

Rental Application:

APPLICANT INFORMATION (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): _____
Date of Birth: _____ Social Security Number: _____ Driver's License Number: _____
Phone number of Applicant: _____ **Alternate Phone Number:** _____
e-mail address of Applicant: _____

RENTAL HISTORY (please provide 3 years of rental history, continue on back if needed)

Present Address: _____ City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____ e-mail address: _____
Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____
Previous Address: : _____ City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____ e-mail address: _____
Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

ALL ADDITIONAL HOUSEHOLD MEMBERS (all applicants 18 and older must be screened)

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

STUDENT STATUS: Are you a student? _____ If yes, Full time _____ Part time _____

SOURCE(S) OF INCOME (Check here if listed on separate household questionnaire for income-based properties)

Current Employer or source of Income: _____ Monthly Income: _____ Hire Date: _____
Supervisor's Name _____ Phone Number: _____ e-mail Address: _____
Additional Source of Income: _____ Monthly Amount: _____

AUTO(S): Make: _____ Model: _____ Color: _____ License Plate: _____
Make: _____ Model: _____ Color: _____ License Plate: _____

*Applicant processing by Minnesota Bureau of Criminal Apprehension, Rental Research Services, Yardi and/or another screening service. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

X _____ Signature of Applicant	_____ Date	X _____ Signature of Applicant	_____ Date
X _____ Signature of Applicant	_____ Date	X _____ Signature of Applicant	_____ Date

For Office Use Only	
Desired Unit: _____	Date Application Received: _____
Rent for Unit: \$ _____	Deposit for Unit: \$ _____
Application Processing Fee: \$ _____	Move In Date Desired: _____
Paid <input type="checkbox"/>	Not required (Project Based Section 8 Properties only) <input type="checkbox"/>

Attachment to the Household Initial Application:

The following questions pertain to yourself and all members of the household that will occupy the unit. You must answer each question with a Yes or No and add an explanation if the answer is yes.

_____ Are you a United States Citizen?

_____ Are you currently living or have you lived in a government-subsidy development?

If yes, when _____

Name of development _____

Address _____

_____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification process, drug related or criminal offenses, or for any other reason?

If yes, explain _____

_____ Do you have sole legal and physical custody of your children?

If not, please explain _____

_____ Will any of the household members be temporarily absent from the home?

Name _____

Reason of absence _____

_____ Have you or any member of your household ever been arrested or convicted of a felony or Misdemeanor other than a traffic violation?

If yes, when? _____

_____ Have you or any household member lived in other states?

If yes, provide the states _____

(Applicants must provide a complete list of all states in which any household member has lived.

Failure to provide accurate information to management is grounds to deny the application)

_____ Are you or any member of the household, subject to lifetime sex offender registration Requirement in any state?

_____ Do you or any member of the household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other residents?

_____ Do you or any member of your household use illegal drugs or controlled substance?

_____ Have you or any member of your household previously used different names than the names given on this application?

List of names _____

_____ Have you or any member of your household ever used different social security numbers for the names given on this application?

_____ Are you currently in the process of filing bankruptcy?

_____ Golden Meadows, Marshall Square Apartments, Killkenny Court Apartments is set aside for elderly or disabled households. If the head-of household, co-head or spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities?

How did you hear about us? _____

Applicant Signature

Date

Managing Agent Signature

Date

PENALTIES FOR MISUSING THIS CONTENT: 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 applicant 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). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Attachment to the Household Recertification Application:

The following questions pertain to yourself and all members of the household that will occupy the unit. You must answer each question with a Yes or No and add an explanation if the answer provided is yes.

_____ Are you or any member of the household, subject to lifetime sex offender registration requirement in any State?

**** If the recertification screening reveals that the tenant has falsified information or otherwise failed to disclose criminal history on recertification forms, management will pursue eviction or termination of assistance. Notwithstanding the above, if the tenant or a member of the tenant's household, regardless of the date of admission, engages in criminal activity (including sex offenses) while living in HUD-assisted housing, management will pursue eviction or termination of assistance to the extent allowed by HUD requirement, the lease, and state or local law.**

Applicant Signature

Date

Managing Agent Signature

Date

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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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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.

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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, friend, 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.

LANDLORD VERIFICATION

To: _____

Phone: _____
Fax: _____
e-mail: _____

From: _____

Phone: _____
FAX: _____
E-MAIL: _____

Re: _____

PLEASE FAX/SCAN RESPONSE ASAP

Permission for Release of Information: I hereby authorize the release of the requested information below.

Applicant Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER LANDLORD

Names of all adult leaseholders: _____

Number of Adults in Unit: _____ Children: _____ Pets (Number and Type): _____

Address where occupant resided: _____

Dates of Occupancy: _____ to _____

Monthly Rent Paid by Tenant: _____ Does household receive a Rent Subsidy? _____

What date is this resident scheduled to move out (or what date did household move out)? _____

Please circle the correct answers below:

Yes No Was rent paid on time? If no, how many late payments in last 12 months? _____

Yes No Have utilities ever been disconnected? If yes, how many times? _____

Yes No Have you initiated eviction proceedings or requested a Mutual Termination?
If so, why: _____

Yes No Was the unit kept clean, safe and sanitary?

Yes No Were there excessive damages to the unit?

Yes No Were there any problems with insect, rodent or bed bug infestations?

Yes No Were unauthorized guests allowed to reside in the unit?

Yes No Were any family members or guests involved in illegal activity on or near the property?

Yes No Have any family members or guests acted in ways that violated neighbors' rights to peaceful enjoyment of the property?

Yes No Have any family members or guests acted in an abusive manor toward neighbors or staff?

Yes No Have the Residents given proper Notice to Vacate?

Yes No Does the Resident have a balance owed? Amount: _____ Reason: _____

Yes No Would you re-rent to this household?

Explanations / Additional comments: _____

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Address: _____

e-mail: _____

04/18/2016

