

## 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 contract.

## **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): \$ =1 month rent
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  
7900 W. 78<sup>th</sup> Street, #400  
Edina, MN 55439  
(888) 389-4023  
[www.rentalhistoryreports.com](http://www.rentalhistoryreports.com)

Rent Grow  
400 5<sup>th</sup> Avenue, Suite 120  
Waltham, MA 02451-8706  
(800) 898-1351  
[www.rentgrow.com](http://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](http://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.

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date

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Guarantor Signature

---

Date





**LLOYD**  
MANAGEMENT

Lloyd Management  
135 West Lind Street  
P.O. Box 1000  
Mankato, MN 56002-1000

Phone: (507) 625-5573  
Toll Free: (888) 625-5573  
Fax: (507) 388-8452  
lloydmanagement.com

## Thank you for your interest in applying to live at a Lloyd Management property.

In order to get you in your new home as soon as possible it is very important that you read and follow the guidelines listed below. These standards adhere to government regulations.

The information that you are providing will be kept confidential by the Owner and/or Management Agent, with the exception to prove qualification. Please review each item carefully and provide the requested information truthfully and to the best of your knowledge. Giving false information may subject you to criminal penalties.

**INCOMPLETE APPLICATIONS WILL BE RETURNED!** Government regulations require that you submit specific documents before you can move in. If you do not have the required documents, please immediately begin the process of obtaining them. **We will begin to process your application without these documents, but you will not be able to move in until the documents are obtained for all household members.**

## SUBMISSION CHECKLIST

Place a check mark next to the completed items.

- ☐ Complete this entire form by answering ALL questions. If a question does not apply to your household, please write n/a or not applicable in the space provided.
- ☐ Include complete addresses and/or contact information where requested on the application.
- ☐ If you make any changes or corrections to your information, draw a single line through the error, make the correction, and initial and date the change. Whiteout is NOT accepted!
- ☐ Each adult household member (age 18 or older) must sign and date on all signature lines. Your application will be returned if this step is not completed.
- ☐ If you don't understand something on the application, please ask.
- ☐ Provide a copy of photo IDs for all household members (age 18 or older).
- ☐ Proofs of income and assets noted throughout the application are attached.



**LLOYD**  
MANAGEMENT

Restoration Glen

1730 Restoration Glen SW

Ph # 507-951-5235

## 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<br>First MI Last | Relationship to<br>Head | Date of Birth | Gender Identity<br>Female (F)   Male (M)<br>Other/Non-Binary (O/NB)<br>Decline (D)                             | Social Security (SSN)<br>or Individual Taxpayer<br>Identification Number<br>(ITIN)* |
|---------------------------------------------|-------------------------|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|                                             | Head of<br>Household    |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> D |                                                                                     |
|                                             |                         |               | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O/NB <input type="checkbox"/> 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 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 # 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                                             |
|-----------------|-----|------------------------|--------------------------------------------------------------------------|
|                 |     |                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
|                 |     |                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
|                 |     |                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
|                 |     |                        | <input type="checkbox"/> Full Time<br><input type="checkbox"/> 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)                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 35. Savings Account(s)                                                                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 36. Certificate of Deposits (CDs), Money Market Accounts, or Mutual Funds                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 37. Reloadable Prepaid Cash-Debit Card(s) (i.e., Direct Express, ReliaCard, EBT (Cash Only))                | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 38. Peer-to-Peer Applications (i.e., CashApp, PayPal, Venmo, ApplePay, etc.)                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 39. Whole Life or Universal Life Insurance (Do NOT include Term Life Policies)                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 40. Annuity <u>NOT</u> part of a retirement account                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 41. Investment Accounts                                                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 42. Stocks, Bonds, Securities or Treasury Bills (i.e., Robinhood, Coinbase, Savings Bonds, etc.)            | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 43. Crowd Funding Account (i.e., GoFundMe, Kickstarter, etc.)                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 44. Trust Funds(s) (Do NOT include Irrevocable Trusts or Trusts not owned/controlled by a household member) | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 45. Crypto Currency (i.e., Bitcoin, Altcoins, Crypto Coins, etc.)                                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 46. Non-necessary personal property (i.e., RV's, ATV's, boats, campers, etc.)                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 47. Cash on Hand                                                                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
|                                                                                                             |                                                          |                  |                                       | \$                  |
| 48. Other Assets NOT Listed Above (list)                                                                    | <input type="checkbox"/> YES <input type="checkbox"/> 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.

|                    |                 |                    |                 |
|--------------------|-----------------|--------------------|-----------------|
| _____<br>Signature | _____<br>(Date) | _____<br>Signature | _____<br>(Date) |
| _____<br>Signature | _____<br>(Date) | _____<br>Signature | _____<br>(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”):

|                  |
|------------------|
| Restoration Glen |
|------------------|

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