



| 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



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



135 West Lind Street | Mankato, MN 56001 | 507.625.5573

Deposit Agreement at _____ (property name)

On this Date _____ Received from _____ toward the Security

Deposit and Carpet Cleaning at Unit # _____ City Plainview State MN Zip 55964

Table with 2 columns: Description and Amount. Rows include Unit Security Deposit, Carpet Cleaning*, Increased Deposit (if applicable), and TOTAL Amount Received. Includes a note 'Cash, Money Order or Check # _____'.

This AGREEMENT shall govern refunds of all deposit (s), including deposits for any and all purposes and shall apply to renewals and/or extensions of the RENTAL UNIT LEASE. THE DEPOSIT WILL BE REFUNDED ONLY AFTER EACH AND ALL OF THE FOLLOWING CONDITIONS HAVE BEEN MET and after the appropriate deductions, if any, have been made.

Notice – At least 30 or 60 days (as indicated on your lease) written notice of intent to vacate must be given to owner’s representative prior to the ending date of the lease term, renewal period, or extension period. In the event of automatic renewal or extension of the rental contract, rent shall be paid through the last day of the month following the expiration of the 60-day notice period, unless owner agrees otherwise in writing. This means that a 60-day notice given June 20th, for example, would terminate the lease as of August 31st.

- 1) FULL TERM – The full term of the rental contract (or any renewal or extension periods) must have ended.
2) RENT PAID – At time of move-out, all rents must be paid in full through the end of the lease term or through the end of the month of any renewal or extension period. Resident may not apply security deposit (s) to rent. Resident agrees that the full rent will be paid on or before the due day of each month, including last month of occupancy.
3) FORWARDING ADDRESS – A written copy of residents forwarding address must be left with owner’s representative.
4) CLEANING REQUIREMENTS – Please refer to Resident Guide (provided at move-in) section IV. “A Clean Apartment” for full cleaning instructions.

DEDUCTIONS FROM TOTAL SECURITY DEPOSIT

- 5) FAILURE TO CLEAN – If a resident fails to clean, in accordance with the Resident Guide, reasonable charges to complete such cleaning shall be deducted, including but not limited to charges indicated on Resident Inspection Acceptance. *Indicates maximum charge if deducted.
6) OTHER DEDUCTIONS – After inspection by owner’s representative, appropriate charges will be deducted for any unpaid sums due under the rental contract, including but not limited to (see #4 and #5 above) damages, repairs or replacement to the unit or its contents.

Management agrees that subject to the conditions listed above, the security deposit will be returned in full at the time of move-out.

This deposit will be returned to you, in full, if Lloyd Management denies you. Management also agrees that this security deposit will be returned only if applicant does not meet our screening criteria and/or the income limitations of rental program.

A security deposit reserves (takes it off the market to any other potential applicant) that unit for you. If for ANY reason, YOU rescind (withdraw) your application, the deposit will NOT BE RETURNED.

X Resident

X Resident

X Management

White - Office

Yellow - Resident