



OFFICE USE ONLY	
Unit Size Requested	_____
Unit Number	_____
Targeted Move In Date	_____
Date Received	_____
Time Received	_____

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

Applicant Name _____
First
Middle
Last

Street Address _____

City _____ State _____ Zip _____ Email _____

Primary Phone # _____ Alternate Phone # _____

Alternate Contact _____
Name
Phone #

List ALL Household Members			Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
First	MI	Last				
_____	_____	_____	Head of Household	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____
_____	_____	_____		_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline	_____

CURRENT HOUSING STATUS

How long have you lived at your current address? From _____ To _____ Is this family or a friend? Yes No

Name of Owner/Manager _____ Phone # _____ Email _____

Owner/Manager contact information: _____
Address
City
State
Zip

PREVIOUS HOUSING STATUS

Your previous address _____
Address
City
State
Zip

How long did you live at your previous address? From _____ To _____ Is this family or a friend? Yes No

Name of Owner/Manager _____ Phone # _____ Email _____

Owner/Manager contact information: _____
Address
City
State
Zip

List every state that each household member has lived: _____



The following questions pertain to yourself and every member of your household who will occupy the unit. Check 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? 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 Homeless Lived in Public Housing Fled Housing Due to Violence
- 5. Are you or any member of your household a veteran? Yes No
- 6. Have you ever been convicted of a felony? Yes No
- 7. Are ANY members of your household currently or expected to be a student (including children)? Yes No

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

Student Name	Age	School Name & Address	Full/Part Time (Check One)	Financial Aid (Check One)
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

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



INCOME

15. Do you or any household members, including minor children, currently receive or expect to receive income from the following?

A. Employment Yes No *If YES, include 4 to 6 current, consecutive paystubs.*

Household Member Name	Employer Name, Full Address, & Phone Number

B. Unemployment Benefits or Severance Pay Yes No *If YES, household member name: _____
If YES, include a copy of your 12-month benefit payment history that is less than 120 days old.*

C. Worker's Compensation Yes No *If YES, household member name: _____
If YES, include 4 to 6 current, consecutive paystubs.*

D. Are you self-employed or run your own business? (At home party sales, babysitting, cleaning, etc.) Yes No
If YES, household member name: _____ Date business opened: _____

F. Cash Benefits from the County (Do not include food or medical support) Yes No
If YES, household member name: _____ If YES, County contact info: _____

G. Military pay (including allowances) Yes No *If YES, household member name: _____
If YES, include 4 to 6 current, consecutive paystubs.*

H. Veteran's Administration Benefits Yes No *If YES, household member name: _____
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by VA Administration.*

I. Social Security Benefits, Disability, or Death Benefits Yes No *If YES, household member name: _____
If YES, include a copy of a current award letter less than 120 days old. Letter must be dated by SSA Administration.*

J. Regular payments from a pension or retirement plan (PERA, Railroad, etc.) Yes No
If YES, household member name: _____ Company Information: _____

K. Regular payments from an annuity, trust, or insurance policy Yes No
If YES, household member name: _____ Company Information: _____

L. Alimony or Government Ordered Child Support (include if it is court ordered even if it is not being received) Yes No
If YES, household member name: _____ If YES, include a printout showing the payments received in the last 12 months.

OR, if not paid through a government agency, provide the payor and their contact information:

M. Student Financial Aid in excess of tuition (from public or private sources; do not include student loans) Yes No
If YES, household member name: _____ Name of School: _____

N. Regular contributions from persons outside the household (including rent, utilities, groceries, cell phone, etc.) Yes No
If YES, contact person: _____ Address & Phone: _____

O. Any other source not listed above Yes No *If YES, please specify: _____*

14. Does any adult member of your household have zero income? Yes No *If YES, household member name: _____*



ASSETS

16. Do you or any other member of the household, including minor children, have any of the following?

A. Checking or Savings accounts Yes No

Household Member Name	Institution Name & Full Address

B. Prepaid Debit Card (reloadable cards such as Direct Express, NetSpend, ReliaCard, etc.) Yes No

If YES, include a current printout of the balance or a copy of your most recent statement AND a copy of your card.

Certificate of Deposit or Money Market Fund, IRA, Annuity, 401K account, or Keogh account Yes No

Household Member Name	Institution Name & Full Address

C. Pension or Retirement funds Yes No

If YES, household member name: _____ Agency: _____

D. Stocks, Bonds, Securities or Treasury bills Yes No

If YES, household member name: _____ Agency: _____

E. Trust fund Yes No

If YES, household member name: _____ Agency: _____

F. Whole life or Universal life insurance policy Yes No

If YES, household member name: _____ Agency: _____

G. Any other assets not listed above Yes No

If YES, household member name: _____ Specify: _____

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 prior to the date of your application? Yes No





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Toll Free: 888-625-5573
Fax: 507-388-8452
lloydmanagementinc.com

AUTHORIZATION FOR RELEASE OF INFORMATION

By signing below, I/we am/are certifying that I/we have completed this questionnaire and that the information that I/we have provided is complete and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at this property and may be subject to criminal penalties. By signing this form I/we agree to have all of my/our income, assets, school statuses, and medical expense information verified by the owner or management company that are necessary for the recertification process.

I/We have read and understand this application. THIS APPLICATION IS NOT A RENTAL AGREEMENT, LEASE, OR CONTRACT.

I/We hereby authorize the Minnesota Bureau of Criminal Apprehension or other such entity, if checks are conducted outside the state of Minnesota, to disclose all criminal history record information to Lloyd management or to RHR Information Services, acting on behalf of Lloyd Management, Inc., for the purposes of determining my suitability for tenancy. In accordance with the Fair Credit Reporting Act, I/we also authorize the release of any and all credit information for the same purpose.

The information obtained will only be used for determining eligibility and will be kept confidential and not released outside of this scope.

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

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

I/We hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED BELOW:

_____	_____	_____
<i>Applicant/Resident Signature</i>	<i>Date</i>	<i>Social Security Number</i>
_____	_____	_____
<i>Applicant/Resident Signature</i>	<i>Date</i>	<i>Social Security Number</i>

This authorization for release of information will expire thirteen (13) months from the date of signature.

Lloyd Management, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The applicant required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____



ANNUAL STUDENT CERTIFICATION

Effective Date: _____
 Move-in Date: _____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ 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, 202 & 811 | <input type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF) |
| <input type="checkbox"/> Attachment 2 - Housing Tax Credit & Section 1602 | <input type="checkbox"/> Attachment 5 – MARIF and HOPWA |
| <input type="checkbox"/> Attachment 3 – ARM, NCTC 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 _____

Housing Tax Credit and Section 1602

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 of household members 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 two years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. 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. Disabled or handicapped status

Attachment 3
Minnesota Housing First Mortgage Loan Programs
ARM, NCTC, LMIR

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 of household members
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 two years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

Part B

6. Race
7. Ethnicity
8. Gender
9. Social Security Number or Alien Registration
10. Disabled or handicapped status

Attachment 4
Minnesota Housing Deferred Loan Programs
(Other than MARIF or HOPWA)

Part A

1. Household composition including number of adults, number of children and legal name of the head of household
2. Gross Annual Household Income
3. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Date of birth of the head of household
2. Race
3. Ethnicity
4. Gender
5. Social Security Number or Alien Registration
6. Disabled or handicapped status
7. Main Source of Household Income