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@vanbllc.com

Branch Office
5709 SW 21st Street, Ste 104
Topeka, KS 66604
Phone: 785.350.2289
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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 to 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 awards letter.
- ☐ We also require copies of Social Security cards for all members living in the house-hold and Driver's License/Photo ID for all household members 18 years of age or older.

Please keep in mind, if mailing 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:

Shelly
320-269-6640 ext. 314
shelly@vanbllc.com

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 FOR WHICH YOU ARE APPLYING.

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

124 Manor Dr #3
Creston, IA 50801
Fax: 641-782-6176
Email: shelly@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 ☐ Studio

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 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

"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 deem 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			

Property Name: _____ Building/Unit # _____

Applicants/Residents, complete this in your own handwriting, please print legibly. List all persons who will be living in the unit. Give the relationship of each household member. **Each household member age 18 years or older 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 to be added to an existing household, only include the information for the new applicant.

	Household Member's Name	Relationship	Date of Birth	Social Security Number	Has/Will this person be a student* during this and/or upcoming school year? YES/NO
1					
2					
3					
4					
5					
6					
7					
8					

*Includes public and private elementary, junior and senior high school, college, university, technical, trade, and mechanical schools. Does not include on-the-job training courses.

Tenant/Applicant Signatures

Signature Date

Signature Date

Signature Date

Signature Date

CITIZENSHIP DECLARATION

Is every member of the household a US citizen? ☐ Yes ☐ No

If no, please list the full name of each non-citizen and supply verification of eligible immigration status.

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Acceptable documentation includes:

☐ Proof of age (only for tenants 62 years of age or older)

☐ If younger than 62, items required: Verification Consent Format **and one of the following**:

☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens) ☐ Form I-94 Arrival Departure Record

☐ Form I-688, Temporary Resident Card ☐ I-688B Employment Authorization Card

☐ Receipt issued by DHS indicating application for issuance of replacement document of above listed categories

☐ Form I-151, Alien Registration Receipt Card

RACE/ETHNICITY

"The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your Application or to discriminate against you in any way."

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

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

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

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

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

IFA Compliance Questionnaire

VB 6

IOWA FINANCE AUTHORITY

Complete one form per adult household member who will occupy the unit at time of move-in and/or recertification.

Property Name:	**IFA Project #:**

☐ Move-In ☐ Recertification

Applicant's Name *First, Middle Initial, Last*	Relationship to Head of Household	Marital Status	Birth Date *Month, Date, year*

Current Address:				
	Street Address (including Unit #, if applicable)	*City*	*State*	*Zip*

Daytime Tel #:		Evening Tel #:	
Email Address:			

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:			
☐ (YES)	☐ (NO)	1.	Do you expect any additions to the household within the next twelve months?
☐ (YES)	☐ (NO)	2.	Is there anyone living with you now who won't be living with you at this property?
☐ (YES)	☐ (NO)	3.	Do you have any minor children?

INCOME INFORMATION ***Do you receive or expect to receive income in the next 12 months from any of the following sources:***			
☐ (YES)	☐ (NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
☐ (YES)	☐ (NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
☐ (YES)	☐ (NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
☐ (YES)	☐ (NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
☐ (YES)	☐ (NO)	8.	Unemployment benefits or workman's compensation?
☐ (YES)	☐ (NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
☐ (YES)	☐ (NO)	10.	Court ordered alimony or child support?
☐ (YES)	☐ (NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
☐ (YES)	☐ (NO)	12.	Regular payments from a severance package from a previous employer?
☐ (YES)	☐ (NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
☐ (YES)	☐ (NO)	14.	Regular payments as a member of the Armed Forces?
☐ (YES)	☐ (NO)	15.	Regular payments from disability, death benefits, trusts or life insurance dividends?

☐ (YES)	☐ (NO)	16.	Regular gifts or payments from anyone outside of the household (including cash or goods)?
☐ (YES)	☐ (NO)	17.	Regular payments from lottery winnings or inheritance?
☐ (YES)	☐ (NO)	18.	Regular payments from rental property (land contracts or other real estate transactions)?
☐ (YES)	☐ (NO)	19.	Educational grants, scholarships or other student benefits?
☐ (YES)	☐ (NO)	20.	Any other sources of income not listed?
☐ (YES)	☐ (NO)	21.	Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

☐ (YES)	☐ (NO)	22.	Checking accounts?
☐ (YES)	☐ (NO)	23.	Savings accounts?
☐ (YES)	☐ (NO)	24.	Certificates of deposit (CDs), money market accounts or treasury bills?
☐ (YES)	☐ (NO)	25.	Stocks, bonds, mutual funds or securities?
☐ (YES)	☐ (NO)	26.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
☐ (YES)	☐ (NO)	27.	Trust Funds?
☐ (YES)	☐ (NO)	28.	IRA, KEOGH or other retirement accounts?
☐ (YES)	☐ (NO)	29.	Cash on hand over $500 (other than money previously reported in checking or savings)?
☐ (YES)	☐ (NO)	30.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
☐ (YES)	☐ (NO)	31.	Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over $500 or real estate)
☐ (YES)	☐ (NO)	32.	Personal property held as an investment (such as paintings, coins, art work or antiques)?
☐ (YES)	☐ (NO)	33.	Whole or universal life insurance policies (not including term policies)?
☐ (YES)	☐ (NO)	34.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
☐ (YES)	☐ (NO)	35.	A safe deposit box with a monetary content of $500 or more?

OTHER INFORMATION:			
☐ YES)	☐ (NO)	36.	Are you claiming ZERO Income?
☐ (YES)	☐ (NO)	37.	Have you been a student during the current calendar year?
☐ (YES)	☐ (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
☐ (YES)	☐ (NO)	39.	Will you or anyone in your household require a live-in care attendant?
☐ (YES)	☐ (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
☐ (YES)	☐ (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
☐ (YES)	☐ (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature _____ Date _____

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 person or 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:
OPTHALMOLOGIST (Eyes)					Name: Phone Number:
EYEGLASSES/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/medical provider					Name: Phone Number:
OTHER MEDICAL EXPENSES					Name: Phone Number:

PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

Property Name:	
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable. **If all houshold members are students select one: A, B or C. If no one is /has been a student, select D.**

A. ☐ Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. ☐ Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

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:

1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3rd party verification)? ☐ (YES) ☐ (NO)
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) ☐ (YES) ☐ (NO)
3. 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 documentation of participation) ☐ (YES) ☐ (NO)
4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? ☐ (YES) ☐ (NO)
5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)? ☐ (YES) ☐ (NO)

D. ☐ No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date

Applicant/Resident Signature Date

LIHTC
For Office Use Only:

Date Reviewed		Date Approved		Effective Date	

Certification of Zero Income

VB 11

IOWA Finance Authority

Each adult household member claiming zero income must complete this form

Applicant/Tenant:		**Unit#:**	

You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

PART I: KNOWN ANTICIPATED INCOME

I **do not** expect to have any income in the next 12-months	☐ True ☐ False
I have been hired for a new job that will start soon *(submit verification)*	☐ True ☐ False
I have been approved for (or awarded) a regular recurring benefit that will start soon *(submit verification)*	☐ True ☐ False

PART II: SOURCES OF INCOME

I affirm, under penalty of perjury, that I do not receive income from any of the following sources. *If **False** is elected, complete the following and submit verification:* ☐ True ☐ False

☐ Yes ☐ No	Wages, bonus, commissions, tips, etc.	☐ Yes ☐ No	Self-employment (includes Uber/Lyft, online sales, etc.)
☐ Yes ☐ No	Unemployment Benefits	☐ Yes ☐ No	Annuities, insurance policies, stocks, etc.
☐ Yes ☐ No	Worker's Compensation	☐ Yes ☐ No	Pensions, IRA, 401K
☐ Yes ☐ No	Disability Payments	☐ Yes ☐ No	Income from rental property
☐ Yes ☐ No	Alimony	269 Yes 269 No	Death Benefits
5640 Yes 5640 No	Child Support	269 Yes 269 No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
7786 Yes 7786 No	Social Security or SSI Benefits	☐ Yes ☐ No	Work for cash (babysitting, lawn care, etc.)
☐ Yes ☐ No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)		

PART III: HOUSEHOLD EXPENSES

Please explain how you will pay for the following expenses (check *N/A* for any expense that does not apply to your household)

Rent	☐ N/A	
Child Care	☐ N/A	
Utilities	☐ N/A	
Food	☐ N/A	
Clothing/Shoes	☐ N/A	
School *(supplies, tuition, etc.)*	☐ N/A	
Phone (including cell phone)	☐ N/A	
TV	☐ N/A	
Internet	☐ N/A	
Medical Care	☐ N/A	
Medications & Prescription	☐ N/A	
Personal Care Products *(shampoo, toothpaste, etc)*	☐ N/A	
Vehicle Expenses *(car payments, insurance, fuel, etc)*	☐ N/A	
Other transportation *(bus pass, rideshare fares, parking fees, etc.)*	☐ N/A	
Payments on credit card balances	☐ N/A	
Other expenses not listed above	☐ N/A	

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

ALIMONY/CHILD SUPPORT SELF-CERTIFICATION

IOWA FINANCE AUTHORITY

Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

			Amount	Frequency
1.	☐	I certify that I have been *awarded* the following amount of alimony and/or child support.	_____	☐ Weekly ☐ Monthly ☐ Annually
2.	☐	I certify that I *receive* the following amount of alimony and/or child support. *Please provide proof of payment (i.e. printout from DHS).*	_____	☐ Weekly ☐ Monthly ☐ Annually
3.	☐	I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. *Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.*		
4.	☐	I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

_____ _____
Applicant/Resident Signature Date

Rental History REPORTS
AN MRI SOFTWARE COMPANY

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

Personal Information:

General Consent Form

I, _____ **have made**
Last Name First Middle Maiden

application with _____ **for** Housing Rental
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. 78th Street, Ste. 400 ● Edina, MN 55439
PH> 952-545-3953 / 888-389-4023 ● FX> 952-545-3973 / 888-389-4024 ● www.RentalHistoryReports.com

29565

Verification of Deposit

Housing Assistance Agencies

WELLS FARGO

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

VANBINSBERGEN & ASSOC. INC.
Company Name

Attention

540 S 1ST ST.
Street Address

MONTEVIDEO | MN | 56265
City | State | Zip

Requester Email (optional)

320-269-6640
Requester Phone Number

320-269-7789
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

__ / __ / 20__
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**

ADDITIONAL ADULT MEMBERS OF THE HOUSEHOLD

IF THERE IS ONLY ONE ADULT MEMBER OF THE HOUSEHOLD, YOU DO NOT NEED TO COMPLETE THE FOLLOWING FORMS. (ADULT MEMBER IS DEFINED AS 18 YEARS OF AGE OR OLDER.)

THE FOLLOWING FORMS ARE PROVIDED IF THERE ARE ADULT HOUSEHOLD MEMBERS IN ADDITION TO THE HEAD HOUSEHOLD MEMBER. THESE FORMS ARE TO BE COMPLETED AND SIGNED. IF THERE ARE MORE THAN TWO ADULTS WITHIN THE HOUSEHOLD, CONTACT OUR OFFICE SO MORE FORMS CAN BE SUPPLIED.

IMPORTANT: ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED TO SIGN APPLICABLE AREAS THROUGHOUT THIS APPLICATION AND LEASING PROCESS.

Rental History REPORTS
AN MRI SOFTWARE COMPANY

(FOR OFFICE USE ONLY)
SITE NAME: _____
RHR ACCT #: _____

Personal Information:

General Consent Form

I, _____ **have made**
Last Name First Middle Maiden

application with _____ **for** Housing Rental
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**
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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

IFA Compliance Questionnaire

IOWA FINANCE AUTHORITY

Complete one form per adult household member who will occupy the unit at time of move-in and/or recertification.

Property Name:	**IFA Project #:**

☐ Move-In ☐ Recertification

Applicant's Name *First, Middle Initial, Last*	Relationship to Head of Household	Marital Status	Birth Date *Month, Date, year*

Current Address:				
	Street Address (including Unit #, if applicable)	*City*	*State*	*Zip*

Daytime Tel #:		Evening Tel #:	
Email Address:			

Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:			
☐ (YES)	☐ (NO)	1.	Do you expect any additions to the household within the next twelve months?
☐ (YES)	☐ (NO)	2.	Is there anyone living with you now who won't be living with you at this property?
☐ (YES)	☐ (NO)	3.	Do you have any minor children?

INCOME INFORMATION ***Do you receive or expect to receive income in the next 12 months from any of the following sources:***			
☐ (YES)	☐ (NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
☐ (YES)	☐ (NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
☐ (YES)	☐ (NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
☐ (YES)	☐ (NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
☐ (YES)	☐ (NO)	8.	Unemployment benefits or workman's compensation?
☐ (YES)	☐ (NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
☐ (YES)	☐ (NO)	10.	Court ordered alimony or child support?
☐ (YES)	☐ (NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
☐ (YES)	☐ (NO)	12.	Regular payments from a severance package from a previous employer?
☐ (YES)	☐ (NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
☐ (YES)	☐ (NO)	14.	Regular payments as a member of the Armed Forces?
☐ (YES)	☐ (NO)	15.	Regular payments from disability, death benefits, trusts or life insurance dividends?

☐ (YES)	☐ (NO)	16.	Regular gifts or payments from anyone outside of the household (including cash or goods)?
☐ (YES)	☐ (NO)	17.	Regular payments from lottery winnings or inheritance?
☐ (YES)	☐ (NO)	18.	Regular payments from rental property (land contracts or other real estate transactions)?
☐ (YES)	☐ (NO)	19.	Educational grants, scholarships or other student benefits?
☐ (YES)	☐ (NO)	20.	Any other sources of income not listed?
☐ (YES)	☐ (NO)	21.	Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

☐ (YES)	☐ (NO)	22.	Checking accounts?
☐ (YES)	☐ (NO)	23.	Savings accounts?
☐ (YES)	☐ (NO)	24.	Certificates of deposit (CDs), money market accounts or treasury bills?
☐ (YES)	☐ (NO)	25.	Stocks, bonds, mutual funds or securities?
☐ (YES)	☐ (NO)	26.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
☐ (YES)	☐ (NO)	27.	Trust Funds?
☐ (YES)	☐ (NO)	28.	IRA, KEOGH or other retirement accounts?
☐ (YES)	☐ (NO)	29.	Cash on hand over $500 (other than money previously reported in checking or savings)?
☐ (YES)	☐ (NO)	30.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
☐ (YES)	☐ (NO)	31.	Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over $500 or real estate)
☐ (YES)	☐ (NO)	32.	Personal property held as an investment (such as paintings, coins, art work or antiques)?
☐ (YES)	☐ (NO)	33.	Whole or universal life insurance policies (not including term policies)?
☐ (YES)	☐ (NO)	34.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
☐ (YES)	☐ (NO)	35.	A safe deposit box with a monetary content of $500 or more?

OTHER INFORMATION:			
☐ YES)	☐ (NO)	36.	Are you claiming ZERO Income?
☐ (YES)	☐ (NO)	37.	Have you been a student during the current calendar year?
☐ (YES)	☐ (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
☐ (YES)	☐ (NO)	39.	Will you or anyone in your household require a live-in care attendant?
☐ (YES)	☐ (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
☐ (YES)	☐ (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
☐ (YES)	☐ (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature _____ Date _____

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 person or 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:
OPTHALMOLOGIST (Eyes)					Name: Phone Number:
EYEGLASSES/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/medical provider					Name: Phone Number:
OTHER MEDICAL EXPENSES					Name: Phone Number:

PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

ZERO INCOME CERTIFICATION

IOWA FINANCE AUTHORITY

Must complete one form per adult household member reporting zero income during the Application Process

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

a.	Wages from employment (including commissions, tips, bonuses, fees, etc.)	☐
b.	Income from the operation of a business	☐
c.	Rental income from real or personal property	☐
d.	Interest or dividends from assets	☐
e.	Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits	☐
f.	Unemployment or disability payments	☐
g.	Public assistance payments	☐
h.	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household	☐
i.	Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);	☐
j.	Any other source not named above	☐

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. **OR**	☐
b.	I currently am actively looking for employment, although I have no source of employment at this time	☐

Below, please provide information on the sources of funds to be used to pay for rent and other necessities while residing in the unit. **If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.** For example, the answer "rental assistance" explains how rent will be paid, but not how other necessities will be paid and is not a complete answer.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date

IOWA FINANCE AUTHORITY

ALIMONY/CHILD SUPPORT SELF-CERTIFICATION

Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

			Amount	Frequency
1.	☐	I certify that I have been *awarded* the following amount of alimony and/or child support.	_____	☐ Weekly ☐ Monthly ☐ Annually
2.	☐	I certify that I *receive* the following amount of alimony and/or child support. *Please provide proof of payment (i.e. printout from DHS).*	_____	☐ Weekly ☐ Monthly ☐ Annually
3.	☐	I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. *Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.*		
4.	☐	I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

_____ _____
Applicant/Resident Signature Date