



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

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

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 or ITIN are not required for agency deferred loans (except MARIF), HTC, HOME or NHTF program eligibility

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

- Has any member of your household been evicted from any type of housing in the last 3 years? ☐ YES ☐ NO
- Do you certify this will be your only place of residence? ☐ YES ☐ NO
- 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.
- Have any household member(s) (check that apply):
☐ Been Homeless ☐ Lived in Public Housing
☐ Fled Housing Due to Violence ☐ None
- 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 paperCurrent address: _____
Street Address City State Zip Code

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

Owner/Manager: _____
Name/Company Phone # EmailIs this a family member/friend? ☐ YES ☐ NODo 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 # EmailWas this a family member/friend? ☐ YES ☐ NO

ELIGIBILITY AND HOUSEHOLD INFORMATION

6. Primary Language: _____ Do you require an interpreter? ☐ YES ☐ NO7. 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 ☐ NO10. 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, including minor dependents, 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 2 months of current, consecutive paystubs for each job

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) less than 120 days old dated 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 are you currently receiving benefits in:
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 less than 120 days old dated 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 on)
If YES, please explain: _____
29. **Any other income source not listed above**..... ☐ YES ☐ NO
If YES, please explain: _____
30. **Does any adult household member have zero income?** ☐ YES ☐ NO
If YES, household member name(s): _____

ASSET DECLARATIONS

31. **Has anyone in the household 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. **Disposal/Sale of assets for less than Fair Market Value**
I/We hereby certify that I/We ☐ HAVE ☐ HAVE NOT sold or given away any assets for **less than Fair Market Value** 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 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?

All information is subject to verification of asset types/balances/potential income (i.e., earned interest or dividends) through supporting documentation

Asset Type		Household Member	Asset Source or Financial Institution	Balance/ Cash Value
34. Checking Account(s)	☐ YES ☐ NO			\$
				\$
				\$
35. Savings Account(s)	☐ YES ☐ NO			\$
				\$
				\$
36. Certificate of Deposits (CDs), Money Market Accounts, or Mutual Funds	☐ YES ☐ NO			\$
				\$
				\$
37. Reloadable Prepaid Cash-Debit Card(s) (i.e., Direct Express, ReliaCard, EBT (Cash Only))	☐ YES ☐ NO			\$
				\$
				\$
38. Peer-to-Peer Applications (i.e., CashApp, PayPal, Venmo, ApplePay, etc.)	☐ YES ☐ NO			\$
				\$
				\$
39. Whole Life or Universal Life Insurance (Do NOT include Term Life Policies)	☐ YES ☐ NO			\$
				\$
				\$
40. Annuity <u>NOT</u> part of a retirement account	☐ YES ☐ NO			\$
				\$
				\$
41. Investment Accounts	☐ YES ☐ NO			\$
				\$
				\$
42. Stocks, Bonds, Securities or Treasury Bills (i.e., Robinhood, Coinbase, Savings Bonds, etc.)	☐ YES ☐ NO			\$
				\$
				\$
43. Crowd Funding Account (i.e., GoFundMe, Kickstarter, etc.)	☐ YES ☐ NO			\$
				\$
				\$
44. Trust Funds(s) (Do NOT include Irrevocable Trusts or Trusts not owned/controlled by a household member)	☐ YES ☐ NO			\$
				\$
				\$
45. Crypto Currency (i.e., Bitcoin, Altcoins, Crypto Coins, etc.)	☐ YES ☐ NO			\$
				\$
				\$
46. Non-necessary personal property (i.e., RV's, ATV's, boats, campers, etc.)	☐ YES ☐ NO			\$
				\$
				\$
47. Cash on Hand	☐ YES ☐ NO			\$
				\$
				\$
48. Other Assets NOT Listed Above (list)	☐ YES ☐ NO			\$
				\$
				\$
TOTAL DECLARED ASSET BALANCE				\$



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, school status, and medical expense information indicated to management on the application for occupancy and discovered through HUD approved systems, to be verified by the owner or management company that are necessary for the recertification 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.

PENALITIES 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:

_____ <i>Applicant Printed Name</i>	_____ <i>Applicant Signature</i>	_____ <i>Date</i>
--	-------------------------------------	----------------------

_____ <i>Applicant Printed Name</i>	_____ <i>Applicant Signature</i>	_____ <i>Date</i>
--	-------------------------------------	----------------------

_____ <i>Applicant Printed Name</i>	_____ <i>Applicant Signature</i>	_____ <i>Date</i>
--	-------------------------------------	----------------------

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

ANNUAL STUDENT CERTIFICATION

Office Use Only

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: _____

Property Name: _____

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) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be 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. 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 |
| 2. 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 |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> 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 |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was 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 C is checked and 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)

ANNUAL STUDENT CERTIFICATION – HOME Program

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

Instructions: Each applicant for or household member in a HOME-assisted unit who is age 18-23 (or under 18 and treated as Head, Co-head, or Spouse) must complete, sign and date an Annual Student Certification at move-in and then annually during the HOME Affordability Period.

Applicant/Tenant Information

Applicant/Tenant Name: _____

Property Name: _____

Unit #: _____

You have applied for or currently reside in a rental housing unit located in a development that received financing under the U.S. Department of Housing and Urban Development (HUD) HOME Investment Partnership Program (HOME Program). The HOME Program requires that we verify all of your income and assets, as well as other claims of eligibility, including student eligibility. Even if your household is income-eligible, you are not eligible to reside in a HOME-assisted unit if you are enrolled either part-time or full-time in an institution of higher education and do not meet at least one eligibility exception in Part B, C or D. Supporting documentation may be required. Institutions of higher education include accredited post-secondary vocational or community colleges, colleges or universities, or any other accredited for-profit or nonprofit institution of higher education that prepares students for gainful employment in a recognized occupation.

PART A: STUDENT STATUS

I am enrolled or planning to enroll in an institution of higher education.

☐ Yes ☐ No

If you checked "No"  Skip Parts B, C and D but complete Part E. If you checked "Yes," complete Part B.

PART B: ELIGIBLE STUDENT

I live or will live with my parent(s) or legal guardian in this unit.

☐ Yes ☐ No

If you checked "Yes"  Skip Parts C and D but complete Part E. If you checked "No," complete Part C.

PART C: ELIGIBLE INDEPENDENT STUDENT (supporting documentation is required)

Section 1:

1. I have established a separate household from my parent(s)/legal guardian for at least one full year. ☐ Yes ☐ No

2. My parent(s)/legal guardian claimed me as a dependent on their most recent tax return. ☐ Yes ☐ No

If you checked "Yes" to #1 and "No" to #2  Skip Section 2 and Part D but complete Part E. Otherwise, complete Section 2.

Section 2:

1. I will be age 24 by December 31 of this year. ☐ Yes ☐ No

2. I am legally married. ☐ Yes ☐ No

3. I am a graduate or professional student (*working on a master's or doctorate degree such as M.A., M.B.A., Ph.D.*) ☐ Yes ☐ No

4. I am a veteran of the U.S. Armed Forces or am on active duty for other than training purposes. ☐ Yes ☐ No

5. I am disabled and receiving Section 8 assistance since 11/30/2005 ☐ Yes ☐ No

6. I have a legal dependent (child or parent). ☐ Yes ☐ No
7. I was an orphan, in foster care, or a dependent/ward of the court after age 12. ☐ Yes ☐ No
8. I am homeless or self-supporting but at risk of being homeless. This can be verified by:
- ☐ My high school or district homeless liaison
- ☐ The director or an emergency shelter or transitional housing program funded by HUD
- ☐ The director of a runaway or homeless youth basic center or transitional living program

If you checked "Yes" to any statement in Section 2, . Skip Part D but Complete Part E. Otherwise, complete Part D.

PART D: ELIGIBLE DEPENDENT STUDENT

I am income eligible for Section 8 assistance, and my parents are income eligible for Section 8 assistance. ☐ Yes ☐ No

If you checked "Yes," your parent's income must also be verified. Complete Part E.

If you checked "No," . Do not complete Part E; you are not eligible to live in a HOME-assisted unit.

PART E: CERTIFICATION AND SIGNATURE

Under penalty of perjury, I certify that the information presented in this certification is true and accurate. I agree to notify management immediately of any change in my student status or if I no longer meet at least one exception. I understand that providing false or misleading information constitutes an act of fraud and may result in the termination of my lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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”):

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.

- 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.
- 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):
 - ☐ 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.

- 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 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