

**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).
- ☐ 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 Rush Creek Townhomes.



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**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	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
First MI Last	Head			
	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. Is at least one member of your household a US citizen or eligible immigrant? ☐ Yes ☐ No

8. 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

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

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

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

11. 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: \_\_\_\_\_

12. Do you wish to have priority for a handicapped 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 Referral ☐ Other

15. 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

16. 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 statements.*

**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. The letter must be dated by the 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. The letter must be dated by the 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: \_\_\_\_\_*

17. Does any adult member of your 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 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 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** ☐ 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: \_\_\_\_\_

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

20. 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

## DEDUCTIONS

21. Do you have primary custody of your children? ☐ Yes ☐ No

22. Do you currently pay for childcare services for any children under the age of 13 residing in your household? ☐ Yes ☐ No

If YES, child's name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

23. Do you currently pay for childcare services for any children under the age of 13 that you have custody of but are not living in your household? ☐ Yes ☐ No

If YES, child's name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

24. Do you currently pay for a Care Attendant or any equipment for a disabled member of the household? ☐ Yes ☐ No

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

## DEDUCTIONS (CONT.)

25. Are any household members over the age of 62? ☐ Yes ☐ No

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

26. Have any adult household members been diagnosed as disabled by a physician? ☐ Yes ☐ No

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

**If you answered NO to BOTH QUESTIONS 25 & 26, please skip question 27.**

27. Do you currently pay **OUT-OF-POCKET** for any of the following medical expenses? *Please include ONLY those expenses that are paid directly by a household member and NOT covered by insurance.*

**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 facilities** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

Provider & Address: \_\_\_\_\_

**D. Prescription medications that have been prescribed by a physician** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Pharmacy & Address: \_\_\_\_\_

**E. Over the counter medications that have been prescribed by a physician** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

*\* You must include copies of receipts to receive this deduction.*

**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: \_\_\_\_\_

Provider & Address: \_\_\_\_\_

**H. Eye care** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

Provider & Address: \_\_\_\_\_

**I. Hearing aids/batteries** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

Provider & Address: \_\_\_\_\_

**J. Live-in or periodic medical assistance such as nursing services** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

**K. Costs for an assistance animal and its upkeep** ☐ Yes ☐ No

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

*\* You must include copies of receipts to receive this deduction.*

**L. Long-Term Care Insurance premiums** ☐ Yes ☐ No

If YES, household member name: \_\_\_\_\_ Provider & Address: \_\_\_\_\_

**M. Other** ☐ Yes ☐ No

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



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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 thirteen (13) months from the date of signature.

Lloyd Management, Inc. 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.

The applicant required assistance in completing the Household Questionnaire due to: \_\_\_\_\_

Assistance was provided by: \_\_\_\_\_ Date: \_\_\_\_\_



**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         | <input type="checkbox"/> Attachment 4 - Deferred Loan<br>(other than MARIF) |
| <input type="checkbox"/> Attachment 2 - Housing Tax Credit & Section 1602 | <input type="checkbox"/> Attachment 5 – MARIF and HOPWA                     |
| <input type="checkbox"/> Attachment 3 – ARM, NCTC or LMIR First Mortgage  | <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 4**  
**Minnesota Housing Deferred Loan Programs**  
**(Other than MARIF or HOPWA)**

**Part A**

1. Household composition including number of adults, number of children and legal name of the head of household
2. Gross Annual Household Income
3. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Date of birth of the head of household
2. Race
3. Ethnicity
4. Gender
5. Social Security Number or Alien Registration
6. Disabled or handicapped status
7. Main Source of Household Income

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	White
Black	Black	Black
Native American	Native American	Native American
Asian	Asian	Asian
Pacific Islander	Pacific Islander	Pacific Islander
Other	Other	Other
Dependent #2	Dependent #3	Dependent #4
(Print Name)	(Print Name)	(Print Name)
Non – Hispanic	Non – Hispanic	Non – Hispanic
Hispanic	Hispanic	Hispanic
White	White	White
Black	Black	Black
Native American	Native American	Native American
Asian	Asian	Asian
Pacific Islander	Pacific Islander	Pacific Islander
Other	Other	Other

Signature of Head of Household

Date

