

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.
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 Tenth Street 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 Tenth Street Townhomes. This must be a separate payment from the security deposit payment.





Tenth Street Townhomes 1118 Ontario Storm Lake, IA 50588 PH. 712-213-3718

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					
CityState	teZip	E1	nail		
Primary Phone #		Alternate Phone #			
Alternate Contact					
N	ame		Phor	ne #	
List ALL Household Members First MI Last	Relationship to Head	Date of Birth	Male/Female (Check One)	Social Sec	eurity Number
			□ M □ F		
			M F		
			M F		
			□ M □ F		
			□ M □ F		
			M F		
CURRENT HOUSING STATUS					
How long have you lived at your current addre	ess? From	To	Is this famil	y 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 h	as 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	Ī				
1. Do you certify that this will l	oe your only	place of residence?			
2. Are you currently receiving I	Rental Assist	ance? Yes No			
		assistance in another complex. I understand that, accord written notice to the agent currently managing the pro			
3. Have you ever been evicted f	from any typ	e of housing?			
4. Have you ever been convicte	d of a felony	7? Yes No			
5. Is at least one member of you	ır household	l a US citizen or eligible immigrant? Yes No			
6. Are ANY members of your ho	ousehold cur	rently or expected to be a student (including children)?	☐Yes ☐No		
If yes, then list all hou	sehold mem	bers 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	
				Yes No	
	_				
HOUSEHOLD INFORMATIO	N				
7. Is there someone not listed o	n this applic	ation who would normally be living in the household?	Yes No		
If YES, please explain:					
8. Do you have a live-in care at	tendant?	Yes No			
9. Do you expect the following	change(s) to	your household?			
Baby due or obtaining	Baby due or obtaining full or joint custody on:				
Adopting a child(ren) or receiving a foster child on:					
Other addition to household on:					
10. Do you wish to have priorit	y for a hand	icapped accessible unit with special design features?	Yes No		
11. Do you have a pet? ☐Yes	□No				
12. How did you hear about thi	s housing?	Online Newspaper Local Agency Drive By	Resident Ref	erral Other	
13. Are you, or any member of	the househo	old, subject to a lifetime sex offender registration in any s	state? Yes]No	
If YES, which househo	ld member:				



INCOME	
14. 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 2 full months of your most recent, consecutive paystubs.
Household Member Name	Employer Name, Full Address, & Phone Number
B. Unemployment Benefits or So	everance Pay Yes No If YES, household member name:
If YES, include a printout that sh	ows the amount you have received in the last 12 months.
	Yes No If YES, household member name:
If YES, include 2 full months of y	your most recent, consecutive paystubs.
	a your own business? (At home party sales, babysitting, cleaning, etc.) Yes No Date business opened:
	y (Do not include food or medical support) Yes No If YES, County contact info:
	ances) Yes No If YES, household member name:
	nefits Yes No If YES, household member name:
•	bility, or Death Benefits Yes No If YES, household member name:
	sion or retirement plan (PERA, Railroad, etc.) Yes No Company Information:
	nnuity, trust, or insurance policy
-	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)
	persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes No Address & Phone:
O. Any other source not listed a	bove Yes No If YES, please specify:
15. Does any adult member of you	ur 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 accoun	ts Yes No
Household Member Name	Institution Name & Full Address
•	ble cards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No tof the balance or a copy of your most recent statement AND a copy of your card.
Certificate of Deposit or Money	Warket Fund, IRA, Annuity, 401K account, or Keogh account Yes No
Household Member Name	Institution Name & Full Address
C. Pension or Retirement fund	s
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:
	nsurance policy
G. Any other assets not listed a	above Yes No
If YES, household member name	s Specify:
17. Do you or any other member	s of the household own Real Estate or hold a contract for deed? Yes No
18. 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





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		Social Security Number
This authorization for release of information	n will expire thirteen (13) months	from the date of signature.
Lloyd Management, Inc. does not discrimina employment in, its federally assisted program	•	s in the admission or access to, or treatment or



Assistance was provided by: _

Student Status Certification



Property Name:				
Household Name:				
Check A, B, C or D, as a junior high schools, seni	when qualifying households for eligibility with the <u>LIHTC program</u> (one document per household) pplicable (note that "student(s)" include those attending public or private elementary schools, middle or high schools, colleges universities, technical, trade, or mechanical schools, but does not include those			
attending on-the-job trai	ning courses):			
the current a	ontains at least one occupant who is not a student, has not been a student, and will not be a student during nd/or upcoming calendar year. A student is defined as someone who attends school full time for any part or months in a calendar year (months need not be consecutive). If this item is checked, no further information			
	ontains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time s required for at least one member of the household.			
PT Stud	ent Name:			
1.				
2.				
3.				
4.				
(months need) 1. Is at le	ontains all full-time students for five or more months during the current and/or upcoming calendar year on the consecutive). If this item is checked, questions 1-5, below must be completed: ast one student receiving assistance under Title IV of the Social Security Act (known IF in Iowa –provide TANF award letter or 3 rd party verification)? (NO)			
state	t least one student previously under the care and placement responsibility of the agency responsible for administering foster care? (provide documentation of(YES) (NO) pation)			
Trainir	at least one student participate in a program receiving assistance under the Job ng Partnership Act, Workforce Investment Act, or under other similar, federal, state [YES] [NO] (NO)			
	east one student a single parent with child(ren) and this parent is not a dependent ther individual and the child(ren) is/are not dependent(s) of someone other than a (YES) (NO)			
	ne students married and entitled to file a joint tax return (provide marriage (YES) (NO)			
	ember of this household has been a student during the current calendar or plans on becoming a student in the current or upcoming calendar year.			
knowledge. The unders	I certify that the information presented in this certification is true and accurate to the best of my/our signed further understands that providing false information herein constitutes an act of fraud. False, a information may result in the termination of a Lease Agreement.			
Applicant/Resident Signa	ture Date Applicant/Resident Signature Date			