



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

- A non-refundable application fee of \$25 per Adult must be submitted with the application. Checks and Money Orders should be made payable to Van Binsbergen & Associates, Inc.
- Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
- All adult 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 awards letter.
- Copies of Social Security cards are required for all members living in the household.
- Photo ID is required for all adult members

Please keep in mind, if you choose to mail 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 Denise at the Emerald Apartments Office at:
620-624-2939
ksemerald@vanblc.com**



"This Institution is an Equal Opportunity Provider."





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 MADE PAYABLE TO VAN BINSBERGEN & ASSOCIATES, INC.

Return completed application and application fee	OFFICE USE ONLY	
to: Van Binsbergen & Associates - Liberal, KS Branch	Date Received	
104 Harold Blvd	Time Received	
Liberal, KS 67901	Fee Paid	
Email: ksemerald@vanbllc.com	Date Paid	
Phone: 620-624-2939		
Fax: 620-624-9021		

APPLICATION FOR OCCUPANCY AT:

Property Name	Emerald Apartments	Requested Move-In Date
City	Liberal	State KS

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 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 an 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 or 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

"This Institution is an Equal Opportunity Provider."

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 another 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

Gender: Male Female

Hispanic or Latino

Ethnicity: Not Hispanic or Latino

Race: American Indian/Alaska Native
 Asian

Black or African American White
 Native Hawaiian/Other Pacific Islander

Co-Tenant

Gender: Male Female

Hispanic or Latino

Ethnicity: Not Hispanic or Latino

Race: American Indian/Alaska Native
 Asian

Black or African American White
 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

Certification Effective Date: <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 _____	Household qualifies for the following program(s): <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: \$ _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

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) 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) _____	\$

DAYCARE:

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, list name and address of provider: _____

Is any portion paid by another person or agency? If yes, list contact information of agency: _____

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

EXPENSE	NAME	YES	NO	AMOUNT	CONTACT INFORMATION
MEDICARE PART A					Name: _____ Phone Number: _____
MEDICARE PART B					Name: _____ Phone Number: _____
MEDICARE PART C					Name: _____ Phone Number: _____
HEALTH INSURANCE Provide copy of monthly premium					Name: _____ Phone Number: _____
OTHER MEDICAL HEALTH INSURANCE					Name: _____ Phone Number: _____
MEDICAL ASSISTANCE SPENDOWN					Name: _____ Phone Number: _____
OPTOMOLOGIST (Eyes)					Name: _____ Phone Number: _____
EYEGASSES/CONTACTS					Name: _____ Phone Number: _____
AUDIOLOGIST (Hearing)					Name: _____ Phone Number: _____
HEARING AIDS/BATTERIES					Name: _____ Phone Number: _____
DENTAL & DENTAL EXPENSES					Name: _____ Phone Number: _____
PRESCRIPTION MEDICATIONS					Name: _____ Phone Number: _____
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: _____ Phone Number: _____
HOME HEALTH CARE					Name: _____ Phone Number: _____
MEDICAL EQUIPMENT COSTS					Name: _____ Phone Number: _____
MEDICAL RELATED TRAVEL -Number of visits must be verified w/physician					Name: _____ Phone Number: _____

PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

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 _____
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:** _____

STUDENT STATUS AFFIDAVIT

This affidavit is to be completed by the Head of Household. 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, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):

- A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) _____ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

- 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- 4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: _____
(*Please provide proof this type of assistance is being received*).
- 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

Applicant/Resident (Head of Household)

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 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



29565

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)

Customer One Social Security Number

Account Number(s) (Required)

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