

## 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 \$300 is required. Half of that (\$150) is required to start processing your application. We can accept checks or money orders written out to Westbrook Apartments.



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

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





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 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: \_\_\_\_\_



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) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
Dependent #2	Dependent #3	Dependent #4
(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

Signature of Head of Household

Date





## Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."

