APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease with Lloyd Management. While some of the information may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. **In order to continue with this application and before you make any payments, you will need to review the Application Agreement carefully and acknowledge you accept its terms.**

1. Lease Information. The Lease terms contemplated by the parties during the application process are not final. Terms, conditions, and any special information must be explicitly noted in the Lease to be valid.

2. Application Approval. Our representative will notify you (or one of you, if there are co-applicants) of the Application approval, execute the Lease agreements for signature prior to occupancy, and, once complete, credit the application deposit of all applicants toward the required security deposit.

3. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must execute the Lease for the agreed upon move-in date after your Application is approved. If you or any co-applicant fails to sign as required, we will keep all application deposits as liquidated damages and terminate all further obligation to each other.

4. If You Withdraw Before Approval. If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about the unit, we'll be entitled to retain all application deposits as liquidated damage, and the parties then have no further obligation to each other.

5. Approval/Non-Approval. We will notify you whether your Application screening report has been approved or denied within 14 days after the date we receive a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 14-day time period may be changed only by separate written agreement.

6. Affordable Housing Programs. Certain affordable housing programs may require extended processing time to ensure your Application meets the program criteria. While we strive to expedite this process, delays due to third-party verification or the collection of required documentation may occur and are beyond our control. We appreciate your patience and understanding.

7. Refund After Non-Approval or Rejection. If you or any co-applicant is disapproved or denied under Paragraph 5, we'll refund all application deposits within 7 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant. If the application deposit was paid via check and has not yet been deposited, you may request your check be destroyed instead of a refund check being issued.

8. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 3, 5, or 6 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

9. Keys or Access Devices. We'll furnish keys and/or access devices on the Lease start date and only after: (1) all parties have signed the Lease and all other rental documents and (2) all applicable rents and security deposits have been paid in full.

10. Application Submission. Submissions of a rental application does not guarantee approval or acceptance. It does not bind us to accept the application or to sign a Lease contact.

APPLICANT SCREENING CRITERIA

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 18 must give consent to be screened and provide a government issued photo identification. Acceptable forms of identification are State driver's license, State issued ID, Permanent Resident Card, Individual Taxpayer Identification Number (ITIN), or a U.S. Visa. ***Social Security Number verification may be required for specific housing programs. ***

Application Requirements. Applications must be filled out completely and accurately. Any misstatements or omissions made on your application, whether or not discovered before you move into the building, is grounds for denial of an application or termination of an existing lease. Information must be legible and verifiable. If information given on the application cannot be verified, this is a reason for rejection. Omission of information, such as an address or employer, may be grounds for rejection.

Occupancy. The initial maximum number of residents in a unit is equal to two (2) persons per bedroom unless otherwise stated in the property's Resident Selection Plan, where applicable. Each unit is limited to no more than two (2) unrelated or four (4) related adult persons per unit. Lloyd Management defines a related adult person as either a child, dependent, or parent of the head of household. General occupancy standards and any federal, state, or local housing ordinances will supersede this policy.

Housing History. We require the name and last known telephone number of each landlord/property manager for each address you have had for the last two (2) years. Roommate references are not acceptable. The refusal of a prior landlord to give a reference, or a negative reference, may be grounds for rejection. In the case of first-time renters, or applicants without prior rental history, this requirement may be varied subject to additional requirements of management.

Eviction Filings. Unlawful detainers or evictions within the past three (3) years is a basis for denial of an application. Expunged or pending eviction actions, or eviction actions without a writ of recovery issued will not be considered.

Criminal History. Applicants who have criminal convictions may be denied. Any single felony with the past five (5) years and/or multiple misdemeanor crimes within the past five (5) years that are associated with drugs, violence, sex, property damage, and/or weapons may be grounds for automatic disqualification. Eligibility is dependent upon the level, disposition, and time since the crime occurred. Open cases for similar crimes may be grounds for denial. Any applicant subject to a State Sex Offender lifetime registration requirement will be denied.

Credit. A credit check will be performed, and the following may be grounds for denial: past due or dishonored debt, the absence of a credit history, unpaid housing accounts, unpaid utility accounts.

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. Minimum monthly income should be at least two times the applicant's rent.

Business Relationship. The relationship between a landlord and tenant is a business relationship. A courteous and businesslike attitude is required from both parties. We reserve the right to refuse rental to anyone who is verbally abusive, swears, is disrespectful, makes threats, is under the influence, is argumentative, or in general displays an attitude at the time of the unit showing and application process that causes management to believe we would not have a positive business relationship.

DISCLOSURES

1. Application Fee (May or May Not Be Refundable). You agree to pay an application fee in the amount indicated in paragraph 3. Application fees are non-refundable except in rare instances when an application is submitted but a unit is unavailable and/or we do not run a professional screening report. Payment of the application fee does not guarantee that your application will be accepted. The application fee partially defrays the cost of screening services and administrative paperwork.

2. Application Deposit (May or May Not Be Refundable). In addition to any application fee(s), you also agree to pay an application deposit in the amount indicated in paragraph 3. The application deposit is not a security deposit. The application deposit will be credited toward the required security deposit when the Lease has been signed by all parties; OR, it will be refunded under paragraph 6 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 3 or 4 of the Application Agreement.

3. Fees Due. Your rental application will not be processed until we receive your completed rental application (and the completed rental application of all co-applicants, if applicable) and the following fees:
   a. Application fee (may or may not be refundable): $35 (per adult)
   b. Application deposit (may or may not be refundable): $500

4. Completed Application. Your rental application for Residents and Occupants will not be considered "complete" and will not be processed until we receive the following documentation and fees:
   a. Completed rental application for each applicant and co-applicant (if applicable)
   b. Valid government-issued photo identification
   c. Application fees for all applicants
   d. Application deposit for the unit

5. Notice To or From Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

6. Screening Services Disclosure to Applicant. Pursuant to MN Statute 504B.173, Lloyd Management uses the following tenant screening services:

Rental History Reports	Rent Grow
7900 W. 78th Street, #400	400 5th Avenue, Suite 120
Edina, MN 55439	Waltham, MA 02451-8706
(888) 389-4023	(800) 898-1351
www.rentalhistoryreports.com	www.rentgrow.com

   Applicant Screening Criteria, upon which the decision to rent to the Applicant is based, will be applied to the information provided in this application and the information gathered from the screening report and/or background check we obtain. If we reject your rental application pursuant to Minnesota Statutes and local laws, we will notify you within 14 days of such rejection, identifying the criteria you failed to meet. We are not obligated to return your application fee or deposit except as provided in MN Statute 504B.173 and local laws.

7. Notice Regarding Predatory Offender Information. Information regarding the predatory offender registry and persons registered with the predatory offender registry under MN Statute 243.166 may be obtained by contacting the local law enforcement offices in the community where the property is located, or the Minnesota Department of Corrections at (651) 361-7200, or from the Department of Corrections Web site at www.corr.state.mn.us.

AUTHORIZATION AND ACKNOWLEDGEMENT

AUTHORIZATION

I authorize Lloyd Management to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to my Application and Lease with Lloyd Management and to verify, by all available means, the information in this Application, including criminal background information, income and housing history, and other information reported by any state or federal agency (ex: Social Security Administration). I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation as a qualified applicant or resident.

Payment Authorization. I authorize Lloyd Management to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments. If my check is returned by a bank or other entity for any reason, if any of my credit card or debit card payments are rejected, or if Lloyd Management is unable, through no fault of its own or their bank, to successfully process any of my ACH debit, credit card, or debit card transaction, then:

1. I (Applicant) shall pay to Lloyd Management the NSF Charge; and
2. Lloyd Management reserves the right to refer the matter for criminal prosecution.

ACKNOWLEDGEMENT

I certify that all the statements in this Application are true and complete. I authorize Lloyd Management to verify the same through any means. If I fail to answer any question(s) or give false information, Lloyd Management may reject the application, retain all application fees and deposits as liquidated damages for their time and expense, and terminate my right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the Application or Lease, the prevailing party may recover all attorney's fees and litigation costs from the losing party. Lloyd Management may at any time furnish information to consumer reporting agencies and other rental housing owners regarding my performance of my legal obligations, including both favorable and unfavorable information about my compliance with the Lease, occupancy rules, and financial obligations.

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Guarantor Signature	Date

LLOYD MANAGEMENT

Hanson Apartments
401 SE Lakeland Drive #17
Willmar, MN 56201
Ph: 320-222-5808

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

Office Use Only
Unit Size Requested:_____
Unit Number: _____
Target Move-in Date: _____
Date Received: _____
Time Received: _____

HOUSEHOLD MEMBERS

List ALL Household Members First MI Last	Relationship to Head	Date of Birth	Gender Identity Female (F) | Male (M) Other/Non-Binary (O/NB) Decline (D)	Social Security (SSN) or Individual Taxpayer Identification Number (ITIN)*
	Head of Household		☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	
			☐F ☐M ☐O/NB ☐D	

**SSN verification is a current requirement for federally subsidized housing, such as USDA Rural Development and HUD Section 8*

CONTACT INFORMATION

Applicant Email: _____ Applicant Phone #: _____

Alternate Email: _____ Alternate Phone #: _____

Preferred Method of Communication (Check all that apply): ☐ Email ☐ Phone (Call) ☐ Phone (Text) ☐ In Person

Emergency Contact: _____ _____ _____
(someone outside the household) Name Phone # Email

HOUSING HISTORY DISCLOSURE

1. Has any member of your household been evicted from any type of housing in the last 3 years? ..... ☐ YES ☐ NO

2. Do you certify this will be your only place of residence? ..... ☐ YES ☐ NO

3. Are you or any member of your household currently receiving Rental Assistance? ..... ☐ YES ☐ NO
(i.e., Section 8 Housing Assistance Payments, Rural Development Rental Assistance, Housing Choice Voucher, etc.)
If YES, 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.

4. Has any household member(s) (check that apply): ☐ Been Homeless ☐ Lived in Public Housing ☐ Fled Housing Due to Violence ☐ None

5. How did you hear about this housing? ☐ Online ☐ Drive By ☐ Resident Referral ☐ Newspaper ☐ Local Agency ☐ Other _____

CURRENT HOUSING INFORMATION

*Provide the housing history for the past **2 (two) years** – if additional space is needed, please include on a separate sheet of paper*

Current address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

How long have you lived at your current address? ..... *From:* _____ *To:* _____

Owner/Manager: _____ _____ _____
Name/Company *Phone #* *Email*

Is this a family member/friend? ..... ☐ YES ☐ NO

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 sheet of paper

PREVIOUS HOUSING INFORMATION

Previous address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

How long did you live at this address? ..... *From:* _____ *To:* _____

Owner/Manager: _____ _____ _____
Name/Company *Phone #* *Email*

Was this a family member/friend?..... ☐ YES ☐ NO

ELIGIBILITY AND HOUSEHOLD INFORMATION

6. Primary Language: _____ Do you require an interpreter? ☐ YES ☐ NO
7. Is there someone NOT listed on this packet who would normally be living in the household? ..... ☐ YES ☐ NO
   If YES, please explain: _____
8. Do you expect the following change(s) to your household? ..... ☐ YES ☐ NO
   - ☐ Baby due on: _____ (date)
   - ☐ Expected adoption/custody change on: _____ (date)
   - ☐ Additional adult household member expected on: _____ (date)
9. Do you have a live-in care attendant? ..... ☐ YES ☐ NO
10. Do you wish to have priority for a handicap accessible unit with special design features? ..... ☐ YES ☐ NO

STUDENT STATUS

11. Are *ANY* members of your household, <u>including minor dependents</u>, currently or expected to be a student within the next year? *If YES, list all household members who are/will be students:* ☐ YES ☐ NO

Student Name(s)	Age	School Name & Location	Full or Part Time Enrollment
			☐ Full Time ☐ Part Time
			☐ Full Time ☐ Part Time
			☐ Full Time ☐ Part Time
			☐ Full Time ☐ Part Time

INCOME

Do ANY household members, including minor dependents, currently receive or expect to receive income from the following source(s)?

12. Employment/Wages..... ☐ YES ☐ NO

*If YES, complete the following **AND** include 4 to 6 current, consecutive paystubs for each place of employment*

Household Member Name(s)	*Employer Name, Full Address & Contact Information*

13. Unemployment Benefits or Severance Pay..... ☐ YES ☐ NO

If YES, household member name(s): _____

(Include a copy of the past 12 months of benefit payments)

14. Social Security Benefits, Disability or Death Benefits..... ☐ YES ☐ NO

If YES, household member name(s): _____

(Include a copy of current award letter(s) dated within the last 120 days by the Social Security Administration)

15. Cash Assistance Benefits (DWP, GA, MFIP, MSA, TANF – Do *NOT* include Food Support or Medical Assistance) ..... ☐ YES ☐ NO

If YES, household member name(s): _____

County in which you are currently receiving benefits: _____

16. Court Ordered Child Support or Alimony (answer YES even if it is NOT being received)..... ☐ YES ☐ NO

*If YES, household member name(s): _____ (Include a copy of the past 12 months of child support payments received) **This CANNOT be a ReliaCard or bank account statement.***

17. Non-Court Ordered Child Support or Alimony..... ☐ YES ☐ NO

(Paid directly from the other parent(s)/spouse, not through the county or state child support system)

If YES, Name of Payor: _____ Address: _____

Phone: _____ Email: _____

18. Regular Contributions from someone outside the household..... ☐ YES ☐ NO

(Monetary contributions including payments made on your behalf such as rent, utilities, phone bill, etc.)

If YES, Name of Contributor: _____Address: _____

Phone: _____ Email: _____

19. Self-Employment/Independent Contractor/Business Income..... ☐ YES ☐ NO

(Uber/Lyft, truck driver, delivery services such as InstaCart/Door Dash, Online Content Creation, Etsy Shop, etc.)

If YES, household member name(s): _____ Date Started/Business Open: _____

Type of Self-Employment/Independent Contract/Business: _____

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

If YES, household member name(s): _____

Company Information:_____

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

If YES, household member name(s): _____

Company Information:_____

22. Veteran's Administration Benefits..... ☐ YES ☐ NO

If YES, household member name(s): _____

(Include a copy of current award letter dated within the last 120 days by the Veteran's Administration)

INCOME CONTINUED

23. Military Pay (including allowances)..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include 4 to 6 current, consecutive paystubs or pay statements)

24. Worker's Compensation..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include 4 to 6 current, consecutive paystubs or pay statements)

25. Student Financial Aid in excess of the cost of tuition..... ☐ YES ☐ NO
(Grants and scholarships from the Federal/State/Tribe or Local government, private foundation registered as a non-profit, a business entity or an institution of higher education. Do NOT include private student loans, work study earnings, gifts from friends/family to pay for school costs or any other assistance excluded by regulation)
If YES, household member name(s): _____
*School/Institution:*_____

26. Does any member work for someone who pays them in cash or does temporary/sporadic "gig" work? ☐ YES ☐ NO
If YES, please explain: _____
Contact information (if applicable) Contact Name: _____ Phone: _____

27. Net income from a rental property ..... ☐ YES ☐ NO
If YES, please provide a copy of the lease agreement or rental payment agreement

28. Has any household member received a lump sum payment in the past 12-months..... ☐ YES ☐ NO
(Lump sum is a payment of $1,000 or more – Do not include tax refunds – those will be disclosed later)
If YES, please explain: _____

29. Any other income source not listed above..... ☐ YES ☐ NO
If YES, please explain: _____

30. Does any <u>adult</u> household member have zero income? ..... ☐ YES ☐ NO
If YES, household member name(s): _____

ASSET DECLARATIONS

31. Has any household member received a federal tax return/refundable tax credit in the last 12-months? ☐ YES ☐ NO
*If YES, amount of return/credit: $*_____

32. Does any member of the household own Real Estate/Real Property* ..... ☐ YES ☐ NO
If YES, Household member name(s): _____
Property Address(es): _____
_____

**For management to determine if the household meets a Real Property Exemption per HOTMA regulations, the household must complete an additional "Real Property Exemption Questionnaire" which will be provided upon disclosure of Real Estate/Real Property.*

33. <u>Disposal/Sale of assets for less than Fair Market Value</u>
I/We hereby certify that I/We ☐ HAVE ☐ HAVE NOT sold or given away any assets for <u>less than Fair Market Value</u> during the 2-year (24 month) period preceding the date of this application/questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	*Asset Type and Estimated Market Value*	*Date Sold/Divested*	*Amount Received*
			$
			$

Examples: Real estate that was sold for less than fair market value or money donated to charity/family, etc.

ASSETS

Do ANY household members, including minor dependents, have the following assets?

34. Checking, Savings, Certificate of Deposit, Money Market or other bank account(s)..... ☐ YES ☐ NO
If YES, complete the following for each account:

Household Member Name	*Institution Name & Full Address*

35. Reloadable Prepaid Cash-Debit Cards..... ☐ YES ☐ NO
(*NOT* connected to a bank account, typically used to receive pay from employment or government benefits)
If YES, complete the following AND provide a current statement or a copy of the card and a current receipt to verify the current cash balance for each card listed:

Household Member Name	*Name of Card (i.e., Direct Express, NetSpend, ReliaCard, EBT (Cash Benefits), etc.)*

36. Peer-to-Peer Payment Applications..... ☐ YES ☐ NO
(Digital application used to send or receive money such as CashApp, PayPal, Venmo, ApplePay, etc.)
If YES, complete the following:

Household Member Name	*Name of Application*

37. Whole Life or Universal Life Insurance Policies..... ☐ YES ☐ NO
If YES, household member name(s): _____
*Company/Agency Information:*_____

38. Annuity (not part of a Retirement Account)*..... ☐ YES ☐ NO
If YES, household member name(s): _____
*Company/Agency Information:*_____
**Per HOTMA regulations, retirement accounts (such as IRA, 401K, etc.) are not a countable asset for certifications effective 1/1/2024 or after*

39. Investment Accounts ..... ☐ YES ☐ NO
If YES, household member name(s): _____
Company Name: _____

40. Stocks, Bonds, Securities or Treasury Bills ..... ☐ YES ☐ NO
(i.e., Robinhood, Coinbase, Savings Bonds, etc.)
If YES, please provide current account statement

41. Crowd Funding Account (GoFundMe, Kickstarter, Indiegogo, etc.)..... ☐ YES ☐ NO
If YES, household member name(s): _____
Website: _____

ASSETS CONTINUED

42. Trust Fund(s)..... ☐ YES ☐ NO
(Including Special Needs Trusts or Revocable Trusts. Do **NOT** include Irrevocable Trusts or Revocable Trusts not owned or controlled by a member of a family living in the unit)
If YES, household member name(s): _____

43. Crypto Currency (Bitcoin, Altcoins, Crypto coins, etc.)..... ☐ YES ☐ NO
If YES, household member name(s): _____

Currency Type: _____ *Include current account statement*

44. Non-Necessary Personal Property ..... ☐ YES ☐ NO
(I.e., RV's, ATV's, Boats, Campers, etc. DO NOT INCLUDE VEHICLES USED FOR DAY-TO-DAY USE)
If YES, completed the following:

Household Member	Asset Type	Cash Value
		$
		$

45. Cash on Hand ..... ☐ YES ☐ NO
If YES, amount in cash on hand: $ _____

46. Other Assets NOT Listed Above..... ☐ YES ☐ NO
If YES, please list: _____

DEDUCTIONS

The household may be eligible for applicable deductions and expenses, which have an impact on the tenant rent amount/eligibility, depending on the following factors:

47. Do you have primary custody of the minor dependents living in the household?..... ☐ YES ☐ NO ☐ N/A
(Primary custody means they reside in the unit at least 50% of the year)

48. Do you pay for childcare services for any minor dependents under the age of 13 residing in your household?..... ☐ YES ☐ NO ☐ N/A
If YES, dependent's name: _____ *Provider Contact:* _____

49. Do you currently pay for childcare services for any minor children under the age of 13 that you have custody of but are NOT living in your household? ..... ☐ YES ☐ NO ☐ N/A
If YES, child's name: _____ *Provider Contact:* _____

50. Do you pay for a Care Attendant or any equipment for a disabled member of the household?..... ☐ YES ☐ NO ☐ N/A
If YES, household member name(s): _____

51. Are any household member(s) 62 years of age or older?..... ☐ YES ☐ NO*
If YES, household member name(s): _____

52. Have any adult household member(s) been diagnosed as disabled by a physician or an approved agency such as the Social Security Administration?..... ☐ YES ☐ NO*
If YES, household member name(s): _____

If diagnosed disabled by the SSA, please check this box ☐

Physician Name & Contact Information: _____

_____

If you answered NO to questions 51 and/or 52, please skip to page 8

EXPENSES (Available to household member(s) 62+ years old and/or Disabled ONLY)

Do you currently pay ***OUT-OF-POCKET***, or anticipate paying ***OUT-OF-POCKET*** in the next 12-months for any medical expenses?..... ☐ YES ☐ NO

(i.e., premiums, appointment or prescription copays, services not covered by insurance, etc. that are expected to continue after move in. If the expense will not continue, it cannot be counted.)

*If YES, please complete the following questions. **If NO, please skip to page 8***

53. Medicare..... ☐ YES ☐ NO
    If YES, household member name(s): _____

54. Medical Insurance Premium(s) ..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

55. Services of doctors or other health care professional(s) or facilities ..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

56. Prescription medications that have been prescribed by a physician..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Pharmacy Name(s) & Location(s): _____

57. Over-the-counter medications that have been prescribed by a physician to treat a condition..... ☐ YES ☐ NO
    Must include copies of receipts showing proof of payment to receive this deduction.
    If YES, household member name(s): _____
    Prescribing Doctor(s) & Location(s): _____

58. Transportation to/from treatment. Include a mileage log to receive this deduction..... ☐ YES ☐ NO
    If YES, household member name(s): _____

59. Dental Expenses..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

60. Eye Care..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

61. Hearing aids/batteries..... ☐ YES ☐ NO
    Must include copies of receipts showing proof of payment to receive this deduction.

62. Live-in or periodic medical assistance such as nursing services..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

63. Cost of an assistance animal and its upkeep..... ☐ YES ☐ NO
    Must include copies of receipts showing proof of payment to receive this deduction.

64. Long-Term Care Insurance premiums..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Provider Name(s) & Location(s): _____

65. Other Out-of-Pocket Medical Expenses NOT Listed Above ..... ☐ YES ☐ NO
    If YES, household member name(s): _____
    Explain: _____

AUTHORIZATION TO RELEASE 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 completed and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at the property, be ineligible for housing assistance benefits, and may be subject to criminal penalties.

By signing this form, I/we agree to have all my/our income, assets, student status, and medical expense information indicated to management on the application for occupancy and discovered through HUD approved systems, verified by the owner or management company that are necessary for the certification process. The information obtained will only be used for determining eligibility and will be kept confidential and not released outside this scope.

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

PENALITES FOR MISUING 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 is based on the verification form and 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/recertification or participant may be subject to a misdemeanor and fined no 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 office 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 (five) 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 Printed Name	*Applicant Signature*	*Date*
_____	_____	_____
Applicant Printed Name	*Applicant Signature*	*Date*
_____	_____	_____
Applicant Printed Name	*Applicant Signature*	*Date*

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

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

_____

Assistance was provided by: _____ _____ _____
Printed Name/Signature | Relationship to Applicant | Date

Government Data Practices Act Disclosure Statement

Instructions: Print the names of each household member 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"):

Hanson Apartments

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 continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and 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" (<u>all</u> checked boxes apply):

   ☑ Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811

   ☑ Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.

   ☑ Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

   NOTE: 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 its contractors 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 1

For Units Assisted with Section 8, Section 236 Section 202, or Section 811

Part A

1. Household composition, legal name(s), age(s), and relationship to the head of household of all household members.
2. Applies to Section 8, Section 236, and Section 202 only: Declaration of citizenship or legal non-citizenship of all household members (does not apply to Section 811)
3. Social Security Number disclosure of all household members
4. Date of birth of all household members
5. Elderly, disabled, or handicapped status of affected members of your household (for program eligibility and/or program allowances)
6. Custody of minor children
7. Student status
8. Housing preferences by program or statute
9. Employment or unemployment status
10. Amount and source of all earned and unearned income of all household members
11. Type, value, and income derived from all household assets
12. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
13. Participation in self-sufficiency programs
14. Medical expenses (for program allowances)
15. Handicap assistance expenses (for program allowances)
16. Childcare expenses (for program allowances)
17. Need for reasonable accommodation for any member of the household
18. Need for assistive animal and/or devices
19. Credit and criminal history background data of all adult household members
20. Disclosure of the use, sale, distribution, or manufacture of illegal drugs of any adult household members
21. Disclosure of convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
22. Disclosure of convictions of a felony or misdemeanor (other than a traffic violation)
23. Disclosure of lifetime registration as a predatory sex offender of any adult household member
24. Disclosure of a pattern of alcohol abuse of any adult household member that would interfere with other tenants' rights
25. Disclosure of receipt of previously received government housing subsidy
26. Disclosure of termination of housing assistance for fraud, non-payment of rent or utilities, or failure to cooperate with recertification procedures
27. Current and previous residency

Part B

1. Race
2. Ethnicity
3. Gender

Attachment 2

For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or LMIR First Mortgages, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted, and HOME Affordable Rental Preservation) or NHTF

Part A

1. Household composition, *legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Amount and source of all earned and unearned income of all household members
3. Source, type, value, and income derived from all household assets
4. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
5. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
6. Current and/or previous housing history (for program eligibility, if applicable)

**For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

Housing Tax Credits, Section 1602, or bond funded NCTC or LMIR also require:

- Student status of household members and, where applicable, evidence that student household meets Internal Revenue Code Section 42 or Section 142 (bond) eligibility

HOME also requires (where applicable):

- Student status of household members and evidence of HOME student eligibility

MARIF also requires:

- Receipt of public assistance and/or rental assistance
- Social Security Number or Alien Registration of MARIF-eligible household member
- Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disability or mobility impaired status

Attachment 3

For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME and NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

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)
4. Dates of birth of all household members (for program eligibility, if applicable)

Part B

1. Date of birth of the head of household
2. Race of the head of household
3. Ethnicity of the head of household
4. Gender of the head of household
5. Disability or mobility impaired status of household members
6. Main source of income of the head of household

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race / Ethnicity Info

Head

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Co-Head

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Dependent #1

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Dependent #2

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Dependent #3

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Dependent #4

(Print Name)

- ☐ Non – Hispanic
- ☐ Hispanic

- ☐ White
- ☐ Black
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Other

Signature of Head of Household

Date

EQUAL HOUSING OPPORTUNITY

Wage Match Notice to Tenants

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

USDA Rural Development will receive wage and benefit information from the State Department of Labor (SDOL). This information will then be compared against information provided on your Tenant Certification (Form RD 3560-8) or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures (HUD-50059). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

USDA Rural Development assumes Tenant Certifications or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the record's check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

USDA Rural Development seeks to implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the owner or management agent servicing your housing development.

In addition, this notice serves to inform you that USDA Rural Development may use information reported on the Tenant Certification or Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures to determine eligibility for Federal benefits, verify compliance with program requirements, and recover improper payments from current or former beneficiaries.

If you have any further questions, please contact the owner or management agent of your housing development.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."