



Rental Application Section 8

Initial Date/Time Rec'd
Recertification

Project Name Pine Villa Apartments

Address 321 1st Street NE, Menahga MN 56464 Unit # # of Bedrooms

Manager or Representative:

Applicant's Home Tel.# Applicant's Work Tel. # Emergency Contact Name Tel.#

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.

Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".

HOUSEHOLD COMPOSITION

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 this application.

Table with 4 columns: Member's Full Name, Relationship, Date of Birth, Social Security #

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household: White, Black, Asian/Pacific Islander, American Indian/Native American
Ethnicity of Head of Household: Hispanic, Non Hispanic
Are you a Non-Citizen Student: Yes, No
Are you a United States Citizen?: Yes, No
If no, are you a Non-Citizen with eligible alien status? Yes, No

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

CURRENT HOUSING STATUS

Address City State Zip

Name of Landlord: Phone #:

Landlord's Address:

How long have you resided at your current address: From To:

Previous Housing
If less than 3 years provide additional information on an additional sheet.

Address City State Zip

Name of Landlord: Phone #:

Landlord's Address:

How long have you resided at your current address: From To:

HOUSEHOLD EMPLOYMENT INFORMATION
(Use additional sheets if necessary)

Household Member's Employer _____ Phone #: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Household Member's Employer _____ Phone #: _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Position _____ Supervisor _____

Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

HOUSEHOLD INCOME INFORMATION
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:

	Yes	No	Monthly Amount
1 Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9 Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10 Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11 Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12 Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13 Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14 Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15 Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16 Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17 Are any benefits deposited into a Direct Express Debit Card account? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
23 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
24 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

HOUSEHOLD ASSETS
(All information will be verified)

DO YOU HAVE MONEY HELD IN	Yes	No	Current Balance			Yes	No	Current Balance
1 Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$	9	401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$
2 Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$	10	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3 Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$	11	Certification of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$
4 Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$	12	Pension/retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
5 Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$	13	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
6 Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$	14	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
7 Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$	15	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$
8 Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$	16	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$

* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17 Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$
18 Do you hold a contract for deed? Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
19 What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$
20 _____	<input type="checkbox"/>	<input type="checkbox"/>	\$

List below all items from above that were checked "YES"

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number of company, financial institution or source

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/We hereby certify that I/we have _____ have not _____ sold or disposed of 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 are identified below.

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

HOUSEHOLD ALLOWANCE INFORMATION
(All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:	Yes	No	Amount
1 Child care, which enables you or another household member to work, go to school or to seek employment? Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Outstanding medical bills on which you are currently paying>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. **Write** either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- _____ 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?
- _____ Do you or anyone else in your household qualify for housing because of a handicap or disability?
- _____ Will anyone else live in the unit on either a full-time or part-time basis?
- _____ Do you have sole legal and physical custody of your children? If no explain: _____
- _____ Are you now living or have you lived in a government-subsidized development? If yes, when: _____
- _____ Name of Development: _____
- _____ Address: _____ State: _____ Zip Code: _____
- _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: _____
- _____ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- _____ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- _____ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- _____ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- _____ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- _____ Have you or any member of your household ever used different names from the names given in this application?
- _____ Have you or any member of your household ever used social security numbers different from those listed in this application?
- _____ Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones?

Explanation: _____
How did you hear of this housing development? _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may makeme/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: _____ Date: _____
Applicant's Signature: _____ Date: _____

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, the PHA and any owner (or any employee of HUD the PHA 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 willfully requests, obtains or discloses any information under false pretenses concerning an applicant 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, the PHA 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 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

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

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

LANDLORD REFERENCES

List ALL places you have lived in the past (10) years

*** If you do not have Landlord References please provide a written Personal AND Professional Reference Letter***

Current Address: _____

City, State, Zip: _____

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

The name of the property owner is: _____ Related _____ Y _____ N

Address: _____

City, State, Zip: _____

The property owner's phone number is: _____

The property owner's fax number is: _____

The property owner's email address is: _____

Before this, I resided at: _____

City, State, Zip: _____

I resided at this location from: _____ until _____ Rent \$ _____

The name of the property owner is: _____ Related _____ Y _____ N

Address: _____

City, State, Zip: _____

The property owner's phone number is: _____

The property owner's fax number is: _____

The property owner's email address is: _____

Before this, I resided at: _____

City, State, Zip: _____

I resided at this location from: _____ until _____ Rent \$ _____

The name of the property owner is: _____ Related _____ Y _____ N

The name of the property owner is: _____ Related _____ Y _____ N

Address: _____

City, State, Zip: _____

The property owner's phone number is: _____

The property owner's fax number is: _____

The property owner's email address is: _____

USE REVERSE SIDE OR ATTACH A SEPARATE SHEET FOR
ADDITIONAL INFORMATION.

Midwest Minnesota Community Development Corporation
119 Graystone Plaza, Suite 100
Detroit Lakes, MN 56501

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 _____

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

MMCDC – Housing

*ADDRESS OF PERSON OR ORGANIZATION:

119 Graystone Plaza
Suite 100

Detroit Lakes, MN 56501

*I want this information released because:

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date _____ to date _____
5. My Medicare entitlement from date _____ to date _____
6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

Medica Part D amount if any _____

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____ *Date: _____

*Address: _____

Relationship (if not the subject of the record): _____ *Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)