



Equal
Housing
Opportunity

OFFICE USE ONLY Date/Time Received: _____

APPLICATION FOR OCCUPANCY

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: **DEERWOOD HOUSING INC.**
 _____ PO BOX 76 _____
 _____ DEERWOOD MN 56444 _____

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	Birthdate	Age	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 \$

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

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 _____.

SIGNATURES:

Tenant _____ Co-Tenant _____
Date _____ Date _____

"The information regarding race, national origin and sex designation solicited on the Application is requested in order to assure the Federal Government, acting through the USDA-Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."

Race: *(please check one for the tenant only)*

National Origin: *(please check one)*

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

- Hispanic or Latino
- Not Hispanic or Latino

ZERO INCOME RESIDENT SURVIVAL STATEMENT

1) Do you own a vehicle? YES ___ NO ___ (If NO, go to #2)

Do you have a car payment? YES ___ NO ___
If YES, amount of car payment/month \$ _____
Automobile insurance payment/month \$ _____
Gasoline expense/month \$ _____

Source of income for payment of these expenses _____

2) Do you subscribe to cable television or special pay channels such as HBO? YES ___ NO ___
(If NO, go to #3)

Amount of payment/month \$ _____

Source of income for payment of these expenses _____

3) Do you have a telephone? YES ___ NO ___ (If NO, go to #4)

Amount of payment/month \$ _____

Source of income for payment of this expense _____

4) Have you or any member of your household incurred medical expenses during the past 30 days?

YES ___ NO ___
If YES, state amount incurred \$ _____

Do you have medical insurance? YES ___ NO ___
Amount of premium/month \$ _____
Amount of deductible \$ _____

Source of income for payment of these expenses _____

5) Does anyone provide meals for your household on a regular basis? YES ___ NO ___

If YES, state number of meals/month _____
Amount of food expense/month \$ _____

Source of income for payment of this expense _____

"I certify that no household member has any income at the present time. I understand that if these circumstances change, I must immediately notify the owner or their representative. The above information is true and correct to the best of my knowledge. I understand that a willful misstatement of income is punishable by a fine or imprisonment or both."

TENANT SIGNATURE

UNIT #

CO-TENANT SIGNATURE

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
(Account or Other Identifying Number)

I authorize you to provide to Deerwood Housing, Inc. for verification purposes the following applicable information.

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., Deerwood Housing, Inc. is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my application for occupancy and/or financial assistance will be available to Deerwood Housing, Inc. without further notice or authorization, but will not be disclosed or released by Deerwood Housing, Inc. to other parties or used for another purpose without my consent, except as required or permitted by law.

The information Deerwood Housing, Inc. obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature

Date

Signature

Date

"This institution is an equal opportunity provider."