

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

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 Whispering Wind 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 Whispering Wind 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	E	mail		
Primary Phone #		A	lternate Phone #	¥		
Alternate Contact						
	Nai	ne		Phone #		
List ALL Household Memb First MI	ers Last	Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Securi	ty Number
		Head of Household		M F Decline		
				M F Decline		
				M F Decline		
				M F Decline		
				M F Decline		
CURRENT HOUSING STATUS		· · · · · ·		1		
How long have you lived at your cu	irrent addres	s? From	То	Is this family or	a friend?	Yes 🗌 No
Name of Owner/Manager		Phone #_		Email		
Owner/Manager contact informatio	n:					
		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		To	Is this family or a	friend?	es 🗌 No	
Name of Owner/Manager	/anager Phone #			Email		
Owner/Manager contact informatio	n:					
		Address		City	State	Zip
List every state that each household	l member ha	s 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 l	be your only	place of residence? 🗌 Yes 🗌 No		
2. Are you currently receiving F	Rental Assista	nce? 🗌 Yes 🗌 No		
		ssistance in another complex. I understand that, acco written notice to the agent currently managing the pro-		
3. Have you ever been evicted f	from any type	e of housing? Yes No		
4. Have you ever: 🗌 Been Ho	meless 🗌 L	ived in Public Housing	ice	
5. Are you or any member of yo	our household	l a veteran? 🗌 Yes 🗌 No		
6. Have you ever been convicte	d of a felony	? Yes No		
7. Are ANY members of your ho	ousehold curr	ently or expected to be a student (including children)?	Yes No	
If yes, then list all hou	sehold memb	vers who are students:		
Student Name	Age	School Name & Address	Full/Part Time (Check One)	Financial Aid (Check One) Yes No
	_		FT PT	Yes No
	_		FT PT	Yes No
			FT PT	Yes No
			FT PT	Yes No
	_		FT DPT	Yes No
HOUSEHOLD INFORMATIO	N			
8. Is there someone not listed o	n this applica	tion who would normally be living in the household?	Yes No	
If YES, please explain:				
9. Do you have a live-in care at	tendant? 🗌	Yes 🗌 No		
10. Do you expect the following	g change(s) to	o your household?		
Baby due or obtaining	full or joint o	custody on:		
Adopting a child(ren)	or receiving a	a foster child on:		
Other addition to hous	ehold on:			
11. Do you wish to have priorit	y for a handi	capped accessible unit with special design features?]Yes []No	
12. Do you have a pet? Yes	No			
13. How did you hear about thi	s housing? [Online Newspaper Local Agency Drive B	y Resident Refe	erral 🗌 Other
14. Are you, or any member of the household, subject to a lifetime sex offender registration in any state? See No				

HTC: Rev 11/2017

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		
	Geverance Pay Yes No If YES, household member name: 2-month benefit payment history that is less than 120 days old.		
	Yes No If YES, household member name:		
If YES, include 4 to 6 current, co			
D. Are you self-employed or ru	n 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 Coun	ty (Do not include food or medical support) \Box Yes \Box No		
If YES, household member name:	If YES, County contact info:		
G. Military pay (including allow If YES, include 4 to 6 current, co	ances) Yes No If YES, household member name:		
H. Veteran's Administration Be If YES, include a copy of a curre	enefits Yes No If YES, household member name: ant award letter less than 120 days old. Letter must be dated by VA Administration.		
	bility, or Death Benefits Yes No If YES, household member name:		
•	ant award letter less than 120 days old. Letter must be dated by SSA Administration.		
J. Regular payments from a pe	nsion or retirement plan (PERA, Railroad, etc.) [Yes]No		
If YES, household member name:	Company Information:		
	nnuity, trust, or insurance policy Yes No		
If YES, household member name:	Company Information:		
•	ered Child Support (include if it is court ordered even if it is not being received) Yes No		
12 months.	h a government agency, provide the payor and their contact information:		
	a government agency, provide the payor and their contact mormation:		
	cess of tuition (from public or private sources; do not include student loans) Yes No		
N. Regular contributions from	persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes Address & Phone:		
O. Any other source not listed a	above Yes No If YES, please specify:		
	ur household have zero income? Yes No If YES, household member name:		
1 Does any addit member of yo			



ASSETS

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

A. Checking or Savings accounts	s 🗌 No
Household Member Name	Institution Name & Full Address
B. Prepaid Debit Card (reloadable cards s	such as Direct Express, NetSpend, ReliaCard, etc.) 🗌 Yes 🗌 No
If YES, include a current printout of the b	palance 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	
	Agency:
D. Stocks, Bonds, Securities or Treasury	
If YES, household member name:	Agency:
E. Trust fund Yes No	
If YES, household member name:	Agency:
F. Whole life or Universal life insurance	e policy Yes No
If YES, household member name:	Agency:
G. Any other assets not listed above	Yes 🗌 No
	Specify:
17. Do you or any other members of the h	ousehold own Real Estate or hold a contract for deed? Yes No
10 11 11 1 1 6	

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? See No





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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: ___



ANNUAL STUDENT CERTIFICATION

Effective Date: _ Move-in Date: _

(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's	
application/occupancy in the following apartment:	

Head of Household Name:	 Unit Number:
	 Building Address:

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _______ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
 - 1. Are the students married and entitled to file a joint tax return? (attach marriage YES NO certificate or tax return)
 - 2. Is at least one student a single-parent with child(ren) *and* this parent is not a dependent YES NO of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)
 - 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), YES NO otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)
 - 4. Does at least one student participate in a program receiving assistance under the Job YES NO Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)
 - Does the household consist of at least one student who was, within 5 years of the YES NO effective date of the initial income certification, under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If questions 1-5 *are marked* **NO***, or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

(Date)

Signature

(Date)

Signature

Signature

(Date)

Signature

(Date)

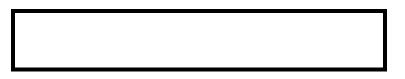
Annual Student Certification

MHFA HTC 35 (1/10)

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):

Attachment 1 - Section 8, 236, 202 & 811
 Attachment 2 - Housing Tax Credit & Section 1602
 Attachment 3 - ARM, NCTC or LMIR First Mortgage
 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 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