



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, 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 after your Application is approved. If you or any co-applicant fails to sign as required, we may keep the application deposit 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 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. **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.
7. **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.
8. **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.
9. **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 ID. 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 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 three 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 five (5) years is a basis for denial of an application.

Criminal History. Applicants who have criminal convictions may be denied. Any crimes 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.

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.

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): _____ (per adult)
 - b. Application deposit (may or may not be refundable): _____
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, the tenant screening service that we use is the following:

**Rental History Reports
7900 W. 78th Street, #400
Edina, MN 55439
(888) 389-4023**

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

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).
- Provide a copy of age verification for all household members, for example, birth certificate or driver's license.
- Provide a copy of Social Security Cards for all household members.
- Proofs of income and assets noted throughout the application are attached.
- SECURITY DEPOSIT & APPLICATION FEE: A security deposit of \$500 and an application fee of \$25 PER ADULT is required to start processing your application. These must be paid using separate checks or money orders and written out to Cokato Parkview.





LLOYD MANAGEMENT

OFFICE USE ONLY	
Unit Size Requested	_____
Unit Number	_____
Targeted Move-In Date	_____
Date Received	_____
Time Received	_____

APPLICATION FOR OCCUPANCY

Incomplete applications will be returned

APPLICANT INFORMATION

Applicant Name (Head of Household): _____
First Middle Last

Address: _____
Street Address City State Zip

Social Security Number: _____ Date of Birth: _____ [] Male [] Female [] Decline

Applicant Phone #: _____ Applicant Email: _____

Alternate Phone #: _____ Alternate Email: _____

Emergency Contact: _____
Name (Someone outside your household) Phone Email

Primary Language: _____ Do you require an interpreter? [] Yes [] No

How did you hear about this housing? [] Online [] Newspaper [] Local Agency [] Drive By [] Resident Referral [] Other

What is the combined gross monthly income of all household members? \$ _____

ADDITIONAL HOUSEHOLD MEMBERS

List All Other Household Members			Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
First	MI	Last				
					[] M [] F [] Decline	
					[] M [] F [] Decline	
					[] M [] F [] Decline	
					[] M [] F [] Decline	
					[] M [] F [] Decline	
					[] M [] F [] Decline	

CURRENT HOUSING STATUS

How long have you lived at your current address? From: _____ To: _____ Is this family or a friend? [] Yes [] No

Name of Owner/Manager: _____ Phone #: _____ Email: _____

Address: _____

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.



PREVIOUS HOUSING STATUS

Your previous address: _____

How long did you live at your previous address? From: _____ To: _____ Is this family or a friend? Yes No

Name of Owner/Manager: _____ Phone #: _____ Email: _____

Address: _____

List every state in which each household member has lived: _____

ELIGIBILITY INFORMATION

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either Yes or No in response to each question. All questions must be answered; for those questions that do not apply, you are required to indicate so by answering "not applicable" or "n/a".

1. Do you certify that this will be your only place of residence?..... Yes No
2. Are you or any member of your household currently receiving Rental Assistance?..... Yes No
 I am currently receiving housing assistance in another complex. 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.
3. Have you or any member of your household ever been evicted from any type of housing?..... Yes No
4. Have any household members: Been Homeless Lived in Public Housing Fled Housing Due to Violence None
5. Are you or any member of your household a veteran?..... Yes No
6. Have you or any member of your household ever been convicted of a felony? Yes No
7. Are you, or any member of the household, subject to a lifetime sex offender registration in any state?..... Yes No
 If YES, which household member: _____
8. Is at least one member of your household a US citizen or eligible immigrant?..... Yes No
9. Are ANY members of your household currently or expected to be a student within the next 12 months?..... Yes No
 If YES, then list all household members (including children) who are or will be students:

Student Name	Age	School Name & City	Full/Part Time (Check One)	Financial Aid (Check One)
_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD INFORMATION

10. Is there someone not listed on this application who would normally be living in the household?..... Yes No
 If YES, please explain: _____



HOUSEHOLD INFORMATION (cont.)

- 11. Do you have a live-in care attendant? [] Yes [] No
- 12. Do you expect the following change(s) to your household? [] Yes [] No
If YES, baby due on _____ OR, expected adoption/custody change on _____ OR, additional adult expected on _____.
Date *Date* *Date*
- 13. Do you wish to have priority for a handicap accessible unit with special design features? [] Yes [] No
- 14. Do you have a pet?..... [] Yes [] No

INCOME

Do you or any household members, including minor children, currently receive or expect to receive income from the following?

- 15. Employment [] Yes [] No
If YES, complete the following *and include 4 to 6 current, consecutive pay stubs for each place of employment.*

Household Member Name	Employer Name, Full Address, & Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

- 16. Unemployment Benefits or Severance Pay [] Yes [] No
If YES, household member name: _____ *and include a copy of your 12-month benefit payment history.*

- 17. Social Security Benefits, Disability, or Death Benefits [] Yes [] No
If YES, household member name: _____ *and include a copy of a current award letter less than 120 days old.*
The letter must be dated by the SS Administration.

- 18. Cash Benefits from the County (Do not include food or medical support) [] Yes [] No
If YES, household member name: _____ If YES, County contact info: _____

- 19. Court Ordered Child Support or Alimony (answer yes even if it is NOT being received)..... [] Yes [] No
If YES, household member name: _____ *and include a printout showing payments received in last 12 months.*
This cannot be a ReliaCard or bank account printout.

- 20. Non-Court Ordered Child Support or Alimony (paid directly from other parent, not through county/state)..... [] Yes [] No
If YES, Name of Payee: _____ Address: _____
Phone: _____ Email: _____

- 21. Regular Contributions from someone outside the household (including rent, utilities, groceries, cell phone, etc.)..... [] Yes [] No
If YES, contact person: _____ Address & Phone: _____

- 22. Self-Employment/Business Owner (Uber/Lyft, truck driver, delivery services such as InstaCart, DoorDash, etc.) [] Yes [] No
If YES, household member name: _____ Date business opened: _____

- 23. Regular payments from a pension or retirement plan (PERA, Railroad, etc.) [] Yes [] No
If YES, household member name: _____ Company Information: _____

- 24. Regular payments from an annuity, trust, or insurance policy [] Yes [] No
If YES, household member name: _____ Company Information: _____



INCOME (cont.)

25. Veteran's Administration Benefits..... [] Yes [] No

If YES, household member name: _____ and include a copy of a current award letter less than 120 days old.
The letter must be dated by the Veterans Administration.

26. Military pay (including allowances)..... [] Yes [] No

If YES, household member name: _____ and include 4 to 6 current, consecutive pay stubs.

27. Worker's Compensation [] Yes [] No

If YES, household member name: _____ and include 4 to 6 current, consecutive pay stubs.

28. Student Financial Aid in excess of tuition (from public or private sources; do not include student loans) [] Yes [] No

If YES, household member name: _____ Name of School: _____

29. Any other source not listed above [] Yes [] No

If YES, please specify: _____

30. Does any adult member of your household have zero income?..... [] Yes [] No

If YES, household member name: _____

ASSETS

Do you or any household member, including minor children, have any of the following assets?

31. Checking, Savings, Certificate of Deposit, Money Market, or other bank accounts [] Yes [] No

If YES, complete the following for each account:

Household Member Name	Institution Name & Full Address
_____	_____
_____	_____
_____	_____
_____	_____

32. Retirement accounts (IRA, Annuity, 401k account, 403b account, or Keogh account, etc.) [] Yes [] No

If YES, complete the following for each account:

Household Member Name	Institution Name & Full Address
_____	_____
_____	_____
_____	_____
_____	_____

33. Cash Cards (typically used to receive pay from employment or government benefits)..... [] Yes [] No

If YES, complete the following for each card and provide a recent statement or a copy of the card and a receipt showing the current balance.

Household Member Name	Name of the Card (i.e. Direct Express, NetSpend, ReliaCard, EBT, etc)
_____	_____
_____	_____
_____	_____
_____	_____



ASSETS (cont.)

34. Pension..... [] Yes [] No

If YES, household member name: _____ Agency: _____

35. Stocks, Bonds, Securities or Treasury bills..... [] Yes [] No

If YES, household member name: _____ Agency: _____

36. Trust fund [] Yes [] No

If YES, household member name: _____ Agency: _____

37. Whole life or Universal life insurance policy..... [] Yes [] No

If YES, household member name: _____ Agency: _____

38. Real Estate or Contract for deed..... [] Yes [] No

If YES, household member name: _____ Address: _____

39. Any other assets not listed above [] Yes [] No

If YES, household member name: _____ Specify: _____

40. Have you sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period prior to the date of your application? [] Yes [] No

MISCELLANEOUS

41. Do you have primary custody of your children?..... [] Yes [] No

42. Do you currently pay for childcare services for any children under the age of 13 residing in your household?..... [] Yes [] No

If YES, child's name: _____ Provider Contact Information: _____

43. Do you currently pay for childcare services for any children under the age of 13 that you have custody of but are not living in your household?..... [] Yes [] No

If YES, child's name: _____ Provider Contact Information: _____

44. Do you currently pay for a Care Attendant or any equipment for a disabled member of the household? [] Yes [] No

If YES, household member name: _____

45. Are any household members over the age of 62? [] Yes [] No*

If YES, household member name: _____

46. Have any adult household members been diagnosed as disabled by a physician? [] Yes [] No*

If YES, household member name: _____

***If you answered NO to questions 45 AND 46, please skip to page 7.**

DEDUCTIONS (Available to those applicants 62+ or Disabled ONLY)

Do you currently pay **OUT-OF-POCKET** for any medical expenses?..... [] Yes [] No

If YES, please complete the following questions. If NO, please skip to page 7.

47. Medicare..... [] Yes [] No

If YES, household member name: _____

48. Medical insurance premiums..... [] Yes [] No



If YES, household member name: _____ Provider Name: _____

Provider Address: _____

49. Services of doctors or other health care professionals or facilities..... [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

50. Prescription medications that have been prescribed by a physician [] Yes [] No

If YES, household member name: _____ Pharmacy Name: _____

Pharmacy Address: _____

51. Over the counter medications that have been prescribed by a physician to treat a condition [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

If YES, include copies of receipts to receive this deduction.

52. Transportation to/from treatment..... [] Yes [] No

If YES, household member name: _____ *and include your mileage log to receive this deduction.*

53. Dental expenses..... [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

54. Eye care [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

55. Hearing aids/batteries [] Yes [] No

If YES, household member name: _____ *and include copies of receipts to receive this deduction.*

56. Live-in or periodic medical assistance such as nursing services..... [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

57. Costs for an assistance animal and its upkeep [] Yes [] No

If YES, household member name: _____ *and include copies of receipts to receive this deduction.*

58. Long-Term Care Insurance premiums..... [] Yes [] No

If YES, household member name: _____ Provider Name: _____

Provider Address: _____

59. Other [] Yes [] No

If YES, household member name: _____ Specify: _____





Lloyd Management, Inc.
135 West Lind Street
P.O. Box 1000
Mankato, MN 56001-1000

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

AUTHORIZATION FOR RELEASE OF 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 complete and true to the best of my/our knowledge. I/We understand that by providing false information, I/we may be denied housing at this property and may be subject to criminal penalties. By signing this form I/we agree to have all of my/our income, assets, school statuses, and medical expense information verified by the owner or management company that are necessary for the certification process.

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

I/We hereby authorize the Minnesota Bureau of Criminal Apprehension or other such entity, if checks are conducted outside the state of Minnesota, to disclose all criminal history record information to Lloyd Management or to RHR Information Services, acting on behalf of Lloyd Management, Inc., for the purposes of determining my suitability for tenancy. In accordance with the Fair Credit Reporting Act, I/we also authorize the release of any and all credit information for the same purpose.

The information obtained will only be used for determining eligibility and will be kept confidential and not released outside of this scope.

PENALTIES FOR MISUSING 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 based on this verification form 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 or participant may be subject to a misdemeanor and fined not 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 officer 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 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/Resident Signature</i>	<i>Date</i>	<i>Social Security Number</i>
_____	_____	_____
<i>Applicant/Resident Signature</i>	<i>Date</i>	<i>Social Security Number</i>
_____	_____	_____
<i>Applicant/Resident Signature</i>	<i>Date</i>	<i>Social Security Number</i>

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

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

The applicant required assistance in completing the Household Questionnaire due to: _____
Assistance was provided by: (Print): _____ (Sign): _____ Date: _____
Email _____ Phone: _____



**Minnesota Housing Finance Agency
GOVERNMENT DATA PRACTICES ACT
DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	

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

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

1. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Other information may be used to assist Minnesota Housing in the evaluation and management of some of the programs it operates.

2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an “X” (all checked boxes apply):

- | | |
|--|---|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, 202 & 811

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

Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.

5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.

6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.

7. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

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

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

Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____
Applicant/Tenant Signature _____	Date _____

Attachment 2
Housing Tax Credit and Section 1602

Part A

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status of household members and, where applicable, evidence that student household meets section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status

Attachment 4
Minnesota Housing Deferred Loan Programs
(Other than MARIF or HOPWA)

Part A

1. Household composition including number of adults, number of children and legal name of the head of household
2. Gross Annual Household Income
3. Current and/or previous housing history (for program eligibility, if applicable)

Part B

1. Date of birth of the head of household
2. Race
3. Ethnicity
4. Gender
5. Social Security Number or Alien Registration
6. Disabled or handicapped status
7. Main Source of Household Income

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

Race / Ethnicity Info

Head	Co-Head	Dependent #1
(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
Dependent #2	Dependent #3	Dependent #4
(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic	(Print Name) <input type="checkbox"/> Non – Hispanic <input type="checkbox"/> Hispanic
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

Signature of Head of Household

Date



Wage Match Notice to Tenants

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

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

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

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

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

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

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

