



**LLOYD**  
MANAGEMENT

135 West Lind Street  
Mankato, Minnesota 56001  
Toll Free: (888) 625-5573  
Online: [lloydmanagement.com](http://lloydmanagement.com)

## **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. 78<sup>th</sup> 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](http://www.corr.state.mn.us).



## AUTHORIZATION AND ACKNOWLEDGEMENT

### AUTHORIZATION

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

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

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

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

### ACKNOWLEDGEMENT

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

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date

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Applicant Signature

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Date

---

Guarantor Signature

---

Date





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P.O. Box 1000  
Mankato, MN 56002-1000

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Fax: (507) 388-8452  
lloydmanagement.com

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

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

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

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

### SUBMISSION CHECKLIST

Place a check mark next to the completed items.

- ☐ Complete this entire form by answering ALL questions. If a question does not apply to your household, please write n/a or not applicable in the space provided.
- ☐ Include complete addresses and/or contact information where requested on the application.
- ☐ If you make any changes or corrections to your information, draw a single line through the error, make the correction, and initial and date the change. Whiteout is NOT accepted!
- ☐ Each adult household member (age 18 or older) must sign and date on all signature lines. Your application will be returned if this step is not completed.
- ☐ If you don't understand something on the application, please ask.
- ☐ Provide a copy of photo IDs for all household members (age 18 or older).
- ☐ Proofs of income and assets noted throughout the application are attached.
- ☐ **SECURITY DEPOSIT:** A security deposit equal to \$500 is required to start processing your application. We can accept checks or money orders written out to Eagle Ridge Townhomes.
- ☐ **APPLICATION FEE:** A \$35 application fee PER adult is required to start processing your application. We can accept checks or money orders written out to Eagle Ridge Townhomes. This must be a separate payment from the security deposit payment.





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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 <i>First MI Last</i>	Relationship to Head	Date of Birth	Male/Female/ Decline to Answer	Social Security Number
_____	_____	_____	[ ] 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. Is at least one member of your household a US citizen or eligible immigrant?..... ☐ Yes ☐ No

8. 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

9. Is there someone not listed on this application who would normally be living in the household?..... ☐ Yes ☐ No

If YES, please explain: \_\_\_\_\_

10. Do you have a live-in care attendant? ..... ☐ Yes ☐ No

## HOUSEHOLD INFORMATION (cont.)

11. 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

12. Do you wish to have priority for a handicap accessible unit with special design features? ..... [ ] Yes [ ] No

13. Do you have a pet?..... [ ] Yes [ ] No

14. 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: \_\_\_\_\_

## 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.

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 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: \_\_\_\_\_

## INCOME (cont.)

24. Regular payments from an annuity, trust, or insurance policy ..... [ ] Yes [ ] No

If YES, household member name: \_\_\_\_\_ Company Information: \_\_\_\_\_

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
_____	_____
_____	_____
_____	_____
_____	_____

## ASSETS (cont.)

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)

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



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## 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, 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:

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Applicant/Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

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: \_\_\_\_\_





# ANNUAL STUDENT CERTIFICATION

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)


This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Property Name: \_\_\_\_\_ Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked,  no further information is needed. Sign and date below.*
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- |   |     |    |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)   | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)   | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)  | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated,  the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

<b>Instructions:</b> Print the names of each household member signing this form.	

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

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

- Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low- and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.
- As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an “X” (all checked boxes apply):
  - ☐ Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811
  - ☐ Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.
  - ☐ Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

**NOTE:** Each attachment has two parts: Part A and Part B.

- The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal

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

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

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

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

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

## **Attachment 2**

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

#### **Part A**

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

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

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

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

#### **HOME also requires (where applicable):**

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

#### **MARIF also requires:**

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

#### **Part B**

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

### **Attachment 3**

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

##### **Part A**

1. Household composition including number of adults, number of children, and legal name of the head of household
2. Gross annual household income
3. Current and/or previous housing history (for program eligibility, if applicable)
4. Dates of birth of all household members (for program eligibility, if applicable)

##### **Part B**

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