

GENERAL INFORMATION FOR APPLICANTS

The Partnership to Supply Affordable Housing manages properties that are governed under the IRS Section 42 Tax Credit Housing Program. This program is designed for low to moderate income families. It differs from subsidized housing as the rent is not based on income, but each applicant must qualify under certain income limits. Some applicants are given priority for certain buildings based on the needs of the project.

Minnesota Housing Finance Agency (MHFA) monitors these programs and requires the attached application. Each applicant must fill out this application to determine eligibility for the program.

*Once the application is received, the verification process is started. We calculate the income of all the persons who will live in the rental property. Applicants exceeding the income limit guidelines **DO NOT QUALIFY** to move-in. Applicants may also be disqualified for things such as too little income, providing false or misleading information, poor references, bad credit, and a criminal background. If we do not have any units available at the time of application, your name will be placed on a waiting list. If there are available units, it may take two weeks to process the application. **WE DO NOT HAVE EMERGENCY HOUSING!***

The initial rental period varies from six months to one year. Only those listed on the application are permitted to live in the apartment unless other arrangements are made with the Management.

The income limits differ from building to building. The following are a range of income limits used:

<i>FAMILY SIZE</i>	<i>ANNUAL ALLOWABLE INCOME</i>
<i>1</i>	<i>\$11,580 - 23,150</i>
<i>2</i>	<i>\$13,230 - 26,460</i>
<i>3</i>	<i>\$14,880 - 29,760</i>
<i>4</i>	<i>\$16,530 - 33,060</i>
<i>5</i>	<i>\$17,850 - 35,700</i>
<i>6</i>	<i>\$19,170 - 38,340</i>

The application must be filled out completely, if not it will be denied. Mail the application to: PSAH, P.O. BOX 977, DETROIT LAKES, MN 56502. If you have any questions, please call Laura at 218-847-5641 or 888-847-7404.

<input type="checkbox"/> Initial <input type="checkbox"/> Recertification	HOUSING TAX CREDIT ELIGIBILITY APPLICATION	_____ Move-in Date \$ _____ Rent Amount
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Property Name _____

Address _____ Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign and date this application. A household comprised entirely of students will be required to complete a Student Verification, if not otherwise qualified.

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	WILL THIS PERSON BE A STUDENT IN THE NEXT 12 MONTHS? YES/NO	SOCIAL SECURITY NUMBER
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

HOUSEHOLD INCOME INFORMATION

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. All information must be verified. Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE
(check either YES or NO to each item, as applicable, and include gross monthly amount):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions)	\$
		2. Does any member work for someone who pays them in cash or has self-employment income	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA)	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Child support (check yes if you have a court order, even if you are receiving less than the full amount awarded)	\$
		8. Alimony/Spousal Maintenance	\$
		9. Social Security income (including unearned income of minor children)	\$
		10. Disability benefits including social security disability	\$
		11. Regular payments from pensions (PERA, railroad, etc.)	\$
		12. Regular payments from retirement benefits	\$
		13. Death Benefits	\$
		14. Regular payments from annuities or life insurance dividends	\$
		15. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		16. Net income from rental property	\$
		17. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
		18. Other (list) _____	\$
		19. Other (list) _____	\$

I/We hereby certify that I/we

Have Have not

<input type="checkbox"/>	<input type="checkbox"/>
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sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Household Member	Asset & Estimated Market Value	Date sold/disclosed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

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. Add an explanation below for all items checked YES.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Will any household member, including children, live in the unit on a less than full time basis?
- Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
- Does any adult member of the household have zero income?
- Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
- Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments?

Explanation:

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

All household members age 18 or older (and under age 18 if head, spouse, or co-head of household) must sign and date below:

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE YOU TO FURNISH THE INFORMATION REQUESTED TO THE PARTNERSHIP TO SUPPLY AFFORDABLE HOUSING, P.O. BOX 977, DETROIT LAKES, MN 56502 FOR THE PUPOSE OF DETERMINING MY ELIGIBILITY FOR PARTICIPATION IN THE SECTION 42 HOUSING TAX CREDIT PROGRAM. I UNDERSTAND THAT THE INFORMATION IS CONFIDENTIAL AND WILL BE USED ONLY IN DETERMINING PROGRAM ELIGIBILITY AND THAT I HAVE THE RIGHT TO RECIND THIS AUTHORIZATION IN WRITING AT ANY TIME, BUT TO DO SO MAY AFFECT MY ELIGIBILITY FOR PROGRAM PARTICIPATION.

I UNDERSTAND THAT, DEPENDING ON PROGRAM POLICIES AND REQUIREMENTS, PREVIOUS OR CURRENT INFORMATION REGARDING ME OR MY HOUSEHOLD MAY BE REQUESTED, INCLUDING BUT NOT LIMITED TO:

Identity and Marital Status
Medical or Child Care Allowance
Residences and Rental Activity

Employment, Income and Assets
Credit and Criminal Activity

I UNDERSTAND THAT THIS AUTHORIZATION CANNOT BE USED TO OBTAIN ANY INFORMATION ABOUT ME THAT IS NOT PERTINENT TO MY ELIGIBILITY AND CONTINUE PARTICIPATION IN THE SECTION 42 HOUSING PROGRAM.

THE GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO RELEASE THE ABOVE INFORMATION (DEPENDING ON PROGRAM REQUIREMENTS) INCLUDE BUT ARE NOT LIMITED TO:

Previous Landlords
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
Banks and Financial Institutions
Medical and Child Care Providers
Retirement Systems
Support and Alimony Providers

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Crisis Centers & Cap Agencies
Veterans Administration
Law Enforcement Agencies
Utility Companies

I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THIS AUTHORIZATION WILL STAY IN EFFECT FOR AS LONG AS I REMAIN AND APPLICANT/RESIDENT.

Head of Household

Date

Spouse/Adult member

Date

To Supply Affordable Housing

AUTHORIZATION FOR RELEASE OF INFORMATION TO RHR INFORMATION SERVICES, INC. (RHR)

I, _____
 Last Name, First, Middle Social Security # Date of Birth

I, _____
 Last Name, First, Middle Social Security # Date of Birth

Authorize RHR Information Services, Inc. (RHR) to do a complete investigation of all information provided with this application: I (we) have personally filled in and/or reviewed all information listed on the application. I (we) understand failure to complete this form completely and truthfully may result in denial and/or forfeit of any deposit. A complete investigation may include any or all of the following: Credit report, Verification of employment and income, criminal record search, rental history references (including MPHA) and personal interviews with above references. I/we understand that I/we have a right to make a written request within 30 days to receive information pertaining to this report if I/we are not accepted based on information contained in the report. I authorize RHR to provide to the credit grantor Federal and State records of employment and income history, including State Employment Security Agency records. This authorization is for this transaction only and continues for (1) year unless limited by State Law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My(our) signature(s) below authorizes all companies listed on my application, to release rental payment information, job history information and criminal record information.

Signature _____ Date _____

Signature _____ Date _____

Name: _____

Phone Number _____

Current Address: _____

I have lived at this address since: _____ Rent \$ _____

The name of the property owner is: _____

The property owner resides at: _____

The property owner's phone number is: _____

My utility suppliers are: (Electric Company Name/Address): _____

(Fuel Supplier Name/Address): _____

Before this, I resided at (insert address): _____

I resided at this location from _____ until _____

The name of the property owner is: _____

The property owner resides at: _____

The property owner's phone number is: _____

My utility suppliers were: (Electric Company Name/Address): _____

(Fuel Supplier Name/Address): _____

Before this, I resided at (insert address): _____

I resided at this location from _____ until _____

The name of the property owner is: _____

The property owner resides at: _____

The property owner's phone number is: _____

My utility suppliers were: (Electric Company Name/Address): _____

(Fuel Supplier Name/Address): _____

Personal References:

Employer: _____
(Full name of supervisor) (Name of Company)

(Street Address or Post Office Box)

(City/State/Zip Code)

(Telephone Number)

Credit: _____
(Company Name)

(Street Address or Post Office Box)

(City/State/Zip Code)

(Telephone Number)

Neighbor: _____
(Name)

(Street Address or Post Office Box)

(City/State/Zip Code)

(Telephone Number)

Other: Relationship: _____

(Name)

(Street Address or Post Office Box)

(City/State/Zip Code)

(Telephone Number)