Date Received: ___________________

DO NOT LEAVE BLANK –

Leaving this section blank may affect our ability to contact you about any available properties.

Name: ____ Phone # ___________________

Email: ____

Current Address:____

Property/Town interested in: ____

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

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

Add to Current Lease: ☐ Tenant Name ____

GENERAL INFORMATION FOR APPLICANTS

Midwest Minnesota Community Development Corporation manages properties that are governed under the IRS Section 42 Tax Credit Housing Program. This program is designed for low to moderate income families. It differs from subsidized housing as the rent is not based on income, but each applicant must qualify under certain income limits.

Once the application is received, it will be prescreened for eligibility. If we do not have a unit available, we will place your name on a waiting list. If we have a unit available, all complete applications will be considered. Incomplete applications will be returned to applicant. Tenant selection is based, at a minimum, on the following criteria: income eligibility (if you are applying for an income-restricted property), landlord references, credit and criminal history. For our full tenant selection criteria list please contact us.

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

All of our properties currently have a no pet policy.

The annual income will vary from county to county. The following is a general range of income limits representative of the counties. Please note: income limit will be based on your yearly gross income.

FAMILY SIZE	ANNUAL ALLOWABLE INCOME
1	$38,520 - $42,360
2	$43,980 - $48,420
3	$49,500 - $54,480
4	$54,960 - $60,480
5	$59,400 - $65,340

This application must be filled in completely or it will be returned or denied.

Also, any false or misleading information will result in your Application being denied.

RETURN OPTIONS:

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

Fax to: 218-844-6345

E-mail to: info@mmcdc.com

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

OFFICE USE ONLY Certification Effective Date: ❑ Move-in __________ ❑ Initial Cert __________ ❑ Recertification __________ ❑ Add a Member __________	Household certifying for the following program(s): ❑ Section 8 ❑ Housing Tax Credit ❑ HOME ❑ Section 236 ❑ Other	# Household Questionnaire Date and Time Rec'd: Rent Amount: $__________

Property Name____________________ Bldg/Unit #__________

Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or cohead of household must disclose income and assets and sign and date this application.** All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

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

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

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 <u>all</u> 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 3**):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	$
		2. Does any member work for someone who pays them in cash or is self-employed.	$
		3. Regular pay for a member of the armed forces	$
		4. Public Assistance (MFIP, GA)	$
		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 or gifts from 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 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 (include cash cards used to receive government benefits or other income)	$
		23. Stocks	$
		24. Capital Investments	$
		25. 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 accounts	$
		33. Money Market Funds	$
		34. Treasury Bills	$
		35. Safety Deposit Box	$
		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 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? List person and asset(s).	
		Enter combined cash value of all household assets	$

DO NOT LEAVE THIS SECTION BLANK.

From **1-42, income and assets** above, provide contact information for <u>all</u> "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	Household Member	Name and mailing address of income or asset source	Contact name and phone/fax number

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

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 the household currently have rent assistance? If so, with what agency ______________________________
		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?
		Do you have any animals? If so, please explain below.

Explanation: ______________________________

____

____

____

____

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature ______________________________ Date ______________

Applicant/Resident Signature ______________________________ Date ______________

Applicant/Resident Signature ______________________________ Date ______________

Applicant/Resident Signature ______________________________ Date ______________

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

Assistance was provided by: ______________________________ **Date:** ______________

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize you to furnish the information requested to Midwest Minnesota Community Development Corporation (MMCDC) located at 119 Graystone Plaza, Suite 100 Detroit Lakes, MN 56501 for the purpose of determining my eligibility for participation in the Section 42 Housing Tax Credit program. I understand that the information is confidential and will be used only in determining program eligibility and that I have the right to rescind this authorization in writing at any time, but to do so may affect my eligibility for program participation.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, including but not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowance	Credit and Criminal Activity
Residences and Rental Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continue participation in the Section 42 Housing Program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords	Past and Present Employers
Public Housing Agencies	Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	Social Security Administration
Banks and Financial Institutions	Crisis Centers & Cap Agencies
Medical and Child Care Providers	Veterans Administration
Retirement Systems	Law Enforcement Agencies
Support and Alimony Providers	Utility Companies

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for as long as I remain and applicant/resident.

_______________________________________ __________________________________

Head of Household Signature Date

_______________________________________ __________________________________

Spouse/Adult member Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION TO RHR INFORMATION SERVICES, INC. (RHR)

I, ____

Last Name, First, Middle Social Security # Date of Birth

I, ____

Last Name, First, Middle Social Security # Date of Birth

authorize RHR Information Services, Inc. (RHR) to do a complete Investigation of all information provided with this application. I (we) have personally filled in and/or reviewed all information listed on the application. I (we) understand failure to complete this form completely and truthfully may result in denial and/or forfeit of any deposit. A complete investigation may include any or all of the following: Credit report, Verification of employment and income, criminal record search, rental history references (including MPHA) and personal interviews with above references. I/we understand that I/we have a right to make a written request within 30 days to receive information pertaining to this report if I/we are not accepted based on information contained in the report. I authorize RHR to provide to the credit grantor Federal and State records of employment and income history, including State Employment Security Agency records. This authorization is for this transaction only and continues for (1) year unless limited by State Law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. My (our) signature(s) below authorizes all companies listed on my application, to release rental payment information, job history information and criminal record information.

Signature ___________________________________Date ______________________

Signature ___________________________________Date ______________________

LANDLORD REFERENCES and /or HOUSING DETAILS

List ALL places you have lived in the past FIVE (5) years

***** If you do not have a rental history or Landlord References, write an explanation of your living situations and provide one written Personal AND one Professional Reference Letter*****

Please attach the reference letters to this application.

If this page is not completed, it will be returned to the applicant.

Current Address: ______________________________

City, State, Zip: ______________________________

I have lived at this address since: ______________________ Rent $ ______________

The name of the property owner is: ______________________ Related _______Y _____N

Address: ______________________________

City, State, Zip: ______________________________

The property owner's phone number is: ______________________________

The property owner's fax number is: ______________________________

The property owner's email address is: ______________________________

Before this, I resided at: ______________________________

City, State, Zip: ______________________________

I resided at this location from: ____________ until ____________ Rent $______________

The name of the property owner is: ______________________ Related _______Y _____N

Address: ______________________________

City, State, Zip: ______________________________

The property owner's phone number is: ______________________________

The property owner's fax number is: ______________________________

The property owner's email address is: ______________________________

Before this, I resided at: ______________________________

City, State, Zip: ______________________________

I resided at this location from: ____________ until ____________ Rent $______________

The name of the property owner is: ______________________ Related _______Y _____N

Address: ______________________________

City, State, Zip: ______________________________

The property owner's phone number is: ______________________________

The property owner's fax number is: ______________________________

The property owner's email address is: ______________________________

USE REVERSE SIDE OR ATTACH A SEPARATE SHEET FOR ADDITIONAL INFORMATION.