

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).
- 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 \$450 is required to start processing your application. We can accept checks or money orders written out to Woodknoll 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					
CitySta	iteZip	Ei	mail		
Primary Phone #	A	lternate Phone #	£		
Alternate Contact					
N	Jame		Phone #		
List ALL Household Members First MI Last	Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security	Number
	Head of Household		M F Decline		
	-		M F Decline		
	_				
CURRENT HOUSING STATUS					
How long have you lived at your current addr	ess? From	То	Is this family or	a friend?	s 🗌 No
Name of Owner/Manager	Phone #_		Email		
Owner/Manager contact information:	Address		City	State	Zip
			5		r
PREVIOUS HOUSING STATUS					
Your previous address			Oltra	Charles	7:
How long did you live at your previous addres	Address	To	City	State	Zip
Name of Owner/Manager			Email		
Owner/Manager contact information:	Address		City	State	Zip
List every state that each household member h					



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			
1. Do you certify that this will l	be your only place	of residence? 🗌 Yes 📄 No		
2. Are you currently receiving F	Rental Assistance?	Yes No		
		ance in another complex. I understand that, acc ten notice to the agent currently managing the p		
3. Have you ever been evicted f	from any type of h	ousing? 🗌 Yes 🗌 No		
4. Have you ever: 🗌 Been Ho	meless 🗌 Lived i	in Public Housing 🗌 Fled Housing Due to Viol	ence	
5. Are you or any member of yo	our household a ve	eteran? 🗌 Yes 🗌 No		
6. Have you ever been convicte	d of a felony?	Yes 🗌 No		
7. Is at least one member of you	ır household a US	citizen or eligible immigrant? $\Box$ Yes $\Box$ No		
8. Are ANY members of your ho	ousehold currently	or expected to be a student (including children)	)? 🗌 Yes 🗌 No	
If yes, then list all hou	sehold members w	vho 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
	-		—	
HOUSEHOLD INFORMATIO	N			
9. Is there someone not listed of	n this application	who would normally be living in the household?	P Yes No	
If YES, please explain:				
10. Do you have a live-in care a	attendant? Yes	No		
11. Do you expect the following	g change(s) to your	r household? 🗌 Yes 🗌 No		
Baby due or obtaining	full or joint custoe	dy on:		
Adopting a child(ren)	or receiving a foste	er child on:		
Other addition to hous	sehold on:			
12. Do you wish to have priorit	y for a handicappe	ed accessible unit with special design features?	Yes No	
13. Do you have a pet? Yes	No			
14. How did you hear about thi	s housing? On	line Dewspaper Local Agency Drive	By Resident Refe	erral Other
15. Are you, or any member of	the household, sub	bject to a lifetime sex offender registration in an	y 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
D. Un annalasma ant Dan afita an G	
	everance Pay       Yes       No       If YES, household member name:         2-month benefit payment history that is less than 120 days old.
C. Worker's Compensation	Yes No If YES, household member name:
• • •	n your own business? (At home party sales, babysitting, cleaning, etc.) Yes No Date business opened:
	ty (Do not include food or medical support)
G. Military pay (including allow If YES, include 4 to 6 current, co	ances) Yes No If YES, household member name:
	<b>nefits</b> Yes No If YES, household member name:
If YES, include a copy of a curre	nt award letter less than 120 days old. The letter must be dated by the VA Administration.
•	bility, or Death Benefits       Yes       No       If YES, household member name:         nt award letter less than 120 days old. The letter must be dated by the SSA Administration.
J. Regular payments from a per	nsion or retirement plan (PERA, Railroad, etc.) Yes No
If YES, household member name:	Company Information:
• • •	nnuity, trust, or insurance policy  Yes  No Company Information:
II 123, nousenoid member name.	Company mormation
If YES, household member name:	ered Child Support (include if it is court ordered even if it is not being received)       Yes       No
12 months. OR, if not paid through	a government agency, provide the payor and their contact information:
	tess of tuition (from public or private sources; do not include student loans)       Yes       No          Name of School:
-	persons outside the household (including rent, utilities, groceries, cell phone, etc.)       Yes       No         Address & Phone:
O. Any other source not listed a	above Yes No If YES, please specify:
17. Does any adult member of yo	ur household have zero income?
59/RD Rev 11/2017	~

## 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
-	ards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No the balance or a copy of your most recent statement AND a copy of the card.
Certificate of Deposit or Money Mar	rket Fund, IRA, Annuity, 401K account, or Keogh account
Household Member Name	Institution Name & Full Address
C. Pension or Retirement funds	
D. Stocks, Bonds, Securities or Trea	
<b>E. Trust fund</b> Yes No If YES, household member name:	Agency:
<b>F. Whole life or Universal life insur</b> If YES, household member name:	ance policy Yes No Agency:
G. Any other assets not listed above If YES, household member name:	e 🗌 Yes 🗌 No Specify:
19. Do you or any other members of t	he household own Real Estate or hold a contract for deed?
20. Have you sold or disposed of any a your application? Yes No	assets for less than Fair Market Value during the two-year (24 month) period prior to the date of
DEDUCTIONS	
21. Do you have primary custody of y	our children? [Yes ]No
	e services for any children under the age of 13 residing in your household?  Yes No Contact Information:
household? Yes No	e services for any children under the age of 13 that you have custody of but are not living in your
	Contact Information:
24. Do you currently pay for a Care A	ttendant 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	
26. Have any adult household members been diagnosed as disab If YES, household member name:	
If you answered NO to BOTH QUES	TIONS 25 & 26, please skip question 27.
27. Do you currently pay <b>OUT-OF-POCKET</b> for any of the follow <i>paid directly by a household member and NOT covered by insu</i>	ving medical expenses? <i>Please include ONLY those expenses that are rance.</i>
A. Medicare Yes No If YES, household member name:	-
B. Medical insurance premiums       Yes       No         If YES, household member name:	_ Provider & Address:
C. Services of doctors or other health care professionals or f	acilities Yes No
If YES, household member name: Provider & Address:	Provider & Address:
<b>D. Prescription medications that have been prescribed by a</b> If YES, household member name:	physician Yes No Pharmacy & Address:
E. Over the counter medications that have been prescribed I If YES, household member name: * You must include copies of receipts to receive this deduction.	by a physician Yes No Provider & Address:
F. Transportation to/from treatment       Yes       No         If YES, household member name:	-
G. Dental expenses Yes No If YES, household member name: Provider & Address:	_ Provider & Address:
	_ Provider & Address:
	_ Provider & Address:
J. Live-in or periodic medical assistance such as nursing ser If YES, household member name:	vices Yes No Provider & Address:
K. Costs for an assistance animal and its upkeep       Yes         If YES, household member name:	
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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#### 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

Date:

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: \_\_\_\_\_



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	
	A .:	Asian	
Asian	Asian	7 101011	
Asian Pacific Islander	Asian Pacific Islander	Pacific Islander	

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, 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."



