

VAN BINSBERGEN & ASSOCIATES, INC.

540 South 1st St.
Montevideo, MN 56265
Office: 320-269-6640

"Providing Quality Services with a
Personal Touch."

Professional Services Offered:
Property Management
Real Estate

E-mail: office@vanblc.com
Website: www.vanblc.com
Fax: 320-269-7789

{ An application fee of \$20 for each adult applicant }
{ MUST be included in order to process your application }

Dear Applicant:

Please find the attached application for the ASHMORE PLACE TOWNHOMES. Within the application is an income eligibility worksheet. It is important to include all income and assets to determine your eligibility for the Ashmore Place Townhomes.

When you have completed these forms, return them to our office. We will need you to sign the appropriate authorization forms to verify information on the application prior to occupancy.

To assist our efforts we will need the following from you at that time.

1. Receipts or stubs from all sources of income including wages, social security, unemployment, child support, workers compensation, etc.
2. Information regarding all bank accounts, investments, retirement plans, IRA's, etc.

If you should have any questions concerning any information requested on the application, please feel free to give us a call at 320-269-6640.

Sincerely,

Van Binsbergen & Associates, Inc.

ASHMORE PLACE TOWN HOMES

Name: _____ Date of Birth: _____
Social Security Number: _____ Annual Income: _____
Telephone Number: (Home/Cell) _____ (Work) _____

Co-Tenant Name: _____ Date of Birth: _____
Social Security Number: _____ Annual Income: _____
Telephone Number: (Home/Cell) _____ (Work) _____

Other Household Members:
Name: _____ Relationship: _____ Date of Birth: _____

List three non related personal references with whom you've been well-acquainted for at least six months, including addresses and phone numbers. Unverifiable references may affect eligibility for apartment rental.

Name:	Address:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List previous landlords, including addresses and phone numbers. We will contact them to determine your rental history.

Name:	Address:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

List all Sources of Income including: All forms of Social Security benefits, Rental Income, Retirements, Pensions, Annuity, Employment Earnings, Self Employment, Public Assistance, Spousal and/or Child Support, etc.

Head of Household Source of Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

Head of Household Source of Additional Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

Head of Household Source of Additional Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

Other Member of Household Source of Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

Other Member of Household Source of Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

Other Member of Household Source of Income:

Source: _____ Monthly Amount: _____
Address: _____
Phone #: _____ Contact Name: _____

ASSETS

List all Sources of Assets including: All Bank Accounts (Savings, Checking, CDs), Stocks, Bonds, Real Estate, etc.

Asset Owned by which household member: _____ Head _____ Co-Tenant _____ Joint
Type of Asset: _____ Amount: _____
Financial Institution: _____
Address: _____
Phone #: _____ Contact Name: _____

Asset Owned by which household member: _____ Head _____ Co-Tenant _____ Joint
Type of Asset: _____ Amount: _____
Financial Institution: _____
Address: _____
Phone #: _____ Contact Name: _____

Asset Owned by which household member: _____ Head _____ Co-Tenant _____ Joint
Type of Asset: _____ Amount: _____
Financial Institution: _____
Address: _____
Phone #: _____ Contact Name: _____

Asset Owned by which household member: _____ Head _____ Co-Tenant _____ Joint
Type of Asset: _____ Amount: _____
Financial Institution: _____
Address: _____
Phone #: _____ Contact Name: _____

Asset Owned by which household member: _____ Head _____ Co-Tenant _____ Joint
Type of Asset: _____ Amount: _____
Financial Institution: _____
Address: _____
Phone #: _____ Contact Name: _____

Please write on back or request additional forms if more space is needed for additional income, assets, or household members.

IN ORDER TO BE CONSIDERED FOR OCCUPANCY, THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BELOW:

I/We hereby state that all information contained in this application is true and correct to the best of my/our knowledge or belief. I/We hereby authorize Van Binsbergen & Associates to run all appropriate background checks, including a credit report. I/We hereby acknowledge that Van Binsbergen & Associates may do an independent investigation of information contained on this application and consider information provided from other sources.

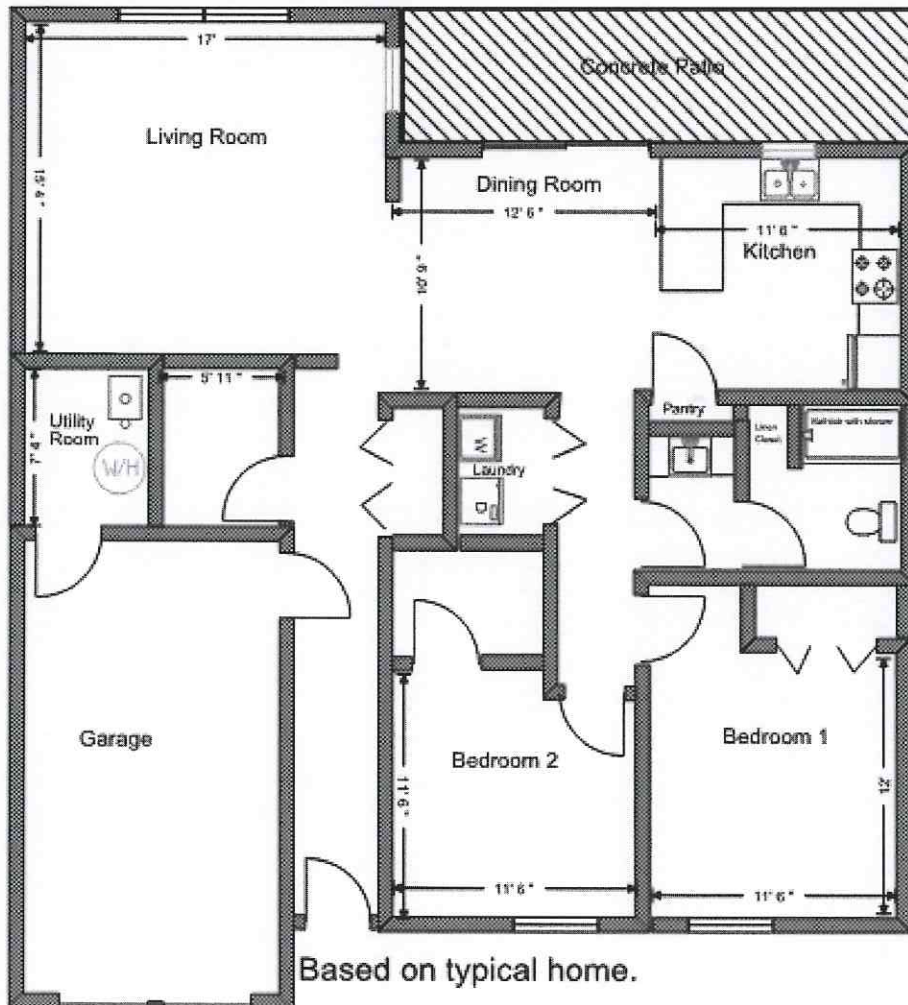
Signature: _____ Date: _____

Signature: _____ Date: _____

RETURN APPLICATION TO WITH APPLICATION FEE ENCLOSED:

VAN BINSBERGEN & ASSOCIATES
540 SOUTH FIRST STREET
MONTEVIDEO, MN 56265

Ashmore Floorplan



**Minnesota Housing Finance Agency
GOVERNMENT DATA PRACTICES ACT
DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBER'S SIGNING THIS FORM	

Minnesota Housing Finance Agency ("MHFA") is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property ("Property"):

ASHMORE PLACE

Some of the information you are being asked to provide to MHFA may be considered private or confidential under 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 MHFA. 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. MHFA 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 of the 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 MHFA 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):

- | | |
|--|---|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, and 202 Programs
<input type="checkbox"/> Attachment 2 - Housing Tax Credit Program
<input type="checkbox"/> Attachment 3 - ARM or LMIR First Mortgage | <input type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF)
<input type="checkbox"/> Attachment 5 - MARIF
<input type="checkbox"/> Attachment 6 - HOME |
|--|---|

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 MHFA 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 MHFA in the evaluation and management of some of the programs it operates and your supplying of this information will be very helpful to the MHFA. 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. Your supplying of, or refusal to supply, any information requested by the Owner will not affect a decision by MHFA, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from MHFA's determination and MHFA does not participate, in any way, in the Owner's decision.

6. All of the information that you supply to MHFA will be accessible to staff of the MHFA 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 MHFA 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 _____



Lease with Confidence.

Van Binsbergen & Associates, Inc.
540 S. 1st Street
Montevideo, MN 56265
(O) 320-269-6640 (F) 320-269-7789

(FOR OFFICE USE ONLY)

SITE NAME:

RHR ACCT #:

General Consent Form

Personal Information:

I, [Last Name] [First] [Middle] [Maiden] have made application

with Van Binsbergen & Associates, Inc. for [Company Name] [State Purpose]

Current Address [City] [State] [Zip Code]

Previous Address [City] [State] [Zip Code]

[Date of Birth] [Sex] [Social Security Number] [Driver's License] [State] [Home Phone]

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice.

Applicant Signature

Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

Form with fields for City / County and State, repeated twice.



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540 S. 1st Street
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(O) 320-269-6640 (F) 320-269-7789

(FOR OFFICE USE ONLY)
SITE NAME:
RHR ACCT #:

General Consent Form

Personal Information:

I, Last Name First Middle Maiden have made application

with Van Binsbergen & Associates, Inc. for Company Name State Purpose

Current Address City State Zip Code

Previous Address City State Zip Code

Date of Birth Sex Social Security Number Driver's License State Home Phone

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice.

Applicant Signature Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County State City / County State
City / County State City / County State

TENANT RELEASE AND CONSENT

United States Department of Agriculture
Rural Development & HUD

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **Van Binsbergen & Associates** (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Veterans Administration
State Unemployment Agencies
Retirement Systems
Banks/Other Financial Institutions

Welfare Agencies
Previous Landlords (including public housing agencies)
Social Security Administration
Support and Alimony Providers
Medical and Child Care Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date



"This institution is an Equal Opportunity Provider, and Employer."
To file a complaint of discrimination write to USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or
call (800) 795-3272 (voice), or (202) 720-6382 (TTD).