

INITIAL HOUSING APPLICATION

Sabathani Senior Housing

(For office use only)

Certification Effective Date _____ <input type="checkbox"/> Move-In _____ <input type="checkbox"/> Add a Member _____	Household certifying for the following program(s): <input type="checkbox"/> Section 8 <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input checked="" type="checkbox"/> Other <u>HIB PROGRAM</u>	Date & Time Rec'd _____ Rent Amount \$ _____
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Property Name Sabathani Senior Housing Unit # _____ How Did You Hear About This Property? _____

If you have no Social Security Number, you claim you are exempt because You are an Ineligible non-citizen or You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

Applicants/residents, complete this application in your own handwriting unless you are unable. 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 infor-

HOUSEHOLD COMPOSITION

	Household Member's Name (Middle Initial required)	Relationship	Date of Birth	Age	Social Security Number
1		HEAD			
	Phone Number _____ Drivers License Number -State of issuance _____				
2	Household Member's Name	Relationship	Date of Birth	Age	Social Security Number
	Phone Number _____ Drivers License Number -State of issuance _____				
3	Household Member's Name	Relationship	Date of Birth	Age	Social Security Number
	Phone Number _____ Drivers License Number -State of issuance _____				
4	Household Member's Name	Relationship	Date of Birth	Age	Social Security Number
	Phone Number _____ Drivers License Number -State of issuance _____				

ADD'L 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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children live in the unit on less than a full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development, RA, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that may be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household been convicted of a crime? If yes, <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR
<input type="checkbox"/>	<input type="checkbox"/>	Are you or is anyone in your household on any sexual offender registration?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in the household been evicted or owe money to a past landlord?
Explanation: _____		



HOUSING HISTORY

Please list a **Minimum** of three years of your housing history.

Where do you live now? Rental Home Owner With family Homeless Other, explain _____

Current Street Address:

City, State, Zip

Name of Rental Property or Manager/Landlord, if applicable:

Management/Landlord Phone Number

Move-In and Move-Out Dates / / to / /

Reason for Leaving

Where did you live before that (if less than three years) Rental Home Owner With family Homeless Other, explain _____

Previous Street Address:

City, State, Zip

Name of Rental Property or Manager/Landlord, if applicable:

Management/Landlord Phone Number

Move-In and Move-Out Dates / / to / /

Reason for Leaving

Where did you live before that (if less than three years listed above) Rental Home Owner With family Homeless Other, explain:

Previous Address:

City, State, Zip

Name of Rental Property or Manager/Landlord, if applicable:

Management/Landlord Phone Number

Move-In and Move-Out Dates / / to / /

Reason for Leaving

List all the states you and all members of your household have lived in:

HOUSEHOLD INCOME AND ASSETS

List current income on the anticipated move-in date. Include all full time, part time or seasonal income, even if completing this application in the off-season. Also include public and private elementary, junior and senior high, college, university, technical, trade and mechanical schools. Do not include "on-the-job" training courses.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE: (Check YES or NO to each item, as applicable, & include gross monthly amount.

	YES	NO		\$
<input type="checkbox"/>	<input type="checkbox"/>		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.).....	_____
<input type="checkbox"/>	<input type="checkbox"/>		2. Social Security income (including unearned income of minor children).....	_____
<input type="checkbox"/>	<input type="checkbox"/>		3. Disability benefits including social security disability.....	_____
<input type="checkbox"/>	<input type="checkbox"/>		4. Does any member work for someone who pays them in cash or is self-employed.....	_____
<input type="checkbox"/>	<input type="checkbox"/>		5. Regular pay for a member of the armed forces	_____
<input type="checkbox"/>	<input type="checkbox"/>		6. Public Assistance (MFIP, GA).....	_____
<input type="checkbox"/>	<input type="checkbox"/>		7. Worker's compensation.....	_____
<input type="checkbox"/>	<input type="checkbox"/>		8. Unemployment benefits or severance pay	_____
<input type="checkbox"/>	<input type="checkbox"/>		9. Student financial assistance (public or private, not including student loans)	_____
<input type="checkbox"/>	<input type="checkbox"/>		10. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	_____
<input type="checkbox"/>	<input type="checkbox"/>		11. Alimony/Spousal Maintenance	_____
<input type="checkbox"/>	<input type="checkbox"/>		12. Regular payments from pensions (PERA, railroad, etc.).....	_____
<input type="checkbox"/>	<input type="checkbox"/>		13. Regular Payments from retirement benefits	_____
<input type="checkbox"/>	<input type="checkbox"/>		14. Death Benefits	_____
<input type="checkbox"/>	<input type="checkbox"/>		15. Regular payments from annuities or life insurance dividends	_____
<input type="checkbox"/>	<input type="checkbox"/>		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.....	_____
<input type="checkbox"/>	<input type="checkbox"/>		17. Net income from rental property.....	_____
<input type="checkbox"/>	<input type="checkbox"/>		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from those not living in the unit (not including groceries).....	_____
<input type="checkbox"/>	<input type="checkbox"/>		19. Other (list) _____	_____
Combined Income				\$ _____

	YES	NO	DOES ANY HOUSEHOLD MEMBER HAVE MONEY HELD IN:	
<input type="checkbox"/>	<input type="checkbox"/>		20. Checking accounts (6 month average balance).....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		21. Savings accounts.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		22. Electronic Debit Card or EBT Card.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		23. Capital investments/Stocks	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		24. Bonds	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		25. Trusts*	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		26. Securities.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		27. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		28. 401K*.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		29. IRA/KEOGH accounts.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		30. Certificates of deposit	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		31. Pension/Retirement/Annuity accounts.....	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		32. Money market funds	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		33. Treasury bills	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		34. Safety deposit box	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		35. Lump sum payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		36. Are any accounts/assets held jointly with someone not in the unit? List acct/asset and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>		37. Other _____	

*Include trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death.

	YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		38. Do you now own a home or other real estate?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		If yes, list address(es): _____	
<input type="checkbox"/>	<input type="checkbox"/>		39. Do you receive payments for a home you sold by contract for deed?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>		40. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as	

RESIDENT CERTIFICATION

By signing this document, I certify that the unit I/we occupy is my/our only residence. I/we understand that the above information is being collected to determine the amount of assistance to be provided by the Department of Housing . I/ we authorize the owner/manager to verify all information provided on this questionnaire and to contact other sources of verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in the questionnaire are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a 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 any 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 purpose cited 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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_____

The Schuett Companies, Inc. property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

The Schuett Companies, Inc. Attention: Stacy Grosse
9000 Golden Valley Road
Golden Valley MN 55427
Telephone – 763-541-9199
Telephone – TTY -711



Sabathani Senior Housing
The Heart Of South Minneapolis



I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided within 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 as follows, 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.

resident criteria
revised 8/2012

1. FAVORABLE AND VERIFIABLE RENTAL HISTORY.
2. NO UNLAWFUL DETAINERS FILED IN THE LAST THREE YEARS. ANY UNLAWFUL DETAINERS FOR THE TWO YEARS PRIOR TO THIS MUST BE SATISFIED IN FULL WITH PROOF THEREOF.
3. SATISFACTORY CREDIT HISTORY.
 - NO BANKRUPTCY WITHIN THE PAST FIVE YEARS.
 - JUDGMENTS OR LIENS MUST BE SATISFIED OR PROOF OF PAYMENT PLAN.
 - COLLECTIONS FOR MEDICAL BILLS WILL NOT AFFECT APPLICANT'S APPROVAL OR DENIAL.
4. NO CRIMINAL HISTORY ABOVE AND INCLUDING A MISDEMEANOR.
 - IF ANY VIOLENT AND/OR SEX CRIME WAS AGAINST A PERSON, PROPERTY, ANIMAL, OR DRUG RELATED, WE WILL DENY APPLICATION.
5. MUST SHOW PROOF OF I.D. (I.E. DRIVER'S LICENSE, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, AND/OR PROOF OF CITIZENSHIP STATUS) FOR ALL MEMBERS OF HOUSEHOLD.

OCCUPANCY STANDARDS

1 BEDROOM	2 PERSONS (MAXIMUM)
2 BEDROOM	4 PERSONS (MAXIMUM)
3 BEDROOM	6 PERSONS (MAXIMUM)

I/We have read and understand the owner/agents resident selection criteria.

Signature _____ Date _____

Other Adult Signature _____ Date _____

Other Adult Signature _____ Date _____

Other Adult Signature _____ Date _____



Sabathani Senior Housing



