APPLICATION AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

APPLICANT SCREENING CRITERIA

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

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

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

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

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

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

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

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

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

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

DISCLOSURES

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

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

3. Fees Due. Your rental application will not be processed until we receive your completed rental application (and the completed rental application of all co-applicants, if applicable) and the following fees:
   a. Application fee (may or may not be refundable): $__0__ (per adult)
   b. Application deposit (may or may not be refundable): $=1 month total tenant 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	Rent Grow
7900 W. 78th Street, #400	400 5th Avenue, Suite 120
Edina, MN 55439	Waltham, MA 02451-8706
(888) 389-4023	(800) 898-1351
www.rentalhistoryreports.com	www.rentgrow.com

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

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

AUTHORIZATION AND ACKNOWLEDGEMENT

AUTHORIZATION

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

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

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

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

ACKNOWLEDGEMENT

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

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

LLOYD MANAGEMENT

Sunrise Plaza
600 S. 5th street
Le Sueur, MN 56058
Phone # 507-479-3219

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

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

HOUSEHOLD MEMBERS

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

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

CONTACT INFORMATION

Applicant Email: _____ Applicant Phone #: _____

Alternate Email: _____ Alternate Phone #: _____

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

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

HOUSING HISTORY DISCLOSURE

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

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

3. Are you or any member of your household currently receiving Rental Assistance? ..... ☐ YES ☐ NO
(i.e., Section 8 Housing Assistance Payments, Rural Development Rental Assistance, Housing Choice Voucher, etc.)
If YES, I understand that, according to my current lease, I must provide the required written notice to the agent currently managing the property where I live.

4. Has any household member(s) (check that apply): ☐ Been Homeless ☐ Fled Housing Due to Violence ☐ Lived in Public Housing ☐ Required to register as a Sex Offender

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

CURRENT HOUSING INFORMATION

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

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

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

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

Do all adult household members live at this address? ..... ☐ YES ☐ NO
If NO, include additional adult household's current address and contact information on a separate piece of paper
Please list all states each adult has lived in: _____

PREVIOUS HOUSING INFORMATION

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

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

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

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

ELIGIBILITY AND HOUSEHOLD INFORMATION

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

STUDENT STATUS

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

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

INCOME

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

12. Employment/Wages..... ☐ YES ☐ NO
*If YES, complete the following **AND** include 4 to 6 current, consecutive paystubs for each place of employment*

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

13. Unemployment Benefits or Severance Pay..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include a copy of the past 12 months of benefit payments)

14. Social Security Benefits, Disability or Death Benefits..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include a copy of current award letter(s) dated within the last 120 days by the Social Security Administration)

15. Cash Assistance Benefits (DWP, GA, MFIP, MSA, TANF – Do *NOT* include Food Support or Medical Assistance) ..... ☐ YES ☐ NO
If YES, household member name(s): _____
County in which you are currently receiving benefits: _____

16. Court Ordered Child Support or Alimony (answer YES even if it is NOT being received)..... ☐ YES ☐ NO
*If YES, household member name(s): _____ (Include a copy of the past 12 months of child support payments received) **This CANNOT be a ReliaCard or bank account statement.***

17. Non-Court Ordered Child Support or Alimony..... ☐ YES ☐ NO
(Paid directly from the other parent(s)/spouse, not through the county or state child support system)
If YES, Name of Payor: _____ Address: _____
Phone: _____ Email: _____

18. Regular Contributions from someone outside the household..... ☐ YES ☐ NO
(Monetary contributions including payments made on your behalf such as rent, utilities, phone bill, etc.)
If YES, Name of Contributor: _____Address: _____
Phone: _____ Email: _____

19. Self-Employment/Independent Contractor/Business Income..... ☐ YES ☐ NO
(Uber/Lyft, truck driver, delivery services such as InstaCart/Door Dash, Online Content Creation, Etsy Shop, etc.)
If YES, household member name(s): _____ Date Started/Business Open: _____
Type of Self-Employment/Independent Contract/Business: _____

20. Regular payments from a pension or retirement plan (PERA, Railroad, etc.)..... ☐ YES ☐ NO
If YES, household member name(s): _____
Company Information:_____

21. Regular payments from an annuity, trust or insurance policy..... ☐ YES ☐ NO
If YES, household member name(s): _____
Company Information:_____

22. Veteran's Administration Benefits..... ☐ YES ☐ NO
If YES, household member name(s): _____
(Include a copy of current award letter dated within the last 120 days by the Veteran's Administration)

INCOME CONTINUED

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

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

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

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

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

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

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

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

ASSET DECLARATIONS

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

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

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

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

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

EQUAL HOUSING

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

ASSETS

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

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

Household Member Name	*Institution Name & Full Address*

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

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

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

Household Member Name	*Name of Application*

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

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

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

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

41. Crowd Funding Account (GoFundMe, Kickstarter, Indiegogo, etc.)..... ☐ YES ☐ NO

If YES, household member name(s): _____

Website(s): _____

ASSETS CONTINUED

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

43. Crypto Currency (Bitcoin, Altcoins, Crypto coins, etc.)..... ☐ YES ☐ NO
If YES, household member name(s): _____
Currency Type: _____ *(Include current account statement)*

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

Household Member	Asset Type	Cash Value
		$
		$

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

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

DEDUCTIONS

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

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

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

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

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

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

52. Have any adult household member(s) been diagnosed as disabled by a physician or an approved agency such as the Social Security Administration?..... ☐ YES ☐ NO*
If YES, household member name(s): _____
If diagnosed disabled by the SSA, please check this box ☐
Physician Name & Contact Information: _____
_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

65. Other Out-of-Pocket Medical Expenses NOT Listed Above ☐ YES ☐ NO

If YES, household member name(s): _____

Explain: _____

AUTHORIZATION TO RELEASE INFORMATION

By signing below, I/we am/are certifying that I/we have completed this questionnaire and that the information that I/we have provided is completed and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at the property, be ineligible for housing assistance benefits, and may be subject to criminal penalties.

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

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

PENALITES FOR MISUING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected is based on the verification form and is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an application/recertification or participant may be subject to a misdemeanor and fined no more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the office or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

I/we hereby authorize the release of the requested information. Information obtained under this content is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 (five) years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I/We understand and agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED BELOW:

_____	_____	_____
Applicant Printed Name	*Applicant Signature*	*Date*
_____	_____	_____
Applicant Printed Name	*Applicant Signature*	*Date*
_____	_____	_____
Applicant Printed Name	*Applicant Signature*	*Date*

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

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

_____

Assistance was provided by: _____ _____ _____

Printed Name/Signature | Relationship to Applicant | Date

Government Data Practices Act Disclosure Statement

Instructions: Print the names of each household member signing this form.	

Minnesota Housing Finance Agency ("Minnesota Housing") is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property ("Property"):

Sunrise Plaza

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974 and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property ("Owner") may also ask you to supply information that relates to your application. The Owner's request for information is not governed by the Minnesota Government Data Practices Act.

1. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low- and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.
2. As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an "X" (<u>all</u> checked boxes apply):

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

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

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

   NOTE: Each attachment has two parts: Part A and Part B.
3. The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal

rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.
6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and its contractors and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to, law enforcement agencies, courts, and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the Property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head, and all household members age 18 or older must sign below:

Applicant/Tenant Signature _____ Date _____

Applicant/Tenant Signature _____ Date _____

Applicant/Tenant Signature _____ Date _____

Applicant/Tenant Signature _____ Date _____

Attachment 1

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

Part A

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

Part B

1. Race
2. Ethnicity
3. Gender

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet describing the necessary verifications**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
4. **Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
US Dept of Housing & Urban Development 212 3rd Avenue South, Ste. 150 Minneapolis, MN 55401	Lloyd Management 135 West Lind Street Mankato, MN 56001	Minnesota Housing 400 Wabasha Street, Ste. 400; St. Paul, MN 55102

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:
HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   • HUD's requirements concerning the release of information, and
   • Other customer protections.
2. Sign on the last page that:
   • you have read this form, or
   • the Owner or a third party of your choice has explained it to you, and
   • you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

_____

Name of Project Owner or his/her representative

Management Agent

Title

_____

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

LLOYD MANAGEMENT

MAIN OFFICE – MANKATO
135 West Lind Street
P.O. Box 1000
Mankato, MN 56002-1000

CITIZENSHIP DECLARATION FORM

Completed this Declaration for each member of the household listed on the Family Summary Sheet.

LAST NAME: _____

FIRST NAME: _____ **MIDDLE NAME:** _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ **SEX:** _____ **DOB:**_____

SOCIAL SECURITY NO: _____ **ALIEN REGISTRATION NO:** _____

ADMISSION NO: _____if applicable (This is an 11-digit number found on DHS Form I-94)

NATIONALITY: _____ (enter the foreign nation or country which you owe legal allegiance. This is not always the country of birth).

SAVE VERIFICATION NO: _____
(*To be entered by owner if/when received*)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block 1, 2, or 3.

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(print or type first name, middle initial, last name)

☐ **1. A citizen or national of the United State of America**
If you checked this block, no further information is required. Sign and date below and return to the name and address specified in the attached notification letter. If this beck is check on behalf of a child, the adult who will reside in the assisted united and who is responsible for the child should sign and date below.

_____ _____ check if adult signed for a child ☐
Signature Date

Return this form to: _____

Lloyd Management does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, it's federally assisted programs and activities.

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☐ **2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below.**
NOTE: If you check block 2 and you are 62 years of age or older, you only need to submit a proof of age document together with this form and signature below **OR** if you check block 2 and you are less than 62 years of age, you should submit the following documents:

☐ a. Verification Consent Form **AND**
☐ b. One of the following documents

1. Form I-551, "Permanent Resident Card"
2. Form I-94, "Arrival-Departure Record" with one of the following annotations;

a. "Admitted as Refugee Pursuant to Section 207"
b. "Section 208" or "Asylum"
c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
d. "Paroled Pursuant to Section 212(d)(5) of the INA"

3. If Form I-94, Arrival Departure Record, is not annotated, it must be accompanied by one of the following documents:

a. A final court decision granting asylum (but only if no appeal is taken);
b. A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990);
c. A court decision granting withholding of deportation; or
d. A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register**.

If this box is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is check on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____ check if adult signed for a child ☐
Signature Date

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____ check if adult signed for a child ☐
Signature Date

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**
If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attention notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below

_____ _____ check if adult signed for a child ☐
Signature Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Sunrise Plaza	092EH151	600 S. 5th St.
Name of Property	**Project No.**	**Address of Property**

Lloyd Management	Section 8
Name of Owner/Managing Agent	**Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.