



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 INFORMATION

Applicant Name (Head of Household) \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address City State Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ [ ] Male [ ] Female [ ] Decline

Applicant Phone # \_\_\_\_\_ Applicant Email \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Alternate Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name (Someone outside your household) Phone Email

Primary Language \_\_\_\_\_ Do you require an interpreter? [ ] Yes [ ] No

How did you hear about this housing? [ ] Online [ ] Newspaper [ ] Local Agency [ ] Drive By [ ] Resident Referral [ ] Other

What is the combined gross monthly income of all household members? \$ \_\_\_\_\_

### ADDITIONAL HOUSEHOLD MEMBERS

List All Other Household Members First MI Last	Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
_____	_____	_____	[ ]M [ ]F [ ]Decline	_____
_____	_____	_____	[ ]M [ ]F [ ]Decline	_____
_____	_____	_____	[ ]M [ ]F [ ]Decline	_____
_____	_____	_____	[ ]M [ ]F [ ]Decline	_____
_____	_____	_____	[ ]M [ ]F [ ]Decline	_____
_____	_____	_____	[ ]M [ ]F [ ]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 \_\_\_\_\_

Address: \_\_\_\_\_

Do all adult household members live at this address?.....[ ] Yes [ ] No

If NO, include additional adult household's current address and contact information on a separate piece of paper.



**PREVIOUS HOUSING STATUS**

Your previous address \_\_\_\_\_

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 \_\_\_\_\_

Address: \_\_\_\_\_

List every state in which each household member has lived: \_\_\_\_\_

**ELIGIBILITY INFORMATION**

*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. 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".*

1. Do you certify that this will be your only place of residence? ..... [ ] Yes [ ] No

2. Are you or any member of your household 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 or any member of your household ever been evicted from any type of housing? ..... [ ] Yes [ ] No

4. Have any household members: [ ] Been Homeless [ ] Lived in Public Housing [ ] Fled Housing Due to Violence [ ] None

5. Are you or any member of your household a veteran?..... [ ] Yes [ ] No

6. Have you or any member of your household ever been convicted of a felony? ..... [ ] Yes [ ] No

7. Is at least one member of your household a US citizen or eligible immigrant?..... [ ] Yes [ ] No

8. Are ANY members of your household currently or expected to be a student within the next 12 months? ..... [ ] Yes [ ] No

If YES, then list all household members (including children) who are or will be students:

Student Name	Age	School Name & City	Full/Part Time (Check One)		Financial Aid (Check One)	
			[ ] FT	[ ] PT	[ ] Yes	[ ] No
_____	_____	_____	[ ] FT	[ ] PT	[ ] Yes	[ ] No
_____	_____	_____	[ ] FT	[ ] PT	[ ] Yes	[ ] No
_____	_____	_____	[ ] FT	[ ] PT	[ ] Yes	[ ] No
_____	_____	_____	[ ] FT	[ ] PT	[ ] Yes	[ ] No
_____	_____	_____	[ ] FT	[ ] PT	[ ] Yes	[ ] No

**HOUSEHOLD INFORMATION**

9. Is there someone not listed on this application who would normally be living in the household? ..... [ ] Yes [ ] No

If YES, please explain: \_\_\_\_\_

10. Do you have a live-in care attendant? ..... [ ] Yes [ ] No



**HOUSEHOLD INFORMATION (cont.)**

11. Do you expect the following change(s) to your household? ..... [ ] Yes [ ] No  
If YES, baby due/obtaining custody: \_\_\_\_\_ OR, adopting/receiving a foster child: \_\_\_\_\_ OR, any addition: \_\_\_\_\_  
Date Date Date
12. Do you wish to have priority for a handicap accessible unit with special design features? ..... [ ] Yes [ ] No
13. Do you have a pet? ..... [ ] Yes [ ] No
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**

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

- 15. Employment**..... [ ] Yes [ ] No  
If YES, complete the following *and include 4 to 6 current, consecutive pay stubs.*

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

- 16. Unemployment Benefits or Severance Pay** ..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ *and include a copy of your 12-month benefit payment history.*

- 17. Worker's Compensation**..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ *and include 4 to 6 current, consecutive pay stubs.*

- 18. 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: \_\_\_\_\_

- 19. Cash Benefits from the County** (Do not include food or medical support) ..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ If YES, County contact info: \_\_\_\_\_

- 20. Military pay** (including allowances) ..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ *and include 4 to 6 current, consecutive pay stubs.*

- 21. Veteran's Administration Benefits**..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ *and include a copy of a current award letter less than 120 days old. The letter must be dated by the Veterans Administration.*

- 22. Social Security Benefits, Disability, or Death Benefits** ..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ *and include a copy of a current award letter less than 120 days old. The letter must be dated by the SS Administration.*

- 23. Regular payments from a pension or retirement plan** (PERA, Railroad, etc.) ..... [ ] Yes [ ] No  
If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_



**INCOME (cont.)**

**24. Regular payments from an annuity, trust, or insurance policy** .....[ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_

**25. Court Ordered Child Support or Alimony** (answer yes even if it is NOT being received).....[ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a printout showing payments received in last 12 months. This cannot be a ReliaCard printout.*

**26. Non-Court Ordered Child Support or Alimony** (paid directly from other parent, not through county/state).....[ ] Yes [ ] No

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**27. 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: \_\_\_\_\_

**28. Regular contributions from persons outside the household** (including rent, utilities, groceries, cell phone, etc.) .....[ ] Yes [ ] No

If YES, contact person: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

**29. Any other source not listed above**.....[ ] Yes [ ] No

If YES, please specify: \_\_\_\_\_

**30. Does any adult member of your household have zero income?**.....[ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_

**ASSETS**

Do you or any household member, including minor children, have any of the following assets?

**31. Checking or Savings accounts**.....[ ] Yes [ ] No

If YES, complete the following for each checking or savings account:

Household Member Name	Institution Name & Full Address
_____	_____
_____	_____
_____	_____

**32. Certificate of Deposit or Money Market Fund, IRA, Annuity, 401K account, or Keogh account**.....[ ] Yes [ ] No

If YES, complete the following for each account:

Household Member Name	Institution Name & Full Address
_____	_____
_____	_____
_____	_____

**33. Cash Cards** (to receive pay from employment or government benefits such as Direct Express, NetSpend, ReliaCard, EBT, etc.) ....[ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ *and include a current printout of the balance, or a copy of your most recent statement, AND a copy of the card.*



**ASSETS (cont.)**

**34. Pension or Retirement funds** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**35. Stocks, Bonds, Securities or Treasury bills** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**36. Trust fund** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**37. Whole life or Universal life insurance policy** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Agency: \_\_\_\_\_

**38. Do you or any other members of the household own Real Estate or hold a contract for deed?** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Address: \_\_\_\_\_

**39. 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

**40. Any other assets not listed above** .....[  Yes [  No

If YES, household member name: \_\_\_\_\_ Specify: \_\_\_\_\_





Lloyd Management, Inc.  
 135 West Lind Street  
 P.O. Box 1000  
 Mankato, MN 56001-1000

Phone: 507-625-5573  
 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 certification 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:**

\_\_\_\_\_  
*Applicant/Resident Signature*                                      *Date*                                      *Social Security Number*

\_\_\_\_\_  
*Applicant/Resident Signature*                                      *Date*                                      *Social Security Number*

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: (Print:) \_\_\_\_\_ (Sign:) \_\_\_\_\_  
 Email \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

