



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
ksoffice@vanblc.com

www.vanblc.com

Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- A non-refundable 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.
- For adult household members, verification of Social Security number (social security card, signed taxes documentation, etc.) and date of birth (photo ID, birth certificate, etc.) must be provided.

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 call
320-269-6640 to contact:**

**Brittney @ ext. 223, Nikki @ ext. 224,
Katelynn @ ext. 221, Lisa @ ext. 212,
Gabiella @ ext. 232, Taylor @ ext. 216**



"This Institution is an Equal Opportunity Provider."



TTY
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Thank you for your interest in the properties managed by Van Binsbergen & Associates, 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 NEED TO BE MADE PAYABLE TO THE PROPERTY TO WHICH YOU ARE APPLYING.

**Return completed application and application fee to:
Van Binsbergen & Associates**

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

**Fax: 320-269-7789
Email: office@vanblc.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? _____

| | | | |
|-----------------|--|------------|-----|
| Applicant Name | | | |
| Mailing Address | | | |
| City | | State | Zip |
| Phone | | Cell Phone | |
| Email | | | |

HOUSEHOLD MEMBER INFORMATION:

| | NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY # |
|---|------|--------------|---------------|-------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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



Equal Housing Opportunity

Van Binsbergen & Associates, 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).

CURRENT HOUSEHOLD INFORMATION:

Do you own any pets? Yes No If yes, describe _____

Pets are not allowed except in designated projects.

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 : _____

Are you currently receiving property based rental assistance or Section 8 Choice Housing voucher? Yes No
If yes, provide property name or county agency for voucher: _____

| | | | | |
|-------------------|-------|--|-------|--|
| PRESENT LANDLORD | | | PHONE | |
| LANDLORD ADDRESS | | | | |
| PROPERTY ADDRESS | | | | |
| DATES RENTED | START | | END | |
| PREVIOUS LANDLORD | | | PHONE | |
| LANDLORD ADDRESS | | | | |
| PROPERTY ADDRESS | | | | |
| DATES RENTED | START | | END | |

PERSONAL REFERENCES *Do NOT include family members or landlord references in this section*

| | | | | |
|-----------------|--|--|-------|--|
| 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 each 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, familiar 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 of your Application or to discriminate against you in any way.”

Head of Household: Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Black or African American White
 Asian Native Hawaiian/Other Pacific Islander

Co-Tenant: Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian/Alaska Native Black or African American White
 Asian Native Hawaiian/Other Pacific Islander

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 **Van Binsbergen & Associates, 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 **Van Binsbergen & Associates, Inc.** Further, I/We consent to the release of wage matching data to the RHS and the borrower.

Applicant Signature: _____ DATE: _____

Applicant 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).



