIRTH	TO YOU	NUMBER **	NUMBER	INCOME
			Head			
	plicants must disclose provide verif					
exce	mentation and verification of SSNs eptions to this rule listed.	t contend elig	ible immigration status	s. 🗌 I am age 62 or older as o	f January 31, 2010, whose i	nitial determination
1.	Does your household have	Yes				
2.	Have you been displaced	Yes	No			
3.	Does anyone live with you	Yes	No			
4.	Do you expect any change	Yes	No			
5.	Are you enrolled as a stud	Yes				
6.	Does anyone outside of your household pay for any of your bills or give you money?					No
7.	Have you ever been convicted of a felony, misdemeanor, or crime? Or do you have any pending legal charges against you? Are you or any member of your household subject to a lifetime sex offender registration					No
8.	Are you or any member of requirement in any state?	your nouse	noid subject to a life	etime sex offender registra	Yes	No
9.		Yes	No No			
10,	Have you ever been evicted or had a judgement for an Unlawful Detainer? Have you or any member of your household ever resided in another state? Yes, please list state(s) below.					No
If yo	u answered Yes to any of the	e above que	estion please explai	n:		



Current Address Street Address:	ss: 						
	***				le:	Apt. No:	
Daytime Phone: Present Landlord:							
					d's Phone Nu	mber:	
	ess:						
City:		State:		Zip Cod	le:	Apt. No:	
				To:		-	
Previous Address:	ess:						
City:		State:	_	Zip Cod	le:	Apt. No:	
						mber:	
	ess:					×	
						Apt. No:	
Rent Rate: \$		From:					
Current Emplo	yer:			Position	13		
Address:							
Supervisor:				Phone I	Number:		
From:							
	you like a copy o			t Selectio	on Plan? 🔲	Yes ☐ No	
Newspaper				Sign	Radio	Telephone Book	Friend / Relative
housing eligibilit income and assertlease this information.	ERTIFICATION: I y. Verifications an ets, credit and crim rmation include but	d inquires that r inal activity, res t are not limited	may be re sidences a to: previo	quested in and rental ous landlo	nclude, but are activity. The r rds, public ho	e not limited to: en resources that may using agencies, pa	nployment, y be asked to ast and present
employers, utility other credit bure	y companies, law e eaus.	entorcement age	encies, ba	anks and o	other financial	institutions, credit	providers and
	statements made o t providing false sta						
ADULT HOUSE	HOLD MEMBER S	IGNATURE		DATE			





(FOR OFFICE USE ONLY)	
SITE NAME:	Eastside Village
RHR ACCT #:	

General Consent Form

I.					have made
Las	st Name	First	Middle	Maio	den
application with	Eastside Villaage	9	for a	partment rental	
approunen man_	Comp	oany Name			Purpose
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
	Sex Social	Security Number	Driver's License	State	()_ Home Phone
former employers, federa relates to the applicant's photocopy or facsimile coreceive information pertaithe credit granter federal continues in effect for one (1) year. Notice to all credit report or tenant scretthe application fee as eith	I or state records includin eligibility, non-eligibility ar py of this form will serve ning to this report if I/We and state records of emp e (1) year unless limited be pelications applying for a een report is not ordered ler 1) mail, 2) destroy it, of ach thereof, shall be settle	ing state employment in a sauthorization. I/W are not accepted baseloyment and income by state law, in which community in Minner you are entitled to a pr 3) hold for retrieval and by arbitration admits a state and a state	security agency records, s received by the tenant, we understand that I/We I sed upon information cor history, including state e case, the authorization c apolis and St. Paul only: I refund of the application upon one business-days inistered by the Americal	county or state criminal r or other sources as requested a right to make a writained in the report. I/Williamployment security agenontinues in effect for the lifyou are charged an apure. Please circle your life. Please circle your life. Any controvers an Arbitration Association	ry institutions, current and records, county agencies as it ired. It is understood that a itten request within 30 days to e authorize RHR to produce to cy records. This authorization maximum period not to exceed plication fee but a consumer preferred method for return of y or claim arising out of or relating in accordance with its Commercian thereof.
Applicant Signature	OUT-OF-S	STATE CRIN	INAL RECOF	Date RDS SEARCH	
-	City / County	State	: 2 <u></u>	City / County	State
	City / County	State	-)	City / County	State



7392 Airport View Drive SW P.O. Box 249 Rochester MN 55903-0249 Phone: 507-285-5082 Fax: 507-289-0238 Web: www.paramark.us

Rental Reference Request ****PLEASE FAX BACK TO 507.536.4685***** Applicant Only Sign Release On This Form.

	Applicant Signature	Applicar	t Signature	Date	
Го:		Phone #:	Fax #:		
Re:	(r <u> </u>	Apartment Con	ıplex:		
Addre	ess:				
(a 1.	approximate dates:to _ Dates of Residency:	-inform	ation provided by applicant to)	
2.	Rental Amount: \$	Did the re	Did the resident pay their rent on time?		
3.	Late Payments (How many)				
4.	Proper Notice Given:				
5.	Did you receive a security deposit How much of it was return	?rned to the resident?			
5.	Noise Complaints: Please explain: Please explain:				
7.	NSF Checks (How many):				
3.	If the above applicant would re-apply to rent at your property, would you re-rent?				
).	Did the applicant have any pest infestation in his / her home? (Please circle one) Yes or No If yes, explain:				
10.	Was their housekeeping acceptable? (Please circle one) Yes or No				
Comm	nents:				
Comple	eted By (please sign)	Title	N F-4-14-3/20-	Dat	
			Name: Eastside Village		
			Address: 111 2 nd Street SE Stewartville, MN		
	Please fax or mail this rental ref	ference back to:	Fax: 507.536.4685		

Thank you for assisting us with our application process.



The U.S. Department of Housing and Urban Development (HUD) now requires the use of the Enterprise Income Verification system (EIV) for all HUD assisted housing projects. As a result, the following reports will be pulled as listed for your HUD assisted property:

Report Title	Report Description	Report to be run:
Project Summary Income Report	Shows statistical data on all verified HH members for the selected recertification month that have an Income Report, Income Discrepancy Report, No Income Report, or New Hires Report available.	Reports instructions are detailed below in the individual report sections.
Household Summary Report	Shows any HH members who have either a "failed", "not verified", or "verified" status.	*Within 90 days post-Move In TRACS submission AND until all members show a "Verified" Status.
Income Report (Detail)	Shows income information on all verified HH members. Would show who currently receives or has received SS/SSI, displays Medicare data/status, approximately 2 years of wage, unemployment, and New Hire (W-4) information.	*Within 90 days post-Move In or IC TRACS submission *For all ARs: The first week of every month for those households that are due in 120 days (ex. report 8/1 for recertifications due 1/1). *For all IRs: At the time the HH reports change.
Income Discrepancy Report	Shows verified HH members with actual income in EIV that is \$2,400+ more than the projected income reported on the most recent 50059 in TRACS.	*Within 90 days post-Move In or IC TRACS submission *For all ARs: The first week of every month for those households that are due for in 120 days (ex. report 8/1 for recertifications due 1/1). *For all IRs: At the time the HH reports change.
No Income Report	Shows verified HH members who are not currently receiving and have never received SSA income and who have no current wages/unemployment/New Hires data.	*During the first week of the following months: October, January, April, and July for ALL certification months.
New Hires Report *"Detail Summary" report references the multi-resident detail printout provided in EIV*	Provides a list of HH members who have a new hire record (W-4 <u>filed</u>) w/in the last 180 days.	*During the first week of the following months: October, January, April, & July for ALL certification months (Quarterly). *Retain Detail Summary report in master file for 3 years & Individual Detail report in tenant file for term of tenancy plus 3 years.
Existing Tenant Search	Shows if an individual applicant is receiving assistance in any PIH or MF housing program.	*At time of application for each household member.
Multiple Subsidy Report	Provides a list of current HH members who may be receiving assistance in multiple MF projects or both PIH and MF projects.	*During the first week of the following months: October, January, April, and July for ALL certification months.
Failed EIV Pre-Screening Report	Shows HH members in a family who have missing or invalid personal identifiers (last name, DOB, SSN) in TRACS.	*During the first week of every month for ALL certification months.
Failed Verification Report	Shows HH members in a family where the SSA was unable to match all tenant identifiers that were successfully submitted via TRACS – SSN, last name and DOB information from the 50059.	*During the first week of every month for ALL certification months.
Deceased Tenant Report	Shows basic information on current households in TRACS who also contain a member who is deceased according to the SSA.	*During the first week of the following months: October, January, April, and July for ALL certification months.

Please si	gn below acknowledging receipt of this letter as	nd the EIV and You brochure,	
Head of	Household Signature	Date	 ;
_	Co-Head of Household Signature	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.

Applicant Name:					
Mailing Address:					
Telephone No:	Cell Phone No:				
Name of Additional Contact Person or Organization:					
Address:					
Telephone No:	Cell Phone No:				
E-Mail Address (if applicable):					
Relationship to Applicant:					
Reason for Contact: (Check all that apply)					
Emergency	Assist with Recertification P	rocess			
Unable to contact you	Change in lease terms				
Termination of rental assistance Eviction from unit	Change in house rules Other:				
Late payment of rent					
Commitment of Housing Authority or Owner: 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.					
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.					
Legal Notification: 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.					
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, firend, 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