



**Van Binsbergen
& ASSOCIATES**

PROPERTY MANAGEMENT REAL ESTATE

Corporate Office

540 South First Street
Montevideo, MN 56265
Phone: 320.269.6640
Fax: 320.269.7789
office@vanblc.com

Branch Office

5709 SW 21st Street, Ste 104
Topeka, KS 66604
Phone: 785.350.2289
Fax: 785.350.2290
ksoperations@vanblc.com

www.vanblc.com

Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- ☐ An Application fee of \$25 per Adult must be submitted with the application.
(Checks and Money Orders should be made payable in the Property name.)
- ☐ Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
- ☐ Any household member, 18 years of age or older, must sign and date all areas indicated.
- ☐ If you receive Social Security/SSI Benefits please enclose a copy of your most recent awards letter.
- ☐ We also require copies of Social Security card for all members living in the household and Driver's License/Photo ID for any household member 18 years of age or older.

Please keep in mind, when returning your application, the cost of postage will be higher. Contact your local Post Office for the correct postage amount.

If you have any questions regarding this application please contact:

Brittney @ 320-269-6640 ext. 223 or applications@vanblc.com



Thank you for your interest in the properties managed by Madsen Properties, Inc. Please take the time to thoroughly complete this application. Incomplete applications considerably lengthen the processing time. You may contact our office for assistance and any questions. Completed Applications are processed in order of date and time received.

A non-refundable application fee of \$25.00 for each Adult member of the household MUST be included in order to process the application. MONEY ORDERS OR CHECKS MADE PAYABLE TO THE PROPERTY TO WHICH YOU ARE APPLYING.

**Return completed application and application fee to:
Madsen Properties Inc.**

**540 South First Street
Montevideo, MN 56265**

**Fax: 320-269-7789
Email: office@vanbllc.com**

OFFICE USE ONLY

Date Received

Time Received

Fee Paid

Date Paid

APPLICATION FOR OCCUPANCY AT:

PROPERTY NAME	REQUESTED MOVE IN DATE	
CITY	STATE	

What size unit are you requesting?

☐

1 Bedroom

☐

2 Bedroom

☐

3 Bedroom

☐

Other

How did you hear about this housing? _____

NAME			
ADDRESS			
CITY	STATE	ZIP	
PHONE	CELL		
EMAIL			

CURRENT INFORMATION:

Do you wish to claim a \$400 deduction from your household income based on "Elderly Household" status, where one household member is 62 or older, handicapped or disabled?.....

☐

Yes

☐

No

Do you wish to have priority for handicap accessible unit with special design features?

☐

Yes

☐

No

Will you have a caregiver/attendant living with you?

☐

Yes

☐

No

If yes, a criminal background check is required for each caregiver/attendant.

Do you have a Letter of Priority issued by the USDA Rural Development due to displacement from another property?.....

☐

Yes

☐

No

Do you own any pets?

☐

Yes

☐

No

If yes, describe _____

Pets are not allowed except in designated projects.

Do you have a direct express/debit card for SS, SSI, child support or employment?

☐

Yes

☐

No

Have you received energy assistance in the past and/or do you anticipate receiving it within the next 12 months?.....

☐

Yes

☐

No

NOTE: Verification of disability must be obtained for individuals applying for disabled/handicap designated properties. Please provide contact information for verifying physician, clinic, hospital or other relevant third party facility.

PHYSICIAN'S NAME			
CLINIC/HOSPITAL			
ADDRESS			
CITY	STATE	ZIP	
PHONE			



Equal
Housing
Opportunity

Madsen Properties, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410
Or call (202) 720-6382 (Voice and TDD).

IN CASE OF EMERGENCY NOTIFY:

VB2

NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		CELL	
EMAIL		RELATIONSHIP	

PLEASE NOTE: If you fail to supply ALL requested information where necessary, this application may be deemed unacceptable and returned to you for completion.

BACKGROUND HISTORY

Have you or any household member ever been evicted from housing or found ineligible for rental assistance due to violence or drug related criminal activity?

☐ Yes ☐ No

Are you a current illegal user of controlled substance?

☐ Yes ☐ No

Have you ever been convicted of the illegal use of a controlled substance?

☐ Yes ☐ No

Have you ever been convicted of a drug violation: Use, attempted use, possession, manufacture, sale or distribution?

☐ Yes ☐ No

Have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program?

☐ Yes ☐ No

Have you ever been convicted of a felony?

☐ Yes ☐ No

Are you or other household member subject to any state lifetime sex offender registration?

☐ Yes ☐ No
HOUSING HISTORY

Have you lived independently from your parents/guardians?

☐ Yes ☐ No

If no, skip to personal reference section.

Have you owned your own home(s) for the last seven years?

☐ Yes ☐ No

If no, complete the following.

Have you been evicted/unlawful detainer from any type of housing for any reason?

☐ Yes ☐ No

If yes, provide date and explanation : _____

List all states/years where all adult members have resided? _____

Have you had a prior rental with our management company

☐ Yes ☐ No

If yes, provide date and property : _____

PRESENT LANDLORD			PHONE	
LANDLORD ADDRESS				
PROPERTY ADDRESS				
DATES RENTED	START		END	

PREVIOUS LANDLORD			PHONE	
LANDLORD ADDRESS				
PROPERTY ADDRESS				
DATES RENTED	START		END	

PERSONAL REFERENCES *excluding family members and landlord references*

NAME			PHONE	
MAILING ADDRESS				

NAME			PHONE	
MAILING ADDRESS				

NAME			PHONE	
MAILING ADDRESS				

CITIZENSHIP DECLARATION

Is every member of the household a US citizen?

☐ Yes ☐ No

If no, please list the full name of non-citizen and supply verification of eligible immigration status.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Acceptable documentation includes:

- ☐ Proof of age (only for tenants 62 years of age or older)
- ☐ If younger than 62, items required: Verification Consent Format **and one of the following:**
- ☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens) ☐ Form I-94 Arrival Departure Record
- ☐ Form I-688, Temporary Resident Card ☐ I-688B Employment Authorization Card
- ☐ Receipt issued by DHS indicating application for issuance of replacement document of above listed categories
- ☐ Form I-151, Alien Registration Receipt Card

RACE/ETHNICITY

"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 Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, 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 evaluation 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."

HEAD:

- Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- Race:** ☐ 1 American Indian/Alaska Native ☐ 2 Asian ☐ 3 Black or African American
- ☐ 4 Native Hawaiian/Other Pacific Islander ☐ 5 White
- Gender:** ☐ Male ☐ Female

CO-TENANT

- Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino
- Race:** ☐ 1 American Indian/Alaska Native ☐ 2 Asian ☐ 3 Black or African American
- ☐ 4 Native Hawaiian/Other Pacific Islander ☐ 5 White
- Gender:** ☐ Male ☐ Female

CERTIFICATION/AUTHORIZATION/CONSENT

I/We hereby certify the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We understand that my/our eligibility for housing will be based on government program (dependent on property which may include HUD, RD, Tax Credit) income limits and tenant selection criteria.

I/We certify all information provided on this Application is true to the best of my/our knowledge and understand false statements, misinformation, or deliberately withheld information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupation.

I/We do hereby authorize **Madsen Properties, Inc.** and authorized representatives to contact any agencies, law enforcement office, companies, groups, or organizations to verify any information contained in this Application or to obtain and verify additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by **Madsen Properties, Inc.** Further, I/We consent to the release of wage matching data to the RHS and the borrower.

TENANT: _____ DATE: _____

TENANT: _____ DATE: _____

Household Questionnaire

Certification Effective Date: <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	Household certifying for the following program(s): <input type="checkbox"/> Section 8 <input type="checkbox"/> NHTF <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 <input type="checkbox"/> Other _____	Date and Time Rec'd: _____ Rent Amount: \$ _____
--	---	---

Property Name _____ Bldg/Unit # _____

Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES Amount	NO		Gross Monthly
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) Benefits are received by (circle one) direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Questionnaire

Household Assets			
YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Cash cards used to receive government benefits or other income	\$
		24. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	\$
		25. US Savings Bonds	\$
		26. Trusts*	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		29. 401K*	\$
		30. IRA/KEOGH Accounts	\$
		31. Certificates of Deposit	\$
		32. Pension/Retirement/Annuity.	\$
		33. Money Market or Mutual Funds	\$
		34. Treasury Bills	\$
		35. Stocks	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other (include cash on hand)_____	\$
*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.			
YES	NO		Value
		39. Do you now own a home or other real estate?	\$
		If yes, list address(es): _____ _____	
		40. Do you receive payments for a home you sold by contract for deed?	\$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items	\$
		held as an investment (wedding rings and personal jewelry do not count)?	
		42. Are any assets held jointly with another person? List person and asset(s). _____ _____	
			Enter combined cash value of all household assets \$

DO NOT LEAVE THIS SECTION BLANK.			
From 1-42, income and assets above, provide contact information for <u>all</u> "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)			
Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

Household Questionnaire

Deductions and Allowances For Section 8/236 HUD programs only

				Amount
A. Day Care				
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____				

\$ _____ paid per month. Is any portion paid by another person or agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, name and address of provider _____				

Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____				

\$ _____ paid per month. Is any portion paid by another person or agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, name and address of provider _____				

B. Medical – Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.				
Do you have Medicare?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you have any other kind of medical insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
If yes, name and address of insurer _____				

Do you receive medical assistance? If yes, do you have a monthly spend-down?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you pay for prescription medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Name and address of pharmacy: _____				

Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Do you have any outstanding medical bills on which you are paying?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
If yes, indicate the types of bills owed: _____				

Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Name and facility where this can be verified: _____				

Doctor's name and address: _____				

Please bring receipts for your non-prescription medication.

Household Questionnaire

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			\$
			\$

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
<p>Explanation:</p> <p>_____</p> <p>_____</p>		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

This applicant/resident 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: _____
Property Name: _____ 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) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be 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. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> 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) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and 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.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

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

Past and Present Employers	Veterans Administration	Welfare Agencies
State Unemployment Agencies	Social Security Administration	Retirement Systems
Support and Alimony Providers	Banks/Other Financial Institutions	Colleges & Universities
Medical and Child Care Providers	Previous Landlords	Public Housing Agencies

SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). 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).



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

PRINT NAME(S) OF HOUSEHOLD MEMBER'S 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 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 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 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):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attachment 1 - Section 8, 236, and 202 Programs
<input checked="" 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 checked="" 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 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 in the evaluation and management of some of the programs it operates and your supplying of 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. Your supplying of, or refusal 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 1
Section 8, 236 and 202 Programs

Part A.

1. Household composition, legal name(s), age(s) and relationship to the head of household of all household members
2. Declaration of citizenship or legal non-citizenship of all household members
3. Social Security Number disclosure of all household members
4. Date of birth of all household members
5. Elderly, disabled or handicapped status of affected members of your household (for program eligibility and/or program allowances)
6. Custody of minor children
7. Student status
8. Housing preferences by program or statute
9. Employment or unemployment status
10. Amount and source of all earned and unearned income of all household members
11. Type, value and income derived from all household assets
12. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
13. Participation in self-sufficiency programs
14. Medical expenses (for program allowances)
15. Handicap assistance expenses (for program allowances)
16. Child care expenses (for program allowances)
17. Need for reasonable accommodation for any member of the household
18. Need for assistive animal and/or devices
19. Credit and criminal history background data of all adult household members
20. Disclosure of the use, sale, distribution or manufacture of illegal drugs of any adult household members
21. Disclosure of arrests or convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
22. Disclosure of arrests or convictions of a felony or misdemeanor (other than a traffic violation)
23. Disclosure of lifetime registration as a predatory sex offender of any adult household member
24. Disclosure of a pattern of alcohol abuse of any adult household member that would interfere with other tenants' rights
25. Disclosure of receipt of previously received government housing subsidy
26. Disclosure of termination of housing assistance for fraud, non-payment of rent or utilities or failure to cooperate with recertification procedures
27. Current and previous residency

Part B

1. Race
2. Ethnicity
3. Gender of head of household
4. Marital Status
5. Occupation
6. Receipt of Public Assistance

Attachment 2
Housing Tax Credit Program

Part A

1. Household composition, legal name(s), date of birth, and relationship to the head of household of all household members
2. Student status 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. Custody of minor children
7. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)
8. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender of head of household
4. Social Security Number or Alien Registration of all household members
5. Elderly, disabled or handicapped status of members of your household
6. Marital Status
7. Receipt of Public Assistance
8. Request and verification of need for reasonable accommodation

**Attachment 6
HOME Program**

Part A

1. Information regarding the household composition including the name(s) and age(s) of all members in the household.
2. The amount and source of all earned and unearned income of all household members
3. The type, value and income derived from all household assets.
4. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender of head of household
4. Receipt of Public Assistance and Type of Assistance (i.e. Rural Development, Section 8 etc)
5. Homeless Household
6. Disabled Status
7. Household Type (i.e., single, elderly, etc. and related single parent)



(FOR OFFICE USE ONLY)

SITE NAME: _____

RHR ACCT #: _____

Personal Information:**General Consent Form**I, _____ have made
Last Name First Middle Maidenapplication with _____ 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. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature _____

Date _____

OUT-OF-STATE CRIMINAL RECORDS SEARCH

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

7900 W. 78th Street, Ste. 400 • Edina, MN 55439PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com

WELLS
FARGO

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

[illegible][illegible][illegible][illegible]

Zip

[illegible]

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-
-

-

-

Return Fax Number

[illegible][illegible]

Account Number(s) (Required)

-

-

[illegible][illegible][illegible][illegible][illegible]

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Day

Year

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Date _____

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (**signifies a required field*).

TO: Social Security Administration

***My Full Name**

***My Date of Birth
(MM/DD/YYYY)**

***My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

***ADDRESS OF PERSON OR ORGANIZATION:**

***I want this information released because:**

We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. ☐ Social Security Number
2. ☐ Current monthly Social Security benefit amount
3. ☐ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (**you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire**)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____ ***Date:** _____

***Address:** _____

Relationship (if not the subject of the record): _____ ***Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)

ADDITIONAL ADULT MEMBERS OF THE HOUSEHOLD

IF THERE IS ONLY ONE ADULT MEMBER OF THE HOUSEHOLD, YOU DO NOT NEED TO COMPLETE THE FOLLOWING FORMS. (ADULT MEMBER IS DEFINED AS 18 YEARS OF AGE OR OLDER.)

THE FOLLOWING THREE FORMS ARE PROVIDED IF THERE ARE ADULT HOUSEHOLD MEMBERS IN ADDITION TO THE HEAD HOUSHOLD MEMBER. THESE FORMS ARE TO BE COMPLETED AND SIGNED. IF THERE ARE MORE THAN TWO ADULTS WITHIN THE HOUSEHOLD, CONTACT OUR OFFICE SO MORE FORMS CAN BE SUPPLIED.

IMPORTANT: ALL HOUSHOLD MEMBERS ARE REQUIRED TO SIGN APPLICABLE AREAS THROUGHOUT THIS APPLICATION AND LEASING PROCESS.



(FOR OFFICE USE ONLY)

SITE NAME: _____

RHR ACCT #: _____

Personal Information:

General Consent Form

I, _____ have made
Last Name First Middle Maiden

application with _____ 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. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature _____

Date _____

OUT-OF-STATE CRIMINAL RECORDS SEARCH

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7900 W. 78th Street, Ste. 400 • Edina, MN 55439

PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com



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TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-844-879-0412
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

[illegible]

SECTION 2: CUSTOMER INFORMATION

[illegible]

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date _____

Signature of Account Holder

Date _____

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (**signifies a required field*).

TO: Social Security Administration

***My Full Name**

***My Date of Birth**
(MM/DD/YYYY)

***My Social Security Number**

I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

***ADDRESS OF PERSON OR ORGANIZATION:**

***I want this information released because:**

We may charge a fee to release information for non-program purposes.

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I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

***Signature:** _____ ***Date:** _____

***Address:** _____

Relationship (if not the subject of the record): _____ ***Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)