

Place a check mark next to the completed items.

Phone: 507-625-5573 Toll Free: 888-625-5573 Fax: 507-388-8452 lloydmanagementinc.com

Thank you for your interest in applying to live at a Lloyd Management property.

In order to get you in your new home as soon as possible it is very important that you read and follow the guidelines listed below. These standards adhere to government regulations.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception to prove qualification. Please review each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information may subject you to criminal penalties.

INCOMPLETE APPLICATIONS WILL BE RETURNED! Government regulations require that you submit specific documents before you can move in. If you do not have the required documents, please immediately begin the process of obtaining them. We will begin to process your application without these documents, but you will not be able to move in until the documents are obtained for all household members.

SUBMISSION CHECKLIST

| Complete this entire form by answering ALL questions. If a question does not apply to your household, please write n/a or not applicable in the space provided. |
|---|
| Include complete addresses and/or contact information where requested on the application. |
| If you make any changes or corrections to your information, draw a single line through the error, make the correction, and initial and date the change. Whiteout is NOT accepted! |
| Each adult household member (age 18 or older) must sign and date on all signature lines. Your application will be returned if this step is not completed. |
| If you don't understand something on the application, please ask questions. It's always better to be safe than sorry. |
| Provide a copy of photo IDs for all household members (age 18 or older). |
| Provide a copy of age verification for all household members, for example, birth certificate or driver's license. |
| Provide a copy of Social Security cards for all household members. |
| Proofs of income and assets noted throughout the application are attached. |
| SECURITY DEPOSIT: A security deposit of \$400 is required. Half of that (\$200) is required to start processing your |

application. We can accept checks or money orders written out to Nimens Espegard.



| LIOYO Management | t |
|------------------|---|
| | |
| | |

| OFFICE USE ONLY |
|-----------------------|
| Unit Size Requested |
| Unit Number |
| Targeted Move In Date |
| Date Received |
| Time Received |

APPLICATION FOR OCCUPANCY

| | Incomplete application | ons will be retu | <mark>rned</mark> | | |
|---|------------------------|------------------|--------------------------------|-----------------|---------|
| Applicant NameFirst | | Middle | | Last | |
| Street Address | | | | | |
| CityS | tateZip | E1 | nail | | |
| Primary Phone # | A | lternate Phone # | | | |
| Alternate Contact | | | | | |
| | Name | | Phone # | | |
| List ALL Household Members First MI Last | Relationship to Head | Date of Birth | Male/Female/ Decline to Answer | Social Security | Number |
| | Head of Household | | M F Decline | | |
| | | | M F Decline | | |
| | | | ☐M ☐F ☐ Decline | | |
| | | | M F Decline | | |
| | | | M F Decline | | |
| | | | M F Decline | | |
| CURRENT HOUSING STATUS | <u>.</u> | | | | |
| How long have you lived at your current add | lress? From | To | Is this family or | a friend? Ye | s 🗌 No |
| Name of Owner/Manager | Phone #_ | | Email | | |
| Owner/Manager contact information: | Address | | City | State | Zip |
| PREVIOUS HOUSING STATUS | | | | | |
| Your previous address | | | | | |
| | Address | | City | State | Zip |
| How long did you live at your previous addr | ess? From | To | Is this family or a | friend? Yes | □No |
| Name of Owner/Manager | Phone #_ | | Email | | |
| Owner/Manager contact information: | | | | | |
| List every state that each household member | Address has lived: | | City | State | Zip |

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either Yes or No in response to each question. Add an explanation if the answer is "YES". Use additional sheets if necessary. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".

| ELIGIBILITY INFORMATION | | | | |
|-------------------------------------|---------------|---|-------------------------------|------------------------------|
| 1. Do you certify that this will be | e your only | place of residence? | | |
| 2. Are you currently receiving R | ental Assista | ance? Yes No | | |
| - | | nssistance in another complex. I understand that, accor I written notice to the agent currently managing the pro | | |
| 3. Have you ever been evicted fr | om any typ | e of housing? Yes No | | |
| 4. Have you ever: Been Hon | neless 🔲 L | .ived in Public Housing $\ \square$ Fled Housing Due to Violen | ce | |
| 5. Are you or any member of yo | ur househol | d a veteran? 🗌 Yes 🔲 No | | |
| 6. Have you ever been convicted | l of a felony | ? Yes No | | |
| 7. Is at least one member of you | r household | a US citizen or eligible immigrant? \square Yes \square No | | |
| 8. Are ANY members of your ho | usehold curi | rently or expected to be a student (including children)? | Yes No | |
| If yes, then list all hous | ehold meml | pers who are students: | | |
| Student Name | Age | School Name & Address | Full/Part Time (Check One) | Financial Aid (Check One) |
| | | | ☐ FT ☐ PT | ☐ Yes ☐ No |
| | | | FT PT | Yes No |
| | | | FT PT | Yes No |
| | | | FT PT | Yes No |
| | | | FT PT | Yes No |
| | | | FT PT | Yes No |
| | - | | | |
| HOUSEHOLD INFORMATION | J | | | |
| 9. Is there someone not listed on | this applica | ation who would normally be living in the household? | Yes No | |
| If YES, please explain: | | | | |
| 10. Do you have a live-in care at | tendant? | ☐Yes ☐ No | | |
| 11. Do you expect the following | change(s) to | o your household? Yes No | | |
| Baby due or obtaining | full or joint | custody on: | | |
| Adopting a child(ren) o | r receiving | a foster child on: | | |
| Other addition to house | ehold on: | | | |
| 12. Do you wish to have priority | for a handi | capped accessible unit with special design features? | Yes No | |
| 13. Do you have a pet? ☐Yes | □No | | | |
| 14. How did you hear about this | housing? [| Online Newspaper Local Agency Drive By | Resident Ref | erral Other |
| 15. Are you, or any member of t | he househol | ld, subject to a lifetime sex offender registration in any s | tate? Yes |]No |
| If YES, which househole | d member: _ | | | |



| INCOME | |
|--|--|
| 16. Do you or any household men | nbers, including minor children, currently receive or expect to receive income from the following? |
| A. Employment Yes No | If YES, include 4 to 6 current, consecutive paystubs. |
| Household Member Name | Employer Name, Full Address, & Phone Number |
| | |
| | |
| | |
| B. Unemployment Benefits or Se | everance Pay Yes No If YES, household member name: |
| If YES, include a copy of your 12 | -month benefit payment history that is less than 120 days old. |
| C. Worker's Compensation | Yes No If YES, household member name: |
| If YES, include 4 to 6 current, co | nsecutive paystubs. |
| | n your own business? (At home party sales, babysitting, cleaning, etc.) Yes No Date business opened: |
| F. Cash Benefits from the Count | y (Do not include food or medical support) Yes No |
| If YES, household member name: | If YES, County contact info: |
| G. Military pay (including allowa If YES, include 4 to 6 current, co | nnces) Yes No If YES, household member name: |
| | nefits Yes No If YES, household member name: nt award letter less than 120 days old. The letter must be dated by the VA Administration. |
| I. Social Security Benefits, Disa | bility, or Death Benefits Yes No If YES, household member name: |
| If YES, include a copy of a current | nt award letter less than 120 days old. The letter must be dated by the SSA Administration. |
| 9 1 0 | asion or retirement plan (PERA, Railroad, etc.) Yes No |
| If YES, household member name: | Company Information: |
| | nnuity, trust, or insurance policy |
| If YES, household member name: | ered Child Support (include if it is court ordered even if it is not being received) Yes No If YES, include a printout showing the payments received in the last |
| OR, if not paid through | a government agency, provide the payor and their contact information: |
| | ess of tuition (from public or private sources; do not include student loans) Yes No |
| | persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes No Address & Phone: |
| O. Any other source not listed a | above Yes No If YES, please specify: |
| 17. Does any adult member of you | ur household have zero income? Yes No If YES, household member name: |



| ASSETS | |
|---|---|
| 18. Do you or any other member | of the household, including minor children, have any of the following? |
| A. Checking or Savings accoun | ts Yes No |
| Household Member Name | Institution Name & Full Address |
| | |
| | |
| • | ole cards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No ut of the balance or a copy of your most recent statement AND a copy of the card. |
| Certificate of Deposit or Money | Market Fund, IRA, Annuity, 401K account, or Keogh account Yes No |
| Household Member Name | Institution Name & Full Address |
| | |
| | |
| C. Pension or Retirement funds | ₃ ∐Yes |
| If YES, household member name: | Agency: |
| D. Stocks, Bonds, Securities or If YES, household member name: | Treasury bills Yes No Agency:Agency: |
| E. Trust fund Yes No | |
| | nsurance policy |
| | Agency: Agency: |
| G. Any other assets not listed a | |
| | Specify: |
| 19. Do you or any other members | s of the household own Real Estate or hold a contract for deed? Yes No |
| 20. Have you sold or disposed of your application? ☐Yes ☐No | any assets for less than Fair Market Value during the two-year (24 month) period prior to the date of |
| DEDUCTIONS | |
| 21. Do you have primary custody | of your children? Yes No |
| | dcare services for any children under the age of 13 residing in your household? Yes NoContact Information: |
| household? Yes No | dcare services for any children under the age of 13 that you have custody of but are not living in your |
| If YES, child's name: | Contact Information: |
| | are Attendant or any equipment for a disabled member of the household? Yes No |



| DEDUCTIONS (CONT.) | |
|--|---|
| 25. Are any household members over the age of 62? | |
| 26. Have any adult household members been diagnosed as disable If YES, household member name: | |
| If you answered NO to BOTH QUES | STIONS 25 & 26, please skip question 27. |
| 27. Do you currently pay OUT-OF-POCKET for any of the follow paid directly by a household member and NOT covered by insu | ving medical expenses? Please include ONLY those expenses that are rance. |
| A. Medicare Yes No If YES, household member name: | - |
| B. Medical insurance premiums Yes No If YES, household member name: Provider & Address: | Provider & Address: |
| C. Services of doctors or other health care professionals or f | acilities Yes No |
| | Provider & Address: |
| D. Prescription medications that have been prescribed by a If YES, household member name: | physician |
| E. Over the counter medications that have been prescribed | by a physician Yes No |
| If YES, household member name:* You must include copies of receipts to receive this deduction. | Provider & Address: |
| F. Transportation to/from treatment Yes No If YES, household member name: If YES, include your mileage log. | _ |
| G. Dental expenses Yes No | |
| If YES, household member name:Provider & Address: | |
| H. Eye care ☐ Yes ☐ No | |
| If YES, household member name: Provider & Address: | _ Provider & Address: |
| | Provider & Address: |
| J. Live-in or periodic medical assistance such as nursing ser If YES, household member name: | vices |
| K. Costs for an assistance animal and its upkeep Yes If YES, household member name: * You must include copies of receipts to receive this deduction. | |
| L. Long-Term Care Insurance premiums | _ Provider & Address: |
| M. Other Yes No | |
| If YES, household member name: | Specify: |





Lloyd Management, Inc. 135 West Lind Street P.O. Box 1000 Mankato, MN 56001-1000 Phone: 507-625-5573 Toll Free: 888-625-5573 Fax: 507-388-8452 lloydmanagementinc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I/we am/are certifying that I/we have completed this questionnaire and that the information that I/we have provided is complete and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at this property and may be subject to criminal penalties. By signing this form I/we agree to have all of my/our income, assets, school statuses, and medical expense information verified by the owner or management company that are necessary for the recertification process.

I/We have read and understand this application. THIS APPLICATION IS NOT A RENTAL AGREEMENT, LEASE, OR CONTRACT.

I/We hereby authorize the Minnesota Bureau of Criminal Apprehension or other such entity, if checks are conducted outside the state of Minnesota, to disclose all criminal history record information to Lloyd management or to RHR Information Services, acting on behalf of Lloyd Management, Inc., for the purposes of determining my suitability for tenancy. In accordance with the Fair Credit Reporting Act, I/we also authorize the release of any and all credit information for the same purpose.

The information obtained will only be used for determining eligibility and will be kept confidential and not released outside of this scope.

PENALTIES FOR MISUSING THIS CONSENT: 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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an application or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

I/We hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED BELOW:

| Applicant/Resident Signature | Date | Social Security Number |
|--|-----------------------|--|
| Applicant/Resident Signature | Date | Social Security Number |
| This authorization for release of information will expire t | thirteen (13) months | from the date of signature. |
| Lloyd Management, Inc. does not discriminate on the basemployment in, its federally assisted programs and activi | • | in the admission or access to, or treatment or |
| The applicant required assistance in completing the Household (| Questionnaire due to: | |
| Assistance was provided by: | | Date: |



The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race / Ethnicity Info

| Head | Co-Head | Dependent #1 |
|--|---|---|
| (Print Name) | (Print Name) | (Print Name) |
| Non – Hispanic | Non – Hispanic | Non – Hispanic |
| Hispanic | Hispanic | Hispanic |
| White | | White |
| Black | Black | Black |
| Native American | Native American | Native American |
| Asian | Asian | Asian |
| Pacific Islander | Pacific Islander | Pacific Islander |
| raciiic isianuei | | |
| Other | Other | Other |
| | Other Dependent #3 | Other Dependent #4 |
| Other | | |
| Other Dependent #2 (Print Name) | Dependent #3 (Print Name) | Dependent #4 (Print Name) |
| Other Dependent #2 | Dependent #3 | Dependent #4 |
| Other Dependent #2 (Print Name) Non – Hispanic | Dependent #3 (Print Name) Non – Hispanic | Dependent #4 (Print Name) Non – Hispanic |
| Other Dependent #2 (Print Name) Non – Hispanic Hispanic | Dependent #3 (Print Name) Non – Hispanic Hispanic | Dependent #4 (Print Name) Non – Hispanic Hispanic |
| Other Dependent #2 (Print Name) Non – Hispanic Hispanic White | Dependent #3 (Print Name) Non – Hispanic Hispanic White | Dependent #4 (Print Name) Non – Hispanic Hispanic White |
| Other Dependent #2 (Print Name) Non – Hispanic Hispanic White Black | Dependent #3 (Print Name) Non – Hispanic Hispanic White Black | Dependent #4 (Print Name) Non – Hispanic Hispanic White Black |
| Other Dependent #2 (Print Name) Non – Hispanic Hispanic White Black Native American | Dependent #3 (Print Name) Non – Hispanic Hispanic White Black Native American | Dependent #4 (Print Name) Non – Hispanic Hispanic White Black Native American |