

## 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

Place a check mark next to the completed items.

- 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).
- Proofs of income and assets noted throughout the application are attached.
- SECURITY DEPOSIT:** A security deposit of \$500 is required to start processing your application. We can accept checks or money orders written out to Paris Park Townhomes.
- APPLICATION FEE:** A \$25 application fee PER adult is required to start processing your application. We can accept checks or money orders written out to Paris Park Townhomes. This must be a separate payment from the security deposit payment.



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

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

## APPLICATION FOR OCCUPANCY

*Incomplete applications will be returned*

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

Street Address \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Alternate Contact \_\_\_\_\_  
Name
Phone #

List ALL Household Members			Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
First	MI	Last				
_____	_____	_____	Head of Household	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____

### CURRENT HOUSING STATUS

How long have you lived at your current address? From \_\_\_\_\_ To \_\_\_\_\_ Is this family or a friend?  Yes  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 address? From \_\_\_\_\_ To \_\_\_\_\_ Is this family or a friend?  Yes  No

Name of Owner/Manager \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner/Manager contact information: \_\_\_\_\_  
Address
City
State
Zip

List every state that each household member has lived: \_\_\_\_\_



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 your only place of residence?  Yes  No

2. Are you currently receiving Rental Assistance?  Yes  No

*I am currently receiving housing assistance in another complex. I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.*

3. Have you ever been evicted from any type of housing?  Yes  No

4. Have you ever:  Been Homeless  Lived in Public Housing  Fled Housing Due to Violence

5. Are you or any member of your household a veteran?  Yes  No

6. Have you ever been convicted of a felony?  Yes  No

7. Are ANY members of your household currently or expected to be a student (including children)?  Yes  No

If yes, then list all household members who are students:

Student Name	Age	School Name & Address	Full/Part Time (Check One)	Financial Aid (Check One)
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD INFORMATION**

8. Is there someone not listed on this application who would normally be living in the household?  Yes  No

If YES, please explain: \_\_\_\_\_

9. Do you have a live-in care attendant?  Yes  No

10. Do you expect the following change(s) to your household?  Yes  No

Baby due or obtaining full or joint custody on: \_\_\_\_\_

Adopting a child(ren) or receiving a foster child on: \_\_\_\_\_

Other addition to household on: \_\_\_\_\_

11. Do you wish to have priority for a handicapped accessible unit with special design features?  Yes  No

12. Do you have a pet?  Yes  No

13. How did you hear about this housing?  Online  Newspaper  Local Agency  Drive By  Resident Referral  Other

14. Are you, or any member of the household, subject to a lifetime sex offender registration in any state?  Yes  No

If YES, which household member: \_\_\_\_\_



**INCOME**

15. Do you or any household members, 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 Severance 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, consecutive paystubs.*

**D. Are you self-employed or run your own business?** (At home party sales, babysitting, cleaning, etc.)  Yes  No  
*If YES, household member name: \_\_\_\_\_ Date business opened: \_\_\_\_\_*

**F. Cash Benefits from the County** (Do not include food or medical support)  Yes  No  
*If YES, household member name: \_\_\_\_\_ If YES, County contact info: \_\_\_\_\_*

**G. Military pay** (including allowances)  Yes  No *If YES, household member name: \_\_\_\_\_  
If YES, include 4 to 6 current, consecutive paystubs.*

**H. Veteran's Administration Benefits**  Yes  No *If YES, household member name: \_\_\_\_\_  
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by VA Administration.*

**I. Social Security Benefits, Disability, or Death Benefits**  Yes  No *If YES, household member name: \_\_\_\_\_  
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by SSA Administration.*

**J. Regular payments from a pension or retirement plan** (PERA, Railroad, etc.)  Yes  No  
*If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_*

**K. Regular payments from an annuity, trust, or insurance policy**  Yes  No  
*If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_*

**L. Alimony or Government Ordered Child Support** (include if it is court ordered even if it is not being received)  Yes  No  
*If YES, household member name: \_\_\_\_\_ If YES, include a printout showing the payments received in the last 12 months.*

**OR, if not paid through a government agency, provide the payor and their contact information:**

\_\_\_\_\_

**M. Student Financial Aid in excess of tuition** (from public or private sources; do not include student loans)  Yes  No  
*If YES, household member name: \_\_\_\_\_ Name of School: \_\_\_\_\_*

**N. Regular contributions from persons outside the household** (including rent, utilities, groceries, cell phone, etc.)  Yes  No  
*If YES, contact person: \_\_\_\_\_ Address & Phone: \_\_\_\_\_*

**O. Any other source not listed above**  Yes  No *If YES, please specify: \_\_\_\_\_*

14. Does any adult member of your household have zero income?  Yes  No *If YES, household member name: \_\_\_\_\_*



**ASSETS**

16. Do you or any other member of the household, including minor children, have any of the following?

**A. Checking or Savings accounts**  Yes  No

Household Member Name	Institution Name & Full Address

**B. Prepaid Debit Card** (reloadable cards such as Direct Express, NetSpend, ReliaCard, etc.)  Yes  No

*If YES, include a current printout of the balance or a copy of your most recent statement AND a copy of your 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**  Yes  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**D. Stocks, Bonds, Securities or Treasury bills**  Yes  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**E. Trust fund**  Yes  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**F. Whole life or Universal life insurance policy**  Yes  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**G. Any other assets not listed above**  Yes  No

If YES, household member name: \_\_\_\_\_ Specify: \_\_\_\_\_

17. Do you or any other members of the household own Real Estate or hold a contract for deed?  Yes  No

18. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24 month) period prior to the date of your application?  Yes  No





**Minnesota Housing Finance Agency  
GOVERNMENT DATA PRACTICES ACT  
DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	

Minnesota Housing Finance Agency (“Minnesota Housing”) is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”):

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974, and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property (“Owner”) may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

1. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Other information may be used to assist Minnesota Housing in the evaluation and management of some of the programs it operates.

2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an “X” (all checked boxes apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, 202 & 811<br><br><input type="checkbox"/> Attachment 2 - Housing Tax Credit & Section 1602<br><input type="checkbox"/> Attachment 3 – ARM, NCTC or LMIR First Mortgage | <input type="checkbox"/> Attachment 4 - Deferred Loan<br>(other than MARIF)<br><input type="checkbox"/> Attachment 5 – MARIF and HOPWA<br><input type="checkbox"/> Attachment 6 – HOME and NHTF |
|--|---|

Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.

5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.

6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.

7. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head and all household members age 18 or older must sign below:

Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____



**Attachment 2**  
**Housing Tax Credit and Section 1602**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status of household members and, where applicable, evidence that student household meets section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status

**Attachment 3**  
**Minnesota Housing First Mortgage Loan Programs**  
**ARM, NCTC, LMIR**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status of household members
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

6. Race
7. Ethnicity
8. Gender
9. Social Security Number or Alien Registration
10. Disabled or handicapped status

**Attachment 5**  
**Minnesota Families Affordable Rental Investment (MARIF) and**  
**Housing Opportunities for Persons with AIDS (HOPWA)**

**Part A**

1. Household composition, legal name(s)\*, age(s) and relationship to the head of household of all household members.
2. The amount and source of all earned and unearned income of all household members.
3. The type, value and income derived from all household assets.
4. The type, value and income derived from all household assets disposed of for less than fair market value within the last 2 years.
5. Receipt of Public Assistance and/or rent assistance.

MARIF only:

6. Social Security Number or Alien Registration of MARIF-eligible household member
7. Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

*\*For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Disabled or handicapped status