

Corporate Office 540 South First Street Montevideo, MN 56265 Phone: 320.269.6640 Fax: 320.269.7789 office@vanbllc.com <u>Branch Office</u> 5709 SW 21st Street, Ste 104 Topeka, KS 66604 Phone: 785.350.2289 Fax: 785.350.2290 ksoffice@vanbllc.com

www.vanbllc.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 a ext. 223, Nikki a ext. 224, Katelynn a ext. 221, Lisa a ext. 212, Gabriella a ext. 232, Taylor a ext. 216







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.

	OFFICE USE ONLY		
Return completed application and application fee to: Van Binsbergen & Associates		Date Received	
		Time Received	
540 South First Street	Fax: 320-269-7789	Fee Paid	
Montevideo, MN 56265	Email: office@vanbllc.com	Date Paid	

## **APPLICATION FOR OCCUPANCY AT:**

Property Name	Requested Move-In Date
City	State
What size unit are you requesting? How did you hear about this housin	1 Bedroom 2 Bedroom 3 Bedroom Other
Applicant Name	
Mailing Address	
City	State Zip
Phone	Cell Phone

### **HOUSEHOLD MEMBER INFORMATION:**

Email

	NAME	REALATIONSHIP	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.



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).

## **INCOME INFORMATION:**

Please list all sources of income including: Wages, Public Assistance, Social Security, Child Support, Pension Self-Employment, and all other sources or regular payments received.

HOUSEHOLD MEMBER	SOURCE	CONTACT INORMATION

### **ASSET INFORMATION:**

Please list all sources of income including: all bank accounts (checking, savings, CDs, etc), Stocks, Bonds, Investments, real estate, life insurance, etc.

ТҮРЕ	INSTITUTION	CONTACT INORMATION

#### IN CASE OF EMERGENCY NOTIFY:

Name		
Mailing Address		
City	State	Zip
Phone	Cell Phone	
Email	Relationship To You	

# **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 No
Are you a current illegal user of controlled substance?	Yes	No 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 No
Have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program?	Yes	No No
Have you ever been convicted of a felony?	Yes	No 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?	T Yes	□ No
If no, skip to personal reference section.		
Have you owned your own home(s) for the last seven years? If no, complete the following.	Yes Yes	No No
Have you been evicted/unlawful detainer from any type of housing for any reason? If yes, provide date and explanation :	Yes	No No
List all states/years where all adult members have resided:		
Have you had a prior rental with our management company If yes, provide date and property :	Yes Yes	No No
Are you currently receiving property based rental assistance or Section 8 Choice Housing voucher? If yes, provide property name <b>or</b> county agency for voucher:	Yes Yes	🗌 No

PRESENT LANDLORD			PHO	INE
LANDLORD ADDRESS				
PROPERTY ADDRESS				
DATES RENTED	START	EN	)	
PREVIOUS LANDLORD			РНО	DNE
LANDLORD ADDRESS				·
PROPERTY ADDRESS				
DATES RENTED	START	ENI	D	

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 F	Format and one of the following:
Form I-551, Alien Registration Receipt Card (for permaner	nt resident aliens )
Form I-688, Temporary Resident Card	I-688B Employment Authorization Card
Receipt issued by DHS indicating application for issuance of	of replacement document of above listed categories
Form I-151, Alien Registration Receipt Card	
eral Government, acting through the Rural Housing Service, on the basis of race, color, national origin, religion, sex, fan	ion solicited on this Application is requested in order to assure the Fed- a, that Federal laws prohibiting discrimination against tenant applicants miliar status, and disability are complied with. You are not required to information will not be used in evaluation of your Application or to dis- e Ethnicity: Hispanic or Latino Not Hispanic or Latino Black or African American White Native Hawaiian/Other Pacific Islander
	Inicity: Hispanic or Latino Not Hispanic or Latino Black or African American
	Native Hawaiian/Other Pacific Islander
Genninganon/acincon/acincon/acincon/	

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:

Applicant Signature:

DATE:

DATE: \_\_\_\_

VB4

# **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 State Unemployment Agencies Support and Alimony Providers Medical and Child Care Providers Veterans Administration Social Security Administration Banks/Other Financial Institutions Previous Landlords Welfare Agencies Retirement Systems Colleges & Universities 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. <u>I/We understand I/we have a right to review this file and correct any information that is incorrect.</u>

#### SIGNATURES

Signature

Signature

Printed Name & Date

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date







(FOR OFFICE USE ONLY)

SITE NAME:

RHR ACCT #:

## **Personal Information:**

# **General Consent Form**

<b>I</b> ,	ast Name	First	Middle	Maiden	have made
L		1100	Middle	Walden	
application with			for		
		Company Name		State Purpos	se
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
// Date of Birth	Sex	Social Security Number	Driver's License	(	) 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 55439

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



(FOR OFFICE USE ONLY)

SITE NAME:

RHR ACCT #:

## **Personal Information:**

# **General Consent Form**

<b>I</b> ,	ast Name	First	Middle	Maiden	have made
L			Widdlo	Malach	
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	(	) 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 55439

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