



Date Received: _____

MARKET RATE APPLICATION

DO NOT LEAVE BLANK – Leaving this section blank may affect our ability to contact you about any available properties.

Name: _____ Phone # _____

Email: _____

Current Address: _____

Property/Town interested in: _____

Unit Size interested in: Studio 1 Bedroom 2 Bedroom 3 Bedroom

Where did you hear about us? Newspaper On-Line Other _____

GENERAL INFORMATION FOR APPLICANTS

Once the application is received, if we do not have a unit available, we will place your name on a waiting list. If we have a unit available, all complete applications will be considered. **Incomplete applications will be declined.** Tenant selection is based, at a minimum, on the following criteria: income eligibility, landlord references, credit and criminal history. For our full tenant selection criteria list please contact us.

A \$30 nonrefundable application fee is required for each adult to cover the cost associated with the eligibility review, and will be due when we start processing your application. We will contact you at that time at the number you provide. **Do not send an application fee with this application.**

All of our properties currently have a no pet policy.

This application must be filled in completely or it will be denied. Also, any false or misleading information will result in your Application being denied.

RETURN OPTIONS:

Mail or Drop off: MMCDC 119 Graystone Plaza Suite 100, Detroit Lakes MN 56501

Fax to: 218-844-6345

E-mail to: info@mmcdc.com

See www.mmcdc.com for complete apartment listings. If you have any questions, please call the office at 218.847.5641 or 888.847.7404.

Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or cohead of household must disclose income and assets and sign and date this application.**

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE :

YES NO

Gross Monthly Amount

1. INCOME: Wages, salaries (include overtime, tips, bonuses, commissions, etc.) SS, SSI, CHILD SUPPORT ECT . \$

LIST INCOME SOURCE, CONTACT NAME, PHONE NUMBER, EMAIL and ADDRESS:

2. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason? \$

IF YES EXPLAIN WHAT CHANGES:

3. OTHER: \$

IF YES EXPLAIN:

Household Assets			
YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
<input type="checkbox"/>	<input type="checkbox"/>	4. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	5. Savings Accounts (include cash cards used to receive government benefits or other income)	\$

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. 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"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any pets/animals?

Explanation:

SIGNATURES

I/we certify 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 on this form 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.

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

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ **Date:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize you to furnish the information requested to Midwest Minnesota Community Development Corporation (MMCDC) located at 119 Graystone Plaza, Suite 100 Detroit Lakes, MN 56501 for the purpose 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 rescind 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	Employment, Income and Assets
Medical or Child Care Allowance	Credit and Criminal Activity
Residences and Rental 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	Past and Present Employers
Public Housing Agencies	Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	Social Security Administration
Banks and Financial Institutions	Crisis Centers & Cap Agencies
Medical and Child Care Providers	Veterans Administration
Retirement Systems	Law Enforcement Agencies
Support and Alimony Providers	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 Signature

Date

Spouse/Adult member Signature

Date

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 _____

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.