



Lloyd Management, Inc.
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Please note the following when applying to:
River Bluff Townhomes

- Carefully fill out the entire application by answering each question. Include names and addresses where requested.
- To make a correction, draw a single line through the error, make the correction, then initial & date next to the change. No whiteout.
- Include all persons on the application who will reside in the unit.
- A criminal/credit/rental background will be completed for each adult household member. Anyone 18 or older must sign all pages where a signature is requested.
- An **application fee** of **\$25 per adult** is required when submitting the application.
- A **security deposit** of **\$500** is required to reserve a unit. We will continue to seek renters until a deposit is received. See the Security Deposit Agreement for more details.
- Payments must be in the form of a personal check (no starter checks), a cashier's check, or a money order payable to "**River Bluff Townhomes**".

The following questions pertain to yourself and every member of your household who will occupy the unit. Circle either Yes or No in response to each question. Add an explanation if the answer is "YES". Use additional sheets if necessary. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".

ELIGIBILITY INFORMATION

- 1. Do you certify that this will be your only place of residence? YES NO
- 2. Are you currently receiving Rental Assistance? If yes, then certify..... YES NO

I am currently receiving housing assistance in another complex. I understand that, according to my current lease I must provide the required written notice to the agent currently managing the property where I live.

- 3. Have you ever been evicted from any type of housing? YES NO
- 4. Have you ever been convicted of a felony? YES NO
- 5. Is at least one member of your household a US citizen or eligible immigrant? YES NO
- 6. Are ANY members of your household currently or expected to be a student? YES NO

If yes, then list all household members who are students:

Student Name	Age	School Name & Address	Full or Part Time?	Financial Aid?
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

- 7. Is there someone not listed on this application who would normally be living in the household? YES NO
If YES, please explain: _____
- 8. Do you have a live-in care attendant? YES NO
- 9. Do you expect the following change(s) to your household?
Baby due or obtaining full or joint custody on _____ YES NO
Adopting a child(ren) or receiving a foster child on _____ YES NO
Other addition to household on _____ YES NO
- 10. Do you wish to have priority for handicapped accessible unit with special design features? YES NO
- 11. Do you have a pet? YES NO
- 12. How did you hear about this housing? _____
- 13. Are you or any member of the household subject to a lifetime sex offender registration requirement in any state? YES NO



INCOME

14. Do you or any member of the household, including minor children, currently receive or expect to receive **income** from the following sources?

IF YES, INCLUDE YOUR MOST RECENT 4 TO 6 CONSECUTIVE PAYSTUBS.

Employment YES NO

Member: _____ Employer: _____
 Address: _____

Member: _____ Employer: _____
 Address: _____

Unemployment benefits or Severance pay YES NO

IF YES, INCLUDE A COPY OF YOUR WEEKLY BENEFIT PAYMENT HISTORY

Worker's Compensation YES NO

Are you self-employed or run your own business? (At home party sales, babysitting, cleaning, etc) YES NO

Cash from the County (Cash Benefits only; do not include food or medical support) YES NO

❖ County Contact Info: _____

Military pay (including allowances) YES NO

IF YES, INCLUDE A COPY OF THE PREVIOUS 4 TO 6 PAYSTUBS

Veteran's Administration benefits YES NO

IF YES, INCLUDE A COPY OF A CURRENT AWARD LETTER LESS THAN 120 DAYS OLD

Social Security Benefits (including income from children) YES NO

Regular payments from a pension or retirement plan (PERA, Railroad, etc.) YES NO

Regular payments from an annuity, trust or insurance policy YES NO

Alimony or Child Support (include if it is court ordered even if it is not being received) YES NO

IF YES, INCLUDE A PRINTOUT OF THE SUPPORT PAYMENTS RECEIVED IN THE PAST 12 MONTHS

❖ Or if not paid through a government agency

Payor Name & contact info: _____

Have you received income from rent or sale of property within the last 12 months YES NO

If yes:

Date of sale _____ Amount received \$ _____

Fair Market Value of the property at the time of sale \$ _____

Student Financial Aid in excess of tuition (from public or private sources; do not include student loans) YES NO

Name of School: _____

Regular contributions from persons outside the household (including rent, utilities, groceries, etc.) YES NO

Contact Person: _____

Address & Phone Number: _____

Any other source not listed above (specify) _____ YES NO

15. Does any **adult** member of your household have zero income? If yes, name: _____ YES NO



ASSETS

16. Do you or any other member of the household, including minor children, have any of the following? YES NO
- Checking or Savings account YES NO
- Member: _____ Name of Institution: _____
 Address: _____

- Member: _____ Name of Institution: _____
 Address: _____

- Prepaid Debit Card (reloadable cards such as Direct Express, NetSpend, ReliaCard, etc.) YES NO
- IF YES, INCLUDE A CURRENT PRINTOUT OF THE BALANCE.**
- Certificate of Deposit, money market fund, IRA or annuity YES NO
- Member: _____ Name of Institution: _____
 Address: _____

- Member: _____ Name of Institution: _____
 Address: _____

- 401K or Keogh account YES NO
- Agency: _____
- Pension/Retirement funds YES NO
- Agency: _____
- Stocks, Bonds, Securities or Treasury bills YES NO
- Agency: _____
- Trust fund YES NO
- Agency: _____
- Whole life or Universal life insurance policy YES NO
- Agency: _____
- Any other assets not listed above (specify) _____ YES NO
17. Do you or any other members of the household own Real Estate or hold a contract for deed? YES NO
18. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24 month) period preceding the date of your recertification? YES NO





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Thank you for your interest in applying to live at River Bluff Townhomes. In order to get you in your new home as soon as possible it is very important that you read and follow the guidelines listed below. These standards adhere to government regulations.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception to prove qualification. Please review each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information may subject you to criminal penalties.

Government regulations require that you submit specific documents before you can begin to receive a rent subsidy. If you do not have the required documents, please immediately begin the process of obtaining them. We will process your application, but you will not be able to move in until copies of pertinent information are obtained for all household members.

SUBMISSION CHECKLIST

Incomplete Applications will be returned

Place a checkmark next to the completed items.

- Did you complete the entire form by answering **ALL** questions? If a question does not apply to your household, please write n/a or not applicable in the space provided.
- Did you include complete addresses and/or contact information where requested on the application?
- Did you make any changes or corrections to your information? If so, draw a single line through the error, make the correction and initial and date the change. Whiteout is NOT accepted.
- Did each adult household member (age 18 or older) sign and date on all signature lines? Your application will be returned if this step is not completed.
- If you don't understand something on the application, please ask questions. It's always better to be safe than sorry.

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: _____
_____ 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). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all 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. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
 2. Is at least one student a single-parent with child(ren) *and* this parent is not a dependent of someone else, *and* 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
 3. 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
 4. 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
 5. Does the household consist of at least one student who was, within 5 years of the effective date of the initial income certification, 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 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)

**Minnesota Housing Finance Agency
GOVERNMENT DATA PRACTICES ACT
DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBERS 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 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 to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Other information may be used to assist Minnesota Housing in 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):

- | | |
|--|--|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, and 202 Programs | <input type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF) |
| <input type="checkbox"/> Attachment 2 - Housing Tax Credit Program | <input type="checkbox"/> Attachment 5 – MARIF and HOPWA |
| <input type="checkbox"/> Attachment 3 – ARM or LMIR First Mortgage | <input type="checkbox"/> Attachment 6 - HOME |

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 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 2
Housing Tax Credit Program

Part A

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status and, where applicable, evidence that student household meets section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Custody of minor children
7. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)
8. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Elderly, disabled or handicapped status of members of your household
6. Marital Status
7. Main Source of Income

Attachment 6
HOME Program
(HOME Rental Rehabilitation, HOME Targeted and HOME Affordable Rental Preservation)

Part A

1. Information regarding the household composition including the name(s) and age(s) of all members in the household.
2. Student status
3. The amount and source of all earned and unearned income of all household members
4. The type, value and income derived from all household assets.
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender of head of household
4. Receipt of Public Assistance and Type of Assistance (i.e. Rural Development, Section 8 etc)
5. Homeless Household
6. Disabled Status
7. Household Type (i.e., single, elderly, etc. and related single parent)