

Corporate Office 540 South First Street Montevideo, MN 56265 Phone: 320.269.6640 Fax: 320.269.7789 office@vanbllc.com <u>Branch Office</u> 5709 SW 21st Street, Ste 104 Topeka, KS 66604 Phone: 785.350.2289 Fax: 785.350.2290 ksoperations@vanbllc.com

www.vanbllc.com Serving Minnesota, Kansas, Missouri, Nebraska, Iowa

PLEASE READ THE FOLLOWING BEFORE COMPLETING YOUR APPLICATION

- A non-refundable application fee of \$25 per Adult must be submitted with the application. (Checks and Money Orders should be made payable in the Property name.)
 - Please write phone numbers for all banks, employment, and other institutions where assets are held and income is received.
 - All adult household members, 18 years of age or older, must sign and date all areas indicated.
 - If you receive Social Security/SSI Benefits please enclose a copy of your most recent awards letter. The letter must have the Date of Issuance in the top right corner.
 - For ALL household members, verification of Social Security number (social security card, signed taxes documentation, etc.) and date of birth (photo ID, birth certificate, etc.) must be provided.

Please keep in mind, when returning your application, the cost of postage will be higher. Contact your local Post Office for the correct postage amount.

If you have any questions regarding this application, please call 785-350-2289 to contact:

Jessi ext. 311, Zayani ext. 313, Masey ext. 312, or Kat







Thank you for your interest in the properties managed by Van Binsbergen & Associates, Inc. Please take the time to thoroughly complete this application. Incomplete applications considerably lengthen the processing time. You may contact our office for assistance and any questions. Completed Applications are processed in order of date and time received.

A non-refundable application fee of \$25.00 for each Adult member of the household MUST be included in order to process the application. MONEY ORDERS OR CHECKS MADE PAYABLE TO VAN BINSBERGEN & ASSOCIATES, INC.

Return completed a	application and applica	tion fee to:	OFFICE	USE ONLY
Van Binsbergen & A	Associates - Topeka Off	ice	Date Received	
5709 SW 21st St, St	e #104	Phone: 785-350-2289	Time Received	
Topeka, KS 66604		Fax: 785-350-2290	Fee Paid	
Email: ksoperations	@vanbllc.com		Date Paid	
APPLICATION FOR	ROCCUPANCY AT:			
PROPERTY NAME			REQUESTED MOVE IN D	DATE
CITY				STATE
What size unit are you How did you hear abo		1 Bedroom 2	Bedroom 🔲 3 Bedroo	om 🗌 Other
APPLICANT NAME				
ADDRESS				
CITY			STATE	ZIP
PHONE			CELL	
EMAIL				
status, where one how Do you wish to have p Will you have a carego If yes, a criminal backgroun Do you have a Letter of another property? Do you own any pets Pets are not allowed excep Do you have a direct of Have you received en	a \$400 deduction from yousehold member is 62 or priority for handicap accentiver/attendant living with and check is required for each coord Priority issued by the Lower and the signated projects. Particle Provide the second project of the second project of the second project of the second project of the passistance in the passistance	our household income bas older, handicapped or dis ssible unit with special des you? uregiver/attendant. JSDA Rural Development of If yes, describe SSI, child support or emp st and/or do you anticipato	abled? sign features? due to displacement from loyment? e receiving it within the	Yes No Yes No Yes No Yes No
		ned for individuals applyin ng physician, clinic, hospita		
PHYSICIAN'S NAME				
CLINIC/HOSPITAL				
ADDRESS				
CITY		S	STATE	ZIP



PHONE

Equal Housing Opportunity Van Binsbergen & Associates, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 Or call (202) 720-6382 (Voice and TDD).

IN CASE OF EMERGENCY NOTIFY:

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	CELL	
EMAIL	RELATIONSHIP	

PLEASE NOTE: If you fail to supply ALL requested information where necessary, this application may be deem unacceptable and returned to you for completion.

BACKGROUND HISTORY	,						
Have you or any household member ever been evicted from housing or found ineligible for rental assistance due to violence or drug related criminal activity?							No
Are you a current illegal us	er of controlled sub	ostance?				Yes	No No
Have you ever been convic	ted of the illegal us	e of a 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 com presently enrolled in such a	•	substance abuse recovery	progra	am or ai	re you	Yes	No No
Have you ever been convic	ted of a felony?					Yes	🗌 No
Are you or other household	d member subject t	to any state lifetime sex offe	ender	registra	ition?	Yes	No No
HOUSING HISTORY							
Have you lived independer If no, skip to personal refer		nts/guardians?				Yes	No
Have you owned your own home(s) for the last seven years? If no, complete the following.						Yes	No
Have you been evicted/unlawful detainer from any type of housing for any reason? If yes, provide date and explanation :						Yes	No
List all states/years where	all adult members	have resided?					
Have you had a prior renta If yes, provide date and pro						Yes	No
PRESENT LANDLORD			F	PHONE			
LANDLORD ADDRESS							
PROPERTY ADDRESS							
DATES RENTED	START		END				
PREVIOUS LANDLORD			I	PHONE			
LANDLORD ADDRESS							
PROPERTY ADDRESS							
DATES RENTED	START		END				
PERSONAL REFERENCES	excluding family	members and landlord r	efere	nces			
NAME				PHONE			
MAILING ADDRESS							
NAME				PHONE			
MAILING ADDRESS							
NAME				PHONE			
MAILING ADDRESS							

CITIZENSHIP DECLARATION Is every member of the household a US citizen?	Yes No
If no, please list the full name of non-citizen and supply verif	ication of eligible immigration status.
NAME:	NAME:
NAME:	NAME:
Acceptable documentation includes:	
Proof of age (only for tenants 62 years of age or older)	
If younger than 62, items required: Verification Consent F	ormat and one of the following:
Form I-551, Alien Registration Receipt Card (for permanent	nt resident aliens) 🛛 🔲 Form I-94 Arrival Departure Record
Form I-688, Temporary Resident Card	I-688B Employment Authorization Card
Receipt issued by DHS indicating application for issuance	of replacement document of above listed categories
Form I-151, Alien Registration Receipt Card	
RACE/ETHNICITY	

"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 Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, 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 evaluation 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 or visual observation or surname."

HEAD: Ethnicity: Race: Gender:	 Hispanic or Latino 1 American Indian/Alaska Native 4 Native Hawaiian/Other Pacific Islander Male 	 Not Hispanic or Latino 2 Asian 5 White Female 	3 Black or African American
CO-TENANT Ethnicity: Race: Gender:	 Hispanic or Latino 1 American Indian/Alaska Native 4 Native Hawaiian/Other Pacific Islander Male 	Not Hispanic or Latino 2 Asian 5 White Female	3 Black or African American

CERTIFICATION/AUTHORIZATION/CONSENT

I/We hereby certify 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 government program (dependent on property which may include HUD, RD, Tax Credit) income limits and tenant selection criteria.

I/We certify all information provided on this Application is true to the best of my/our knowledge and understand false statements, misinformation, or deliberately withheld information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupation.

I/We do hereby authorize Van Binsbergen & Associates, Inc. and authorized representatives to contact any agencies, law enforcement office, companies, groups, or organizations to verify any information contained in this Application or to obtain and verify additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by Van Binsbergen & Associates, Inc. Further, I/We consent to the release of wage matching data to the RHS and the borrower.

ΤE	Ν	A	N	Т	:	

DATE:

TENANT:

DATE: _____

Household Questionnaire

VB 4

Certificatio	rtification Effective Date: Household qualifies for the following program(s): Date Ap			Date Applicat	te Application Rec'd:				
	Move-in (MI) Section 8 Section 236								
	Recert (AR)						tion Re	ec'd:	
	n Recert (IR)		Ļ				D		
	e subsidy (IC) Cert/Add HH Member		L		r	_	Rent Amount	:: \$ <u> </u>	
Property N				P	lda/Unit #				
Floperty									
Applicants	/vacidanta panalata this quastiannai		Household	•		ha living	in the unit Cive		lationship of each
	residents, complete this questionnai nber to the head of household. Each l								
	ose income and assets and sign and o								
occupancy	with an existing household, only inclu	ude the infor	mation for the ne	ew appli	cant.			r	
Has/Will this person be a student* during S					6-	Social curity Number (not			
	Household Member's Na	me	Relationsh	nip	Date of Birth		and/or the		red for agency deferred
						upcor	ning calendar		s (except MARIF), HTC,
						yea	r? YES/NO		HOME, or NHTF)
1									
2									
3									
4								<u> </u>	
5									
6									
7									
8									
* Include pu	ublic and private elementary, junior & so	enior high, co				hanical so	hools. Do not inc	lude on	-the-job training courses.
			Disclosure of Ho						
	and anticipated income for the twel					-in date o	or effective date	of rece	ertification. Include <u>all</u>
run ume, p	art time or seasonal income even if								
	(Check YES or NO to ea		MEMBER RECE				t sources on pag	Je 2).	
YES	NO	ch item, us u	ppneasie, and me	ciude Br	oss montiny an				Gross Monthly
Amount									
	1. Wages, salaries (include or								\$
	2. Does any member work fo								\$ \$
	3. Regular pay for a member								
	4. Public Assistance (MFIP, G								\$
	5. Worker's compensation								\$
	6. Unemployment benefits o								\$
	7. Student financial assistan								\$
	8. Child support (check yes if								\$
	9. Alimony/Spousal Mainten								\$
	10. Social Security income (ir	ncluding une	arned income of	minor cl	hildren)			•••	\$
	11. Disability benefits includ	ing social see	curity disability					•	\$
	12. Regular payments from p	ensions (PEF	RA, railroad, etc.)					•	\$
	13. Regular payments from r	etirement be	enefits	• • • •				•	\$
	14. Death Benefits								\$
	15. Regular payments from a	innuities or li	fe insurance divi	dends					\$
	16. Regular payments from i	nheritance, i	nsurance settlem	nent, lot	tery winnings, e	etc			\$
	17. Net income from rental p	property						•	\$
	18. Regular cash and non-ca								
┝───┤ ┝	companies, agencies or i								\$ \$
-	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	\$		
			22. Savings Accounts	\$		
	Ē		23. Cash cards used to receive government benefits or other income	\$		
	Ē		24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc.	\$		
	Ē		25. US Savings Bonds	\$		
			26. Trusts*	\$		
			27. Securities	\$		
			28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$		
	Ē		29. 401K*	\$		
			30. IRA/KEOGH Accounts	\$		
			31. Certificates of Deposit	\$		
			32. Pension/Retirement/Annuity	\$		
			33. Money Market or Mutual Funds	\$		
	Ē		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?			
	Ē		38. Other (include cash on hand)	\$		
*Include 1 verified.	Trus	ts, 401K, etc	c., 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		
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 43	income and as	DO NOT LEAVE THIS SECTION BLANK.	(If a hourshald member bac
		sets above, provide contact information for <u>all</u> "YES" checked items. All information must be verified ncome and/or asset, use a separate line for each source. Use additional sheets, if necessary.)	
ltem 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

I/We hereby certify that I/We	lave Have not sold or given away any asse	ets for <u>less than Fair Market Value</u> duri	ing 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 follo	wing questi	ons pertain to every member of the household. Check either YES or NO in response to each question. Add an explanation below for all	
items che	ecked 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: _____

STUDENT STATUS AFFIDAVIT

This affidavit is to be completed by the Head of Household. 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, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):

- A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) __________ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of full time students.

- □ 1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
- 2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
- 3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
- 5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes** in **my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all representatives of companies/agencies in the categories listed below to release, without liability, information regarding employment, additional forms of income, benefits, assets, and references to **Van Binsbergen & Associates, Inc.** (Owner and/or Agent), for purposes of verifying information listed on the rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding my/our household may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identifiers; employment, income and assets; medical or child care allowances. I/We understand this authorization cannot be used to obtain any information which is not pertinent to eligibility as a qualified tenant.

GROUPS OR INDIVIDUALS WHO MAY BE CONTACTED

The groups or individuals who may be asked to release the above information include, but are not limited to:

Past and Present Employers State Unemployment Agencies Support and Alimony Providers Medical and Child Care Providers Veterans Administration Social Security Administration Banks/Other Financial Institutions Previous Landlords Welfare Agencies Retirement Systems Colleges & Universities Public Housing Agencies

SAVE VERIFICATION CONSENT FORM

For every household member (adult or child) identified as an eligible noncitizen on the application, the signatures below provide consent to the following for the individual and/or signature of parent/guardian for household members under the age of 18:

- 1. The use of provided evidence/documentation to verify eligible immigration status to enable household members to receive financial assistance for housing.
- 2. The release of such evidence to the DHS for purposes of verification of the immigration status of the individual.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the above stated purpose(s). The original of this authorization is on file and will stay in effect for a year and one month from the date signed. <u>I/We understand I/we have a right to review this file and correct any information that is incorrect.</u>

SIGNATURES

Signature

Signature

Printed Name & Date

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date





UNDER \$5,000 ASSET CERTIFICATION

For households whose <u>combined</u> net assets do not exceed \$5,000. Complete only <u>one</u> form per household; include assets of children.

Head of House	hold Name:
Head of House	hold Name:

Unit No.:

Development Name and Address:

Complete all that apply for 1 through 4:

1. My/ourassets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$	%	\$	_ Checking Account(s)***	\$	%	\$
Cash on Hand	\$	N/A	N/A	Cash Cards or Apps****	\$	%	\$
Certificates of Deposit	\$	%	\$	Money Market Funds	\$	%	\$
Stocks	\$	%	\$	Bonds	\$	%	\$
IRA Account(s)	\$	%	\$	401(k)/403(b) Account(s)	\$	%	\$
Keogh Account(s)	\$	%	\$	Trust Funds	\$	%	\$
Equity in Real Estate	\$	%	\$	Land Contracts	\$	%	\$
Lump Sum Receipts	\$	%	\$	Capital Investments	\$	%	\$
Bitcoin/ Cryptocurrency	\$	%	\$	GoFundMe/Crowdsourcing	\$	%	\$
Life Insurance (Excluding Term)	\$	%	\$	-			
Other Retirement/Pension Funds not named above:	\$	%	\$	Explanation			
Personal Property Held as an Investment**	\$	%	\$	Explanation			
Other (list):	\$	%	\$	Explanation			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. **Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months

****Cash Cards or Apps used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

- 2. U Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$______(enter the difference between FMV and the amount you received).
- 3. I/we have <u>not</u> sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. U I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is (enter the total of all (*A*B*) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date	
Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date	
PENALTIES FOR MISUSING THIS CONTENT	• Title 18 Section 1001 of the l	U.S. Code states that a person is guilty of a felony for knowingly and	willingly making false or fraudulent	statements to

department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or 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 willingly requests, obtains, or disclosers 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 be rule of HUD or the owner responsible for the unauthorized disclosure or improve uses. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Under \$5,000 Asset Certification

Custody/Child	Support &	Alimony	Affidavit
Custouy/Child	Support a	Annony	Alluavit

		Propert & Alimony Affidavit		
Applicant/Tenant: This form verifies the receipt/non-rece	eipt of child s	support and custody for the fo	llowing child	ren:
Name of Absent Parent:			-	
Will this child live with you in the tax	credit unit a	t least 50% of the time?	Yes	No
Was there a legal marriage to the other If yes, please submit a copy of or other documents outlining c	the divorce outputs	gements.	Yes	No
If no, is there a court order for If yes, provide court or			Yes	L No
I do not receive <u>court ordered</u> alir further documentation is needed. Rea				
☐ I receive the full amount of <u>court of</u> week ☐ / month ☐ / year ☐. If docu provide backup documentation. Reaso	mentation is	s <u>not</u> available, please provide	a reason why	
☐ I do not receive the full <u>court order</u> partial or sporadic amount of \$ child support enforcement order, paym required. If not obtained, the full amo	_ a week ant sheet from	/ month / year . (Divor om an enforcement agency an	ce decree, sep d legal attemp	paration statement,
I do <u>not have a court order</u> for alimprovide reason for no court order. Rea				
I do <u>not have a court order</u> for alimplace. I do receive payment in the am				al agreement is in
I/WE certify under the penalty of perju form is true and complete to the best of misrepresentation of any information p	f My/Our kn	nowledge and belief. I/We und	lerstand that v	villful
Tenant Signature	Date	Tenant Signature		Date
Manager's Signature	Date			

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



(FOR OFFICE USE ONLY)

SITE NAME:

RHR ACCT #:

Personal Information:

General Consent Form

I ,	ast Name	First	Middle	Maiden	have made
L			Widdle	Malach	
application with			for		
		Company Name		State Purpos	se
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
// Date of Birth	Sex	Social Security Number	Driver's License	() Home Phone

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents 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, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. 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 upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization 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. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature

Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County	State	City / County	State
City / County	State	City / County	State

7900 W. 78th Street, Ste. 400 • Edina, MN 55439

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(FOR OFFICE USE ONLY)

SITE NAME:

RHR ACCT #:

Personal Information:

General Consent Form

I ,	ast Name	First	Middle	Maiden	have made
L			Widdle	Malach	
application with			for		
		Company Name		State Purpos	se
Current Address			City	State	Zip Code
Previous Address			City	State	Zip Code
// Date of Birth	Sex	Social Security Number	Driver's License	() Home Phone

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