

CHECK PHOTO ID SOCIAL SECURITY NUMBER VERIFIED

RURAL DEVELOPMENT RENTAL APPLICATION

MMCDC Housing, 119 Graystone Plaza, Suite 100, Detroit Lakes, MN 56501

PROPERTY NAME Zephyr Estates		STATE Minnesota	PROPERTY NO.
DATE RECEIVED	TIME RECEIVED	MANAGER INITIAL	BEDROOM SIZE ELIGIBLE FOR <input type="checkbox"/> RD/TAX CREDIT <input type="checkbox"/>
		APT. NO. / RENT AMOUNT	

LEASE TERM	APPLICANT TYPE <input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> FOREIGN APPLICANT <input type="checkbox"/> TRANSFER <input type="checkbox"/> CO-SIGNER
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PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.

IF BEING ADDED TO A CURRENT HOUSEHOLD, PLEASE LIST CURRENT RESIDENT'S NAME HERE				
HEAD OF HOUSEHOLD LEGAL NAME (Last, First, Middle Initial)		E-MAIL	PHONE NUMBER	
PREVIOUS NAMES, ALIASES OR NICKNAMES USED				
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
CURRENTLY <input type="checkbox"/> RENT OWN OR RENTAL AGREEMENT	DATES OF RESIDENCY	REASON FOR MOVING		
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP		
LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT:				
PLEASE PRINT FULL LEGAL NAME (Last, First Middle Initial)				
APPLICANT'S FULL NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
CO-HEAD (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE



NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	IS HOUSEHOLD MEMBER A STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	BIRTHDATE
DOES ANYONE IN HOUSEHOLD REQUEST A HANDICAP/DISABILITY ADJUSTMENT TO INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES ANYONE IN HOUSEHOLD, WHO IS NOT APPLICANT OR CO-APPLICANT AND IS 18 YEARS OF AGE OR OLDER REQUEST A FULL-TIME STUDENT ADJUSTMENT TO INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED					
CITIES, COUNTIES & STATES YOU HAVE LIVED IN THE PAST 7 YEARS					
HAS ANYONE LISTED ABOVE EVER BEEN EVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? WHERE?					
HAS ANYONE LISTED ABOVE EVER BEEN CONVICTED, PLED GUILTY OR NO-CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? WHERE? COUNTY/STATE?					
DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD OR RD ASSISTED UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER LIVED IN HUD OR FmHA PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?					
DO YOU HAVE ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY TYPE AND NUMBER?					
DOES ANYONE REQUEST AN ADJUSTMENT TO INCOME DUE TO PAYMENT OF CHILD CARE WHICH ENABLES THEM TO WORK OR FURTHER THEIR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EXPECTED ANNUAL EXPENSE \$	IF YES, PLEASE GIVE NAME, ADDRESS & PHONE # OF CHILD CARE PROVIDER				
AUTOMOBILE 1:			AUTOMOBILE 2:		
MAKE/MODEL	YEAR	LICENSE #	MAKE/MODEL	YEAR	LICENSE #

PERSONAL REFERENCES:
(3 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

EMERGENCY CONTACT/PERSON TO CONTACT IN THE EVENT OF MY DEATH	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

MARKET SOURCE:

<input type="checkbox"/> Rent.com	<input type="checkbox"/> Mynewplace.com	<input type="checkbox"/> Housing Authority Referral	<input type="checkbox"/> Apartment Guide
<input type="checkbox"/> Move.com	<input type="checkbox"/> Property website	<input type="checkbox"/> Locater Service	<input type="checkbox"/> Craigslist.org
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> For Rent/Forrent.com	<input type="checkbox"/> Current Resident referral
<input type="checkbox"/> Housingconnections.org	<input type="checkbox"/> Banners/Signs/Flyers	<input type="checkbox"/> Apartment	
	<input type="checkbox"/> Previous Resident referral	<input type="checkbox"/> Drive by	Finder/Apartmentfinder.com
			<input type="checkbox"/> Apartments.com

SOURCES OF INCOME:



List all income sources. This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you.

FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME (Last, First, Middle Initial)	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address of sources)	ANNUAL GROSS INCOME \$

ASSET INFORMATION:

BANK	ACCOUNT #	STOCKS/BONDS	SAVINGS	CHECKING	TRUST	IRA	CA	MONEY MARKET	BALANCE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
BANK	ACCOUNT #	STOCKS/BONDS	SAVINGS	CHECKING	TRUST	IRA	CA	MONEY MARKET	BALANCE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE CASH VALUE \$ _____ POLICY # _____		REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY: _____ LOCATION _____							
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE OF PROPERTY/ASSETS: _____									APP. MKT. VALUE: DATE SOLD/DISPOSED OF: _____
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT? _____									

PLEASE COMPLETE-ANTICIPATED MEDICAL EXPENSE(S) FOR THE NEXT 12 MONTHS:

(Doctor, Dentist, Optometrist, Hospital, Prescriptions, Insurance Premiums, OTC Medications or Supplies, etc.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$

Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information on your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the



Federal Fair Credit Reporting Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager.

I hereby give the owner/owner's representative (the "Landlord") the authority to investigate and obtain my credit rating, my current and past rental records, my employment history, any sources of income to my household, my current/past utility records, and any information necessary to determine my eligibility. The information obtained will be used for management purposes only and will be held in confidence. Due to changes in circumstances additional information may be requested at a later date to complete the processing of this application. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives management CONSENT to verify the information contained in this application.

FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING DENIED OR EVICTION AFTER TENANCY. Applicant and/or Co-Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

WARNING: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or use any false writing or document knowing the same to contain any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined or imprisoned not more than five years, or both."

I/We acknowledge that I must keep management informed of my continued interest at least every 60 days.

(Applicant's Signature)

Date

(Co-Applicant's Signature)

Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE (Circle all that apply) White Black or African American American Indian/Alaska Native Asian
Native Hawaiian or Other Pacific Islander

GENDER: Male Female



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

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

I, _____
Last Nam, 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 _____

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.