

**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

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## 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 contact:**

**785-350-2289: Anna ext. 311, Zayani ext. 313, Masey ext. 312**

**or**

**620-371-5080: Natali**



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**

**5709 SW 21st St, Ste 104  
Topeka, KS 66604**

**Fax: 785-350-2290  
Email: ksoperations@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? \_\_\_\_\_

Applicant Name			
Mailing Address			
City		State	Zip
Phone		Cell Phone	
Email			

#### HOUSEHOLD MEMBER INFORMATION:

	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.



Equal  
Housing  
Opportunity

**“This Institution is an Equal Opportunity Provider.”**

**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 INFORMATION

**ASSET INFORMATION:**

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

TYPE	INSTITUTION	CONTACT INFORMATION

**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

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?  
*If no, skip to personal reference section.*☐ Yes ☐ NoHave you owned your own home(s) for the last seven years?  
*If no, complete the following.*☐ Yes ☐ NoHave you been evicted/unlawful detainer from any type of housing for any reason?  
If yes, provide date and explanation : \_\_\_\_\_☐ Yes ☐ 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 ☐ NoAre you currently receiving property based rental assistance or Section 8 Choice Housing voucher?  
If yes, provide property name or county agency for voucher: \_\_\_\_\_☐ Yes ☐ No

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, 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 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).





(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. 78<sup>th</sup> Street, Ste. 400 • Edina, MN 55439PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • [www.RentalHistoryReports.com](http://www.RentalHistoryReports.com)



(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

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

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**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

Date \_\_\_\_\_