



24707 County RD 75
St. Augusta, MN. 56301
Phone: 320.259.0393
Fax: 320.259.9590
www.cmhp.net

APPLICATION MAILED

DATE: _____

Please include with your completed application the following for prompt consideration:

Separate money orders made out to the building you're applying for:

- One money order for \$39 for each adult applying (background check fee)
- One money order for \$500 for security deposit

This will take the unit off the market while we process your application and hold it in your name. If your application is denied your deposit will be returned to you via mail.

You need to make 2x (times) the rent amount to be income qualified for the unit

- If you are employed: last 6 consecutive pay stubs
- If you are self-employed: previous year's tax form 1040 and Schedule C
- If you are unemployed: year-to-date print-out of payments
- If you receive alimony/child support: year-to-date print-out of payments
- If you receive SS/SSI: current benefit verification letter
- If you have a cash card(s): balance inquiry from ATM showing ending balance
- If you have other assets: current (within 120 days) statement showing balances, interest rates, etc.

If your application is not completed in full, it will be returned for completion and your unit will not be held until we receive the completed paperwork.

All applications must be mailed to CMHP or dropped off at our office in St. Augusta. Applications submitted by email or fax will not be accepted.

If you have any questions, please contact CMHP at 320-259-0393 .

Property: _____

Email: _____

Phone: _____

**Please print
application
single sided.**



24707 County RD 75
St. Augusta, MN. 56301
Phone: 320.259.0393
Fax: 320.259.9590
www.cmhp.net

Dear Applicant,

Please complete and return the enclosed application.

Please include the following for prompt consideration:

Two (2) separate **MONEY ORDERS** made out to **THE PROPERTY YOU ARE APPLYING FOR** along with **YOUR NAME** as follows:

- One **MONEY ORDER** in the amount of \$39.00 for each adult applying (background check fee)
- One **MONEY ORDER** in the amount of \$500.00 for the performance/security deposit

IF YOU ARE APPLYING TO THE WAITING LIST YOU DO NOT NEED TO SEND MONIES AT THIS TIME

If a unit is still available upon receipt of your completed application and funds listed above, it will be assigned to you while we process your application. We will then contact you to start the process and get additional information, as necessary.

- Applicant agrees that if for any reason he/she is unable to accept the occupancy applied for, the security deposit stated herein will not be refunded.
- If your application is denied, your security deposit will be returned to you via mail.

- ******Time is of the essence.** If the unit is no longer available upon receipt of your application and funds, we will add you to our wait list and return your MONEY ORDERS. *(Please note, if you add your name to the money order for example Property along with YOUR NAME, you will be able to cash in your money order. If you do not write the Property along with YOUR NAME, it is a lengthy process to cash in the money order).*
- ****If the application is received by CMHP without funds you will be added to the wait list and the available unit will be offered to another applicant.
- **** If you return the application and include personal checks, the personal checks will be returned to you via mail. At that time, you will be added to the wait list and the available unit will be offered to another applicant.
- **** If your application is received incomplete it will be returned to you and you WILL NOT be assigned to a unit nor go on the wait list until a completed application and/or funds are received.



I understand the property is smoke free and pet free. (Please check box)



I FULLY UNDERSTAND the above statements and agree by signing below.

A copy will be mailed to the address provided.

NAME _____

Address _____

City _____

State _____

ZIP _____

If you have any questions, please contact Central Minnesota Housing Partnership, Inc., at 320.259.0393.

Applicant _____

CO-Applicant _____

Date _____

Application Fee Received \$ _____

Security Deposit Received \$ _____

Central Minnesota Housing Partnership

A MINNESOTA
NONPROFIT CORPORATION

Date



MN TDD 711
EQUAL OPPORTUNITY EMPLOYER

SECURITY DEPOSIT INFORMATION - - THIS IS NOT A LEASE AGREEMENT.

Applicant (hereinafter referred to as Tenant), acquires no rights to the apartment applied for until Owner has notified Tenant in writing or verbally of Owner's acceptance of the application, and an Apartment occupancy Agreement has been signed by both Tenant and Owner, and Tenant has paid one full month's rent in advance. Owner will refund the deposits stated above together with accumulated interest at the rate set by Minnesota State law to Tenant within three (3) weeks after the proper termination of the Standard Apartment Lease Agreement, and receipt of Tenant's forwarding mailing address, or delivery instructions, subject to the following provisions:

I, (We), understand that the security deposit is security against and for damages, the condition in which the resident leaves the vacated unit and fulfillment of ALL lease obligations. A full two (2) calendar month written notice of Tenant's intention to terminate is given prior to expiration date. This vacating notice must be given before the first day of the second month prior to vacating, regardless of the number of days in the month. Apartment must be vacated by 12:00 noon the last day of the month. Full return of your security deposit may be expected if the following conditions are met:

1. Completion of all terms of lease;
2. All damages are paid in full;
3. That there is no damage to the apartment beyond normal wear and tear;
4. It is understood that dirt is not normal wear & tear;
5. Entire apartment, including range, refrigerator, bathroom, closets, cupboards, and garage are clean and refrigerator is defrosted;
6. The refrigerator is left on, and set on low;
7. Carpet is restored to same condition as when accepted by you;
8. That all debris has been removed from apartment;
9. Contact paper is not permitted;
10. All keys and garage door openers are returned;
11. Gummed or stick-on picture hangers are not permitted;
12. No Permanently attached fixtures, i.e. curtain rods, lighting fixtures, door locks, carpeting, etc., are removed from the premises;
13. Additional charges will be made for costs of repairs where screw anchors are used in walls and/or ceiling;
14. If any service work is required, and the Lessor has not been notified, which results in permanent damage to the apartment, the damage will be charged to you.

It is the Lessor's desire to make full security deposit refunds. Cooperation between the Lessee and the Lessor will make your stay more enjoyable and create a pleasant termination upon your departure. It is to be understood, however, that in the event any violation of the above items occurs and damages exceed the security deposit, you will be expected to pay any additional amounts remaining over the security deposit together with any attorney, and court fees that might be incurred in enforcing the same.

In the event of the occurrence of either of the following, Landlord shall retain the full Security Deposit as partial liquidated damages.

1. **Tenant is evicted for cause.**
2. **Tenant fails to vacate the premises on the date and time of expiration as stated in the Standard Apartment Lease**

Agreement or any other written Agreement.

Tenant shall not withhold any portion of the last month's rent as a means of recovering the performance/security Deposit. Minnesota Statute 504.21 Sub. 7(1), states in part "No tenant may withhold payment of all or any portion of rent for the last payment period of a residential rental agreement on the grounds that the deposit should serve as payment of the rent." The law provides penalties if the tenant wrongfully withholds rental payments.

Property:_____ Bldg/Unit #:_____ Applicant Name:_____

Tenant Screening Criteria Pg 1 of 2 Rev. 03.14.22

Upon receipt of a COMPLETED application and payment of the required background check fee, agent will screen the applicant considering the following factors:

1. Demonstrated ability to pay rent on time.
2. References from former landlords. All prospective residents must provide previous landlords' contact information if known. Failure to provide may prevent an application from being processed by the background check company.
3. Credit references. Credit checks will be used in addition to rent payment history. Lack of a credit history – as opposed to poor credit history – is not sufficient justification to reject an applicant.
4. The applicant was/is able to fulfill obligations and comply with all terms of the previous/current rental agreement.
5. All prospective residents are required to have a criminal background check completed and approved before signing a rental lease. The approval of the criminal background check consists of a record without a felony that are from CRIMES AGAINST ANOTHER conviction.
6. Special cases will be reviewed by the agent on a case-by-case basis during the appeal process.

Applicants that are approved will have:

1. No felony convictions for crimes against another, to include distribution of narcotics, assault, sex offenders, etc.
2. Two years of positive verifiable rental history. If not, the applicant will be requested to pre-pay last month's rent and or additional security deposit
3. Income of at least 2 times the monthly rent for the unit (if applicant receives rental assistance – that may be counted towards income)

Applicants are notified as to their status with each receiving a written or verbal notice detailing selection, rejection or waiting list placement. Reasons for rejection may include:

- a. A record of unfavorable past performance of nonpayment of rightful obligations, including rent and utilities without a payment plan in place.
- b. A record of destruction of property.
- c. A history of criminal activity involving crimes of physical violence to persons, animals, or property, or a record of other criminal acts which may endanger the health, safety, or welfare of other residents.
- d. The applicant was/is unable to fulfill obligations and comply with all terms of the previous/current lease/rental agreement.
- e. Applicant's household characteristics are not appropriate for the size or type of units that are available. The current occupancy guideline is no more than 2 people per bedroom.
- f. The applicant has a history of activities that would be injurious to the reputation of the property or health and safety of current residents.
- g. The applicant purposely falsified, misrepresented or withheld information or submitted inaccurate and/or incomplete information on any application.

Tenant Screening Criteria Pg 2 of 2 Rev. 2.14.2022

- h. The applicant refuses to comply with housing program requirements, policies and/or procedures (i.e. failure to sign and submit relevant forms, consents, releases, etc.).
- i. The applicant's total household gross income exceeds the income guidelines mandated by the housing program requirements.

Upon selection, each tenant is given a welcome letter with pre-move-in orientation items such as mailing address, unit designation, management procedures, etc. At the time of occupancy, each Tenant along with a staff person inspects the apartment.

Appeal Process

Applicants who have received a denial for housing can appeal the decision. The appeal must be made in writing within seven (7) days of the denial. The appeal letter should indicate why they are requesting the appeal and identify any reason why the decision should be overturned. All appeals go to the Director of Property Management of Central Minnesota Housing Partnership, Inc. and will be reviewed with the tenant file. If needed, the Director of Property Management will contact the applicant with any questions. A final decision will be made in writing within seven (7) business days to the applicant with a copy of the letter placed in the applicant's file.

CMHP
24707 County Road 75
St. Augusta, MN. 56301

Rental History Reports
7900 W 78th St, Suite 400
Edina, MN 55439

I have read and understand that the above criteria will be used to determine my eligibility for residency.

Applicant

Date

Applicant

Date

Central Minnesota Housing Partnership, Inc.

Rental History Reports

Property Name: _____
RHR Account #: _____

701 5th Street South, Hopkins, MN 55343
Phone (952) 545-3953 - www.RentalHistoryReports.com

Applicant	Last Name		First Name		Middle		Social Security #		Birth Date	
Spouse										

Addresses	Apt #	From / To	City	State	Zip	Caretaker (Phone #)
Current			/			()
Previous			/			()
Previous			/			()

Employer / Address, City, State, Zip	Position	From / To	Contact	Phone #	Salary
Current			/	()	
Applicant Previous or Spouse Current			/	()	

Account Reference	Applicant's Phone #	Drivers License	State
Bank Name	Residence ()	(App.) License #	
Account #	Work ()	(Spouse) License #	

Additional Information	Party to Notify In Emergency	Name	/	Address	/	Phone #
Names of occupants						
Pets:	Nearest Friend					
Have You Ever:	Refused to Pay Rent When Due:	Yes / No	Filed for Bankruptcy:	Yes / No	Been Evicted:	Yes / No

Signed Release	APPLICANT SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
I/We Authorize Rental History Reports (RHR) to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information listed above. I understand failure to complete this form completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MHPA) and Personal Interviews with above references. I/We 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 above listed companies to release rental, job history (including salary) and criminal record information.				

Central Minnesota Housing Partnership, Inc.

Rental History Reports

Property Name: _____
 RHR Account #: _____

701 5th Street South, Hopkins, MN 55343
 Phone (952) 545-3953 - www.RentalHistoryReports.com

Applicant		Last Name		First Name		Middle		Social Security #		Birth Date	
Spouse											

Addresses	Apt #	From / To	City	State	Zip	Caretaker (Phone #)
Current		/				()
Previous		/				()
Previous		/				()

Employer / Address, City, State, Zip	Position	From / To	Contact	Phone #	Salary
Current		/		()	
Applicant Previous OR Spouse Current		/		()	

Account Reference	Applicant's Phone #	Drivers License
Bank Name	Residence ()	(App) License #
Account #	Work ()	(Spouse) License #

Additional Information	Party to Notify	Name	Address	Phone #
Names of occupants	In Emergency			
Pets:	Nearest Friend			
Have You Ever:	Refused to Pay Rent When Due:	Yes / No	Filed for Bankruptcy:	Yes / No
			Been Evicted:	Yes / No

Signed Release

I/We Authorize Rental History Reports (RHR) to do a complete investigation of all information provided above. I have personally filled in and/or reviewed all information listed above. I understand failure to complete this form completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MHPA) and Personal Interviews with above references. I/We 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 above listed companies to release rental, job history (including salary) and criminal record information.

APPLICANT SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
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Household Questionnaire

Certification Effective Date: ☐ Move-in (MI) _____ ☐ Annual Recert (AR) _____ ☐ Interim Recert (IR) _____ ☐ Resume subsidy (IC) _____ ☐ Other Cert/Add HH Member _____	Household qualifies for the following program(s): ☐ Section 8 ☐ Housing Tax Credit ☐ HOME ☐ NHTF ☐ Section 236 ☐ Section 811 ☐ MARIF ☐ Other _____	Date Application Rec'd: _____ Time Application Rec'd: _____ Rent Amount: \$ _____
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Property Name _____	Bldg/Unit # _____
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Household Composition

Applicants/residents, complete this questionnaire 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. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

	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 (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Disclosure of Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **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

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amt.
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Questionnaire

Disclosure of Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
☐	☐	21. Checking Accounts (6 month average balance)	\$
☐	☐	22. Savings Accounts	\$
☐	☐	23. Cash cards used to receive government benefits or other income	\$
☐	☐	24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc.	\$
☐	☐	25. US Savings Bonds	\$
☐	☐	26. Trusts*	\$
☐	☐	27. Securities	\$
☐	☐	28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
☐	☐	29. 401K*	\$
☐	☐	30. IRA/KEOGH Accounts	\$
☐	☐	31. Certificates of Deposit	\$
☐	☐	32. Pension/Retirement/Annuity.	\$
☐	☐	33. Money Market or Mutual Funds	\$
☐	☐	34. Treasury Bills	\$
☐	☐	35. Stocks	\$
☐	☐	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
☐	☐	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
☐	☐	38. Other (include cash on hand) _____	\$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO	Value
☐	☐	39. Do you now own a home or other real estate? If yes, list address(es): _____
☐	☐	40. Do you receive payments for a home you sold by contract for deed?
☐	☐	41. 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)?
☐	☐	42. Are any assets held jointly with another person (e.g., real estate, coin collections, etc.)? List person, asset(s) and percentage of ownership. _____

DO NOT LEAVE THIS SECTION BLANK.

From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

Household Questionnaire

Deductions and Allowances For Section 8/236 HUD programs only

A. Day Care

Amount

Do you have childcare expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?

☐ Yes

☐ No

\$ _____

If yes, name and address of provider _____

\$ _____ paid per month. Is any portion paid by another person or agency?

☐ Yes

☐ No

If yes, name and address of provider _____

Do you pay for a Care Attendant or other payment for a handicapped member of household necessary to permit someone else in the household to work?

☐ Yes

☐ No

\$ _____

If yes, name and address of provider _____

\$ _____ paid per month. Is any portion paid by another person or agency?

☐ Yes

☐ No

If yes, name and address of provider _____

B. Medical – Complete if the head of household, co-head of household, or spouse is 62 years old, handicapped or disabled.

Do you have Medicare?

☐ Yes

☐ No

\$ _____

Do you have any other kind of medical insurance?

☐ Yes

☐ No

\$ _____

If yes, name and address of insurer _____

Do you receive medical assistance? If yes, how much monthly \$ _____

☐ Yes

☐ No

\$ _____

Do you pay for prescription medication?

☐ Yes

☐ No

\$ _____

Name and address of pharmacy: _____

Do you have any non-prescription (over-the-counter) medication that your doctor requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?

☐ Yes

☐ No

\$ _____

Do you have any outstanding medical bills on which you are paying?

☐ Yes

☐ No

\$ _____

If yes, indicate the types of bills owed: _____

Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense: _____

☐ Yes

☐ No

\$ _____

Name and facility where this can be verified: _____

Doctor's name and address: _____

Please bring receipts for your non-prescription medication.

Household Questionnaire

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for **less than Fair Market Value** during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			\$ _____
			\$ _____

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	
☐	☐	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? If yes, name(s): _____
☐	☐	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 a unit which is accessible to persons with mobility, hearing or visual impairments?
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 _____
Head of household email address: _____	Phone: _____

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

Assistance was provided by: _____ Date: _____

Property Name:

Bldg-Unit #

Head of Household :

--	--	--

Yes No

A. Program Information

		Do you wish to have priority for a handicapped accessible unit with special features? If yes, explain: _____	
		Do you expect any additions to the household within the next twelve months? If yes, explain: Name: _____ addition date: _____	
		Is there anyone living with you now who won't be living with you at this property? If yes, please explain: _____	
		Do you have full custody of your child(ren)? If no, do you have the child(ren) at lease 50% of the year?	
		Are there any absent household members who under normal conditions would live with you? (for example, a household member away in the military.) Explain: _____	
		Does your household have or anticipate having any animals? If yes, what kind? _____	
		Have you or anyone else on this application filed for bankruptcy? _____ If yes, When? _____. Explain: _____	
		Have you or any one else on this application ever been convicted of a felony? _____ If yes, When? _____. Explain: _____	
		Are you or anyone else on this application currently a user of an illegal controlled substance?	
		Have you or any one else named on this application ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)? If yes, When? _____. Explain: _____	
		Have you or anyone else on this application successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?	
		Have you or anyone else on this application been convicted of property damage?	
		Have you or anyone else on this application been evicted from a rental unit of any type? If yes, explain: _____	
		Will you or any ADULT household member require a live-in care attendant to live independently? Name of attendant: _____ Relationship (if any): _____	
		Will your household be receiving Section 8 rental assistance at the time of move-in? Name of Agency: _____ Contact Person: _____	
		Are you now or will you become a part time or full time student prior to move-in? Name of College: _____ Circle one: <u>Full time or Part Time</u>	

How did you hear about this housing? _____

B. Other Information

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle.
Arrangements with management will be necessary for more than one vehicle).

Year	Make	Model	Color	Plate #	Registered To:

C. Certification

*I/We understand that I/We should take out a 'Renter's Insurance' policy to cover my/ our personal belongings, as they are not covered under the properties insurance, and the property shall not reimburse us for the loss of these items.

*I/We hereby certify that the unit applied for will be the household's permanent residence.

*I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location.

*I/We understand that I/We must pay a security deposit for this unit.

*I/We understand that my/our eligibility for housing will be based on MHFA income limits and tenant selection criteria.

*I/We certify that all information in this application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Tenant Signature

Date

Tenant Signature

Date

D. Authorization

I/We do hereby authorize Central Minnesota Housing Partnership, Inc. and it's staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by Central Minnesota Housing Partnership, Inc.

Tenant Signature

Date

Tenant Signature

Date

D. Acknowledgement

I/We do hereby acknowledge that Central Minnesota Housing Partnership, Inc. and it's staff or authorized representative has informed me of the availability of the handbook titled "Landlords and Tenants: Rights and Responsibilities from the Attorney General's office, and that I/We can obtain a copy of this publication by contacting the Minnesota Attorney General's Office at 445 Minnesota Street, Suite 1400 St. Paul, MN 55101 1-800-657-3787.

Tenant Signature

Date

Tenant Signature

Date

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)

Instructions: 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”):

The Views on 7th

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 1

For Units Assisted with Section 8, Section 236 Section 202, or Section 811

Part A

1. Household composition, legal name(s), age(s), and relationship to the head of household of all household members.
2. Applies to Section 8, Section 236, and Section 202 only: Declaration of citizenship or legal non-citizenship of all household members (does not apply to Section 811)
3. Social Security Number disclosure of all household members
4. Date of birth of all household members
5. Elderly, disabled, or handicapped status of affected members of your household (for program eligibility and/or program allowances)
6. Custody of minor children
7. Student status
8. Housing preferences by program or statute
9. Employment or unemployment status
10. Amount and source of all earned and unearned income of all household members
11. Type, value, and income derived from all household assets
12. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
13. Participation in self-sufficiency programs
14. Medical expenses (for program allowances)
15. Handicap assistance expenses (for program allowances)
16. Childcare expenses (for program allowances)
17. Need for reasonable accommodation for any member of the household
18. Need for assistive animal and/or devices
19. Credit and criminal history background data of all adult household members
20. Disclosure of the use, sale, distribution, or manufacture of illegal drugs of any adult household members
21. Disclosure of convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
22. Disclosure of convictions of a felony or misdemeanor (other than a traffic violation)
23. Disclosure of lifetime registration as a predatory sex offender of any adult household member
24. Disclosure of a pattern of alcohol abuse of any adult household member that would interfere with other tenants' rights
25. Disclosure of receipt of previously received government housing subsidy
26. Disclosure of termination of housing assistance for fraud, non-payment of rent or utilities, or failure to cooperate with recertification procedures
27. Current and previous residency

Part B

1. Race
2. Ethnicity
3. Gender

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