



Equal
Housing
Opportunity

OFFICE USE ONLY *Date/Time Received:*

APPLICATION FOR OCCUPANCY

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: **Stearns County H.R.A**
P.O. Box 484
Cold Spring, MN 56320

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____

Telephone: _____

List all persons who will live in the apartment. List head of household first.

Name	Relationship	DOB	Social Security No.	Sex
1. _____	Head	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

Is anyone in this household a full-time student? Yes _____ No _____ Name(s) _____

B. REFERENCE INFORMATION

Current Landlord: Name: _____
 Address: _____
 Telephone: _____

Previous Landlord(s): Name: _____
 Address: _____
 Telephone: _____

Non-related Personal References:

1. Name _____	Address _____	Telephone _____
2. Name _____	Address _____	Telephone _____
3. Name _____	Address _____	Telephone _____

Credit References:

1. Name _____	Address _____	Account No. _____
2. Name _____	Address _____	Account No. _____
3. Name _____	Address _____	Account No. _____

C. HOUSEHOLD INCOME

List all sources of income for all household members.

Name	Source of Income	Monthly Gross
_____	Wages	\$ _____
_____	Employer _____	_____
_____	Wages	\$ _____
_____	Employer _____	_____
_____	Wages	\$ _____
_____	Employer _____	_____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension(s)	\$ _____
_____	Source of Pension(s) _____	_____
_____	Unemployment Comp.	\$ _____
_____	AFDC	\$ _____
_____	Alimony	\$ _____
_____	Source _____	_____
_____	Child Support	\$ _____
_____	Source _____	_____
_____	Full Time Student Income	\$ _____
_____	(Only Full Time Students 18 & Over)	_____

TOTAL GROSS MONTHLY INCOME \$ _____

TOTAL GROSS ANNUAL INCOME (Base on Monthly amount listed above and multiply x 12)\$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____ If Yes, explain:

D. ASSETS

Checking Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Money Market Account(s)	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates of Deposit	# _____	Bank _____	Balance \$ _____
IRA	# _____	Company _____	Balance \$ _____
Savings Bonds	# _____	Cash Value _____	_____
Whole Life Insurance Policy	# _____	Cash Value _____	_____
Real Property: Do you own any property?	Yes _____ No _____	If Yes, state type of property _____	
Location: _____			
Current Market Value: _____			
Outstanding Mortgage Balance: _____			
Have you sold/dispensed of any business, property or other assets in the last 2 years? Yes _____ No _____			
If Yes, state type of business, property or asset _____			
Date of Sale/Disposition _____			
Market Value When Sold/Disposed Of _____			
Amount Sold/Disposed For _____			
Do you have any other assets not listed above (ie. recreational vehicle or mobile home; do not include personal property)?			
Yes _____ No _____ If Yes, please list _____			

E. MEDICAL/HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled.

Medicare Premiums Monthly Amount \$ _____
Medical Insurance Coverage Monthly Amount \$ _____
Name of Company _____ Address _____
Anticipated Medical Expenses NOT covered by Insurance NOR reimbursed Monthly Amount \$ _____
Medical bills or outstanding costs on which you are making monthly payments Monthly Amount \$ _____
Medical related travel costs Monthly amount \$ _____
Any other medical expenses: list type and amounts _____ Monthly Amount \$ _____
_____ Monthly Amount \$ _____

Handicap Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed.

Specialized Medical Attendant Care: state name of care giver and cost _____ \$ _____
Auxiliary Apparatus: list type and cost _____ \$ _____
_____ \$ _____
_____ \$ _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for: _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Name of person/agency caring for children: _____
Address: _____

Telephone: _____

Weekly cost of child care due to employment \$ _____
Weekly cost of child care due to education \$ _____

G. PROGRAM INFORMATION

What size of unit are you requesting? 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____
Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes _____ No _____
Do you wish to have priority for a handicapped accessible unit with special design features? Yes _____ No _____
Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property?
Yes _____ No _____
Have you ever been evicted from any type of housing? Yes _____ No _____
Have you ever been convicted of a felony? Yes _____ No _____
Are you currently a user of an illegal controlled substance? Yes _____ No _____
Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?
Yes _____ No _____
Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?
Yes _____ No _____
Are you now or will you become a part time or full time student prior to move-in? Yes _____ No _____
How did you hear about this housing? _____

H. 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.)

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____
Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____

Do you own any pets? Yes _____ No _____ If Yes, describe _____
Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify: _____
Address: _____
Telephone: _____

I. CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further 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 USDA-Rural Development 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.

SIGNATURES:

_____ Tenant	_____ Co-Tenant
_____ Date	_____ Date

J. AUTHORIZATION/CONSENT

I/We do hereby authorize _____ and its 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 _____. Further, I/we consent to the release of wage matching data to the RHS and the borrower.

SIGNATURES:

_____ Tenant	_____ Co-Tenant
_____ Date	_____ Date

“The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino_____

Not Hispanic or Latino_____

Race: (Mark one or more)

1 American Indian/Alask Native_____

2 Asian_____

3 Black or African American_____

4 Native Hawaiian or Other Pacific Islander_____

5 White_____

Gender:

Male_____

Female_____

Authorization for Release of Information
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Consent

I have applied for housing managed by Stearns County HRA and authorize whatever investigation which may be considered appropriate. I direct any Federal, State or local agency, organization, business or individual to release to Stearns County HRA any information or materials needed to complete and verify my application for housing.

Information Covered

I understand that past and present verifications and inquiries that may be requested include but are not limited to:

Residency and Rental Activity	Criminal Activity	Criminal Drug Activity
Court Records	Credit History	Employment History
Earnings History	Financial History	Assets

Groups or Individuals That May Be Asked

Previous Landlords	Law Enforcement Agencies	Banks & Credit Unions
Present landlords	Credit Reporting Agencies	Courts and Post Offices
Previous Employers	Present Employers	Government Agencies
Personal References	Utility Companies	Rental History Reports
Rental Research Services Inc.		

Use and Disclosure

Use of data obtained as defined in Minnesota law is private and is limited to that necessary for administration and management properties managed by the Stearns County HRA.

This authorization is for this transaction and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

I agree that a photo copy of this authorization may be used for the purpose stated above.

(PLEASE PRINT)

_____ First Name	_____ Middle Name	_____ Last Name	_____ Maiden Name
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Signature:

Date: