

Office Use Only
Date/Time/Initial:



Ebenezer Park Apartments Application
2700 Park Ave S
Minneapolis, MN 55407

Phone: (612) 879-2233 Fax: (612) 879-8111

Applicant Information: *Please Print*

Full Name: _____

Current Address: _____

Phone Number: _____ **Sex (optional):** _____

Social Security Number: _____ **Date of Birth:** _____

Co-Applicant Full Name: _____

Social Security Number: _____ **Date of Birth:** _____

For HUD Statistical Use Only (optional)

Race of Head of Household:

____ American Indian/Alaska Native ____ Asian ____ Black/African American
____ Native Hawaiian/Other Pacific Islander ____ White ____ Other

Ethnicity of Head of Household:

____ Hispanic or Latino ____ Non-Hispanic or Latino

1. **Are you a United States Citizen?** Yes No
If no, are you a Non Citizen with eligible alien status Yes No
2. **Are you a student?** Yes No

How did you hear about Ebenezer Park Apartments? _____

What is the amount of your current monthly rent? _____

Please check the type of unit you are applying for:

____ 1 Bedroom ____ Mobility Accessible ____ Deaf Equipped ____ 2 Bedroom



Housing Information (please complete at least THREE years)

Current Address: _____

Move In Date: _____ Move Out Date: _____ Rent Amount: _____

Landlord Name: _____ Landlord Phone Number: _____

Previous Address: _____

Move In Date: _____ Move Out Date: _____ Rent Amount: _____

Landlord Name: _____ Landlord Phone Number: _____

List any other housing within 5 years on another sheet if necessary

Please answer the following:

___ Yes ___ No Will anyone else live in the apartment on either a full-time or a part-time basis? ___ Children ___ Partner ___ Other

___ Yes ___ No Have you or any member of your household been asked to leave a rental property for any of the following reasons?

___ Fraud ___ Eviction ___ Nonpayment of rent

___ Failure to cooperate with recertification process

___ Other: _____

___ Yes ___ No Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation? Reason: _____

___ Yes ___ No Are you or any member of your household subject to the state sex offender lifetime registration requirement?

All applicants, please list every state in which you and members of your household have lived:_____



[Type text]

Acknowledgement/Signatures

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false or incomplete information may make me/us ineligible for an apartment.

I/We understand that Ebenezer Park Apartments is a smoke free property and there is no smoking in the building or on the grounds.

I/We understand a copy of the TSP (Tenant Selection Plan) can be requested and provided by Ebenezer Park Staff.

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview will be rejected for housing. All questions must be answered.

By signing this document I/We acknowledge that I/we have read and completed each section of this rental application, as applicable, and all information given is true, complete and accurate.

All Household members age 18 or older sign below.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT: title 18, Section 1001 of the US Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA, or the owner_ may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes sited above. Any person who knowingly or willfully requests, obtains or discloses 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 bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. **Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Certification/Recertification Questionnaire

Date _____

Name: _____

Address: _____

Complete the following information for your household and bring this questionnaire to your Initial Certification interview.

A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number

2. Additional household information

	Yes	No
Are you or any member of your household a member of the US Armed Forces or a US Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of the household enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Assets

Enter the amount received or the asset value for all questions that you answer "Yes".

1. Do you or any member of your household receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member of your household work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Any benefits from the county? (MSA, MFIP, Food Stamps, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Child support or alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Any type of income from Social Security Administration? (RSDI, SSDI, SSI)	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits/funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies (other than rental, auto, or health/medical)?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	



Name _____

Apt # _____

1. Do you or any member of your household receive or expect to receive:

	Yes	No	Amount
Any cash or other assistance (other than HUD) for any utility expenses (telephone, cable/satellite, internet), including a flat rate as part of a low-income assistance program?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarships, educational grants or work study?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any **lump sum** payments such as:

	Yes	No	Amount
Inheritances, Capital gains, or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.? (This is NOT your regular SS or SSI income payment).	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have any of the following (**including overseas accounts**):

	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Direct Express (or other debit card) account for direct deposit of Social Security/SSI income (not into a checking or savings account)?	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks, bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities, securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts or Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Burial or funeral policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Cash on hand (in apartment, purse, wallet, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
(This includes cash donations to charities, religious organizations, family, or friends.) If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:			

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets: _____			



Name _____

Apt # _____

C. Other Information – Enter the amount you pay per year for all questions that you answer Yes.

1. Child and dependent care

	Yes	No	Amount
Do you pay child care expenses for a child (or children) under age 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, enter the provider name(s) and address(es): _____			
Is any part of the child care expense paid by another person or agency? If yes, enter the name and address _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is any part of the care attendant expense paid by another person or agency? If yes, enter the name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	

2. Medical - Complete only if the head of household, spouse or adult co-head is at least 62 years old or disabled. Enter medical expenses for all household members.

	Yes	No	Amount
Do you have Medicare? If yes, do you pay the premiums for Part B (or have them withheld from your Social Security income)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you receive Medical Assistance? If yes, do you have a spend down or waiver obligation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you have any other kind of medical insurance? If yes, do you pay the premiums? Enter the company name and address: _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you pay for prescription medication or prescription co-pays? If yes, enter the pharmacy name and location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for any non-prescription (over the counter) medication that your doctor has asked you to use regularly? (such as aspirin, eye drops, laxatives, etc.) If yes, list the medication: _____ Do you have receipts to demonstrate the average expense of these items?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you have any old medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to have any extraordinary medical or dental expense in the next 12 months that will not be covered by insurance or Medicare/Medical Assistance? If yes, enter the type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

Head of household

Date

Spouse or Co-head of household

Date

_____, _____
Signature of person assisting with completion of this form, relationship to tenant

Date





Lease with Confidence.

(FOR OFFICE USE ONLY)

SITE NAME: _____
RHR ACCT #: _____

General Consent Form

Personal Information:

I, _____ have made
Last Name First Middle Maiden
application with _____ for _____
Company Name State Purpose

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

_____/_____/____ Sex _____ Social Security Number _____ Driver's License _____ State _____ (____) _____ 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

_____/_____/____ State _____ City / County _____ State _____
_____/_____/____ State _____ City / County _____ State _____

**EBENEZER PARK APARTMENTS
TENANT DECLARATION FORM**

Date: _____

Complete one form for **EACH** member of the household listed on the Family Summary Sheet.

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

INSTRUCTIONS: Complete the Declaration below by printing the person's first name, middle initial and last name in the space provided. Then review the information provided below the Declaration and complete Section 1, Section 2 or Section 3.

DECLARATION

I, _____ hereby declare, under penalty of perjury that I am:

_____ **1. A citizen or national of the United States**

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resided in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form (Exhibit 3-6)

AND

b. One of the following documents:

(1) Form I-551. *Alien Registration Receipt Card* (for permanent resident aliens):

Alien Registration No: _____

(2) Form I-94. *Arrival-Departure Record*, with one of the following annotations:

Admission No: _____

(11 digit number found on INS Form I-94)

- (a) "Admitted as Refugee Pursuant to section 207"
- (b) "Section 208" or "Asylum"
- (c) "Section 243 (h)" or "Deportation stayed by Attorney General"
- (d) "Paroled Pursuant to Sec. 212 (d)(5) of the INA"

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, then accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken)
- (b) A letter from a DHS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990)
- (c) A court decision granting withholding or deportation; or
- (d) A letter from a DHS asylum officer, granting withholding of deportation (If application filed on or after October 1, 1990)

(4) Form I-688, *Temporary Resident Card* which must be annotated "section 245A" or Section 210

- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12"
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and that the applicant's entitlement to the document has been verified
- (7) Form I-151, *Alien Registration Receipt Card*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the "Request for Extension" block below.

NATIONALITY: _____

Signature Date

Check here if signed for a child: _____

SAVE VERIFICATION NUMBER: _____
(To be entered by owner if and when received)

REQUEST OF EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if signed for a child: _____

VERIFICATION CONSENT FORM

INSTRUCTIONS: Complete this format for each non-citizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving the following:
 - a. HUD, as required by HUD; and
 - b. the DHS for purpose of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use of transmission of the evidence of other information by the DHS.

Signature

Date

Check here if signed for child: _____