



# 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.
- All household members, 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 award letter that shows a date of issuance.
- We also require copies of Social Security cards and birth certificates for all members living in the household.

**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:**

**Katelynn @ 320.269.6640 x221 or housing@vanblc.com**



"This Institution is an Equal Opportunity Provider."



TTY  
711



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.**

<b>Return completed application and application fee to:</b> <b>Van Binsbergen &amp; Associates</b> 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? \_\_\_\_\_

Applicant Name			
Mailing Address			
City	State	Zip	
Phone	Cell Phone		
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

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).

**IN CASE OF EMERGENCY NOTIFY:**

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 : \_\_\_\_\_

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, 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: \_\_\_\_\_

## Household Questionnaire

<b>Certification Effective Date:</b> <input type="checkbox"/> Move-in (MI) _____ <input type="checkbox"/> Annual Recert (AR) _____ <input type="checkbox"/> Interim Recert (IR) _____ <input type="checkbox"/> Resume subsidy (IC) _____ <input type="checkbox"/> Other Cert/Add HH Member _____	<b>Household qualifies for the following program(s):</b> <input type="checkbox"/> Section 8 <input type="checkbox"/> Section 236 <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> Section 811 <input type="checkbox"/> HOME <input type="checkbox"/> MARIF <input type="checkbox"/> NHTF <input type="checkbox"/> Other _____	Date Application Rec'd: _____ Time Application Rec'd: _____ Rent Amount: \$ _____
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Property Name \_\_\_\_\_ Bldg/Unit # \_\_\_\_\_

**Household Composition**

Applicants/residents, complete this questionnaire 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. **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.** If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

	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 (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
1					
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.

**Disclosure of 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	NO		Gross Monthly
Amount			
		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) <b>Benefits are received by (circle one)</b> 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**

**Deductions and Allowances**  
For Section 8/236 HUD programs **only**

**A. Day Care** Amount

Do you have childcare expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?  Yes  No \$ \_\_\_\_\_

If yes, name and address of provider \_\_\_\_\_

\$ \_\_\_\_\_ paid per month. Is any portion paid by another person or agency?  Yes  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?  Yes  No \$ \_\_\_\_\_

If yes, name and address of provider \_\_\_\_\_

\$ \_\_\_\_\_ paid per month. Is any portion paid by another person or agency?  Yes  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?  Yes  No \$ \_\_\_\_\_

Do you have any other kind of medical insurance?  Yes  No \$ \_\_\_\_\_

If yes, name and address of insurer \_\_\_\_\_

Do you receive medical assistance? If yes, do you have a monthly spend-down?  Yes  No \$ \_\_\_\_\_

Do you pay for prescription medication?  Yes  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.)?  Yes  No \$ \_\_\_\_\_

Do you have any outstanding medical bills on which you are paying?  Yes  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: \_\_\_\_\_

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?
Explanation: _____ _____		

### 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 _____
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



<b>Instructions:</b> Print the names of each household member 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 Federal Privacy Act of 1974 and 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 information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and 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):
  - Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811
  - Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.
  - Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

**NOTE:** 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 evaluate and manage some of the programs it operates and supplying 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. Supplying or refusing 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 its contractors 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

### For Units Assisted with Section 8, Section 236 Section 202, or Section 811

#### Part A

1. Household composition, legal name(s), age(s), and relationship to the head of household of all household members.
2. Applies to Section 8, Section 236, and Section 202 only: Declaration of citizenship or legal non-citizenship of all household members (does not apply to Section 811)
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. Childcare 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 convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
22. Disclosure of 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

## Attachment 2

### For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or LMIR First Mortgages, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted, and HOME Affordable Rental Preservation) or NHTF

#### Part A

1. Household composition, \*legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Amount and source of all earned and unearned income of all household members
3. Source, type, value, and income derived from all household assets
4. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
5. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
6. Current and/or previous housing history (for program eligibility, if applicable)

*\*For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

#### Housing Tax Credits, Section 1602, or bond funded NCTC or LMIR also require:

- Student status of household members and, where applicable, evidence that student household meets Internal Revenue Code Section 42 or Section 142 (bond) eligibility

#### HOME also requires (where applicable):

- Student status of household members and evidence of HOME student eligibility

#### MARIF also requires:

- Receipt of public assistance and/or rental assistance
- Social Security Number or Alien Registration of MARIF-eligible household member
- Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

#### Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disability or mobility impaired status

### **Attachment 3**

#### **For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME and NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages**

##### **Part A**

1. Household composition including number of adults, number of children, and legal name of the head of household
2. Gross annual household income
3. Current and/or previous housing history (for program eligibility, if applicable)
4. Dates of birth of all household members (for program eligibility, if applicable)

##### **Part B**

1. Date of birth of the head of household
2. Race of the head of household
3. Ethnicity of the head of household
4. Gender of the head of household
5. Disability or mobility impaired status of household members
6. Main source of income of the head of household







## Asset Self-Certification

This self-certification may be used in lieu of individual asset verifications, but only for households whose *combined* net assets do not exceed The U.S. Department of Housing and Urban Development (HUD) Imputed Income Limitation. *Complete one form per household.*

Include the current cash value of *all assets* owned by all household members including children (but not live-in aides, foster adults or foster children) and any actual income earned (even if the amount earned is \$0). Cash value is *current* market value minus cost to convert to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

Household Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

### Part I. Assets Disposed of for Less than Fair Market Value

True  False Within the past two (2) years, I/we have sold or given away assets for less than their fair market value (FMV).

If you answered true, complete the rest of Part I.

Asset(s) description: \_\_\_\_\_

Date(s) sold or given away: \_\_\_\_\_

Asset value (FMV minus amount actually received): \$\_\_\_\_\_

### Part II. Federal Tax Return or Refundable Federal Tax Credit

Did you receive a federal tax refund or refundable federal tax credit in the last 12 months?

Yes

No

If yes, what was the total amount? \$\_\_\_\_\_

### Part III. Assets

True  False I/we do not own any Assets.

If you answered false, complete the rest of Part III. Enter N/A if an asset is not held by any member.

## Account-Based Assets

Table 1: Account-Based Assets

Type of Asset	(A) Cash Value	(B) Annual Income
Cash on hand	\$	\$
Pre-paid debit card (including government benefits)	\$	\$
Checking account(s)	\$	\$
Savings account(s)	\$	\$
Cryptocurrency	\$	\$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	\$	\$
Whole life insurance	\$	\$
Money markets	\$	\$
Certificates of deposit	\$	\$
Annuities	\$	\$
Brokerage account	\$	\$
Stocks and/or Bonds	\$	\$
Other:	\$	\$
Other:	\$	\$

## Non-Account-Based Assets

List possessions not held in an account such as vehicles used for recreation (for example, RVs, ATVs, and boats), antique or collectible cars, other investment collectibles (for example, stamps, jewelry, coins, and artwork), and equipment/machinery that is not used to generate income for a business.

Table 2: Non-Account-Based Assets

Description (if none, enter n/a)	(A) Cash Value	(B) Annual Income
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## Part IV. Real Property

True  False I/we do not own any real property.

If you answered false, complete the rest of Part IV.

Table 3: Real Property

Address and Description of Property	(C) Cash Value	(D) Annual Income
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## Certification

Under penalty of perjury, I/we certify that the information presented on this form is complete, true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our rental application or termination of my/our lease agreement.

---

Applicant/Tenant Signature

Date

---

Applicant/Tenant Signature

Date

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a), (6), (7), and (8).



## Asset Self-Certification Worksheet

This worksheet accompanies the Asset Self-Certification to be completed by property management. When total net family assets are less than or equal to the applicable [Imputed Income Limitation](#), only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification.

Household Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

### Determine Household Net Assets

Table 1: Determine Household Assets

Line	Item	Value
1.	Enter the value of any Non-Necessary Personal Property disposed of for less than fair market value from Part I of the Asset Self-Certification.	\$
2.	Enter the total of all Non-Necessary Personal Property by adding all values in (A) Cash Value from Part III of the Asset Self-Certification.	\$
3.	Enter the total of all Real Property by adding the values in (C) Cash Value from Part IV of the Asset Self-Certification.	\$
4.	Add lines 1 through 3.	\$
5.	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months from Part II of the Asset Self-Certification.	\$
6.	Subtract line 5 from line 4.	\$
7.	Is the value in line 6 less than or equal to the current asset self-certification amount of \$ _____ ? (Yes/No)	

If the value of line 7 is yes, then proceed to **Determine Income from Assets**.

If the value of line 7 is no, the Asset Self Certification cannot be used.

### Determine Income from Assets

Table 2: Determine Income from Assets

Line	Item	Value
8.	Enter the total of all values in (B) Annual Income from Part III of the Asset	\$

Line	Item	Value
	Self-Certification.	
9.	Enter the total of all values in (D) Annual Income from Part IV of the Asset Self-Certification.	\$
10.	Add lines 8 and 9.	\$

Enter the value of line 10 to Part IV-A of the Tenant Income Certification.



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# Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

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.

**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

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Customer One Social Security Number

Month

Day

Year

## 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