

APPLICANT SCREENING CRITERIA – MODEL 2

Fair Housing Statement. Lloyd Management is an equal housing opportunity & fair housing provider. We do not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, public assistance, ancestry, and sexual or affectional orientation.

Identification and Application Process. Every person over the age of 18 must give consent to be screened and provide a government issued photo ID. ***Social security card may be required to verify identification.***

Application Requirements. Applications must be filled out completely and accurately. Any misstatements or omissions made on your application may be grounds for denial.

Criminal. An applicant with the following criminal convictions (including open cases) will be denied:

- Any Felony level criminal records within 5 years.
- Any Gross Misdemeanor level criminal convictions within 5 years relating to offenses against properties, persons, drugs, and sexual crimes.
- Three or more Misdemeanor level criminal convictions within 5 years relating to offenses against properties, persons, drugs, and sexual crimes.
- Any application that shows evidence of an OFAC Terrorism or Sexual Predator Registry.

Credit. An applicant with the following credit history will be denied:

- Any unpaid non-medical, non-education collections exceeding \$1,000 placed within the last 2 years.
- Any unpaid public record judgement(s) exceeding \$1,000 placed within the last 10 years.
- Any unpaid utility collection account(s).
- Any unpaid housing collection account(s).

Housing History. An applicant with the following housing history will be denied:

- An unlawful detainer, eviction, or money owed to a previous landlord.
- A negative reference of a prior landlord including but not limited to late rent payments, damage to property, poor housekeeping, or pest issues.

Income. Income from all sources must be sufficient to pay the applicant's rent and other predictable living expenses. To be counted as household income, amounts must be verifiable, reliable, and predictable.

If you have further questions, you may request a complete copy of our Resident Selection Criteria.

Applicants referred via the Coordinated Entry System and/or applicants that are eligible for project-based housing supports will be reviewed on a case by case basis.





135 West Lind St.
Mankato, MN 56001
(888) 625-5573

Property: _____

FOR OFFICE USE ONLY	
Bldg #/Apt #: _____	
Rent Amt. _____	Dep. Amt. _____
Move-in Date: _____	
Other: _____	

RENTAL APPLICATION – MAX 2 ADULTS

Today's Date: _____ When do you wish to move in? _____ How many bedrooms do you need? _____

Applicant #1: Name (first, middle, last) _____ Date of Birth _____

(mm/dd/yy)

Address _____ City _____ State _____ Zip _____ Phone () _____

Social Security # _____ Email Address _____

Applicant #2: Name (first, middle, last) _____ Date of Birth _____

(mm/dd/yy)

Address _____ City _____ State _____ Zip _____ Phone () _____

Social Security # _____ Email Address _____ Relationship to Applicant #1 _____

OTHER OCCUPANTS RESIDING WITH YOU:

Name	Relationship to Applicant #1	SS#	D.O.B.

LANDLORD REFERENCES/CRIMINAL BACKGROUND:

Applicant #1: Company/Name of Present Landlord/Manager: _____ Rental Period: _____ to _____

Landlord's Street Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____ Rent Amount: _____

Have you ever been evicted or violated your lease? _____ If so, explain, _____

Have you ever been arrested or convicted of a crime? _____ If so, explain, _____

Applicant #2: Company/Name of Present Landlord/Manager: _____ Rental Period: _____ to _____

Landlord's Street Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____ Rent Amount: _____

Have you ever been evicted or violated your lease? _____ If so, explain, _____

Have you ever been arrested or convicted of a crime? _____ If so, explain, _____

AUTOMOBILES:

#1 Make _____ Model _____ Year _____ Lic. No. _____ /St _____ Color _____

#2 Make _____ Model _____ Year _____ Lic. No. _____ /St _____ Color _____

EMPLOYMENT & OTHER INCOME:

Applicant #1: Company Name _____ Contact Person _____
Address _____ City _____ State _____ Zip _____ Phone () _____
Approximate Annual Income _____ Length of Employment _____
Other Income Source _____ Approximate Annual Income _____
(Social Security, Child Support, Alimony, Etc.)

Applicant #2: Company Name _____ Contact Person _____
Address _____ City _____ State _____ Zip _____ Phone () _____
Approximate Annual Income _____ Length of Employment _____
Other Income Source _____ Approximate Annual Income _____
(Social Security, Child Support, Alimony, Etc.)

TOTAL Annual Household Income (Applicant #1 & Applicant #2) _____

IN CASE OF EMERGENCY:

Applicant #1: Contact _____ Phone () _____
Address _____ City _____ State _____ Zip _____

Applicant #2: Contact _____ Phone () _____
Address _____ City _____ State _____ Zip _____

How did you hear about us? Newspaper Signage Lloyd Mgmt Website Other Website Craigslist Other _____

Do you own an animal? Yes No If yes, what type: _____

Before we can process your rental application it is necessary that you provide accurate and complete information.

Resident selection standards: All applications are screened by a member of Lloyd Management staff before acceptance. The following screening criteria will be applied uniformly to all applicants and will form the basis of final acceptance of this application:

1. Criminal background check and credit report
2. Comments from prior landlords
3. Comments from present landlords
4. Comments from other references

Lloyd Management will not discriminate against any person because of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, sexual orientation, familial status, or disability.

Applicant hereby understands and represents:

1. That this application is complete and contains all material facts.
2. Applicant hereby gives full authority and permission to verify the information herein with the business and personal references stated.
3. Application represents the statements and information set forth herein are true, correct and complete and understands that Lloyd Management will rely on said information in order to make a decision of whether or not to rent to the applicant.
4. Lloyd Management, at its option, may investigate and verify such information before and after renting to the applicant.
5. Applicant agrees that if he/she rents, such rental may be cancelled by Lloyd Management in the event that any statement or information furnished by the applicant in this application is false.

Applicant #1: _____ Date _____

Applicant #2: _____ Date _____

MHFA Program

Initial Occupancy Statement By Tenant

Dear Renter:

We have applied for/received a mortgage loan through the Minnesota Housing Finance Agency for the property located at:

Please fill out the following information to help determine our eligibility. Be assured that the information you provide will be held in strict confidence by us and by Minnesota Housing Finance Agency. Thank you.

PART I. TO BE FILLED OUT BY TENANT

Unit # _____ # of BR's _____

Name _____

Total Gross Annual Household Income of All Household Members:

\$ _____

Number of persons in Household:

I declare the above information is true and correct, to the best of my knowledge.

Head of household signature

Date

PART II. TO BE FILLED OUT BY OWNER

Monthly gross rent \$ _____

Rent limit \$ _____

Income limit \$ _____

Owner 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 Federal Privacy Act of 1974, and 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 2 - Housing Tax Credit & Section 1602
<input type="checkbox"/> Attachment 3 – ARM, NCTC or LMIR First Mortgage | <input type="checkbox"/> Attachment 4 - Deferred Loan
(other than MARIF)
<input type="checkbox"/> Attachment 5 – MARIF and HOPWA
<input type="checkbox"/> Attachment 6 – HOME and NHTF |
|--|---|

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 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