Things You Should Know About USDA Rural Rental Housing

Don’t risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification.

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don’t sign it unless you are sure that there aren’t any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;
• Any household member who has moved in or out;
• All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:
• Don’t pay any money to file your application;
• Don’t pay any money to move up on the waiting list;
• Don’t pay for anything not covered by your lease;
• Get receipts for any money you do pay;
• Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner’s actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner’s notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the “right to respond to the notice within 10 calendar days after the date of the notice” and of “the right to a hearing.” Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, “I want to file a complaint because the manager doesn’t speak to me” is not a legitimate complaint. However, “I want to file a complaint because the manager isn’t maintaining the property according to USDA guidelines” is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

<table>
<thead>
<tr>
<th>A complaint may not be filed with the owner/management if:</th>
<th>A complaint may be filed with the owner/management if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USDA has authorized a proposed rent change.</td>
<td>There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.</td>
</tr>
<tr>
<td>A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.</td>
<td>The owner or management fails to maintain the property in a decent, safe, and sanitary manner.</td>
</tr>
<tr>
<td>The complex has formed a tenant’s association and all parties have agreed to use the association to settle grievances.</td>
<td>The owner violates a lease provision or occupancy rule.</td>
</tr>
<tr>
<td>USDA has required a change in the rules and proper notices have been given.</td>
<td>A tenant is denied admission to the complex.</td>
</tr>
<tr>
<td>The tenant is in violation of the lease and the result is termination of tenancy.</td>
<td>There are disputes between tenants that do not involve the owner/management.</td>
</tr>
<tr>
<td>Tenants are displaced or other adverse effects occur as a result of loan prepayment.</td>
<td></td>
</tr>
</tbody>
</table>

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December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.
APPLICATION FOR OCCUPANCY – FAIRVIEW HORIZON APTS

PLEASE PRINT - RETURN COMPLETED APPLICATION TO:  KOOTASCA Community Action
2232 2nd Avenue East
International Falls, MN 56649

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>DOB</th>
<th>Social Security No.</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>______________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>______________________________________________________________________</td>
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<td>3.</td>
<td>______________________________________________________________________</td>
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<td>4.</td>
<td>______________________________________________________________________</td>
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<tr>
<td>5.</td>
<td>______________________________________________________________________</td>
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<td></td>
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</tr>
</tbody>
</table>

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:  ___________________________________________________

Previous Landlord(s): Name:   ___________________________________________________
Address:  ___________________________________________________
___________________________________________________
Telephone:  ___________________________________________________

Non-related Personal References:

1. Name ______________________ Address_______________________ Telephone ____________
2. Name ______________________ Address_______________________ Telephone ____________
3. Name ______________________ Address_______________________ Telephone ____________
C. HOUSEHOLD INCOME
List all sources of income for all household members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Source of Income</th>
<th>Monthly Gross</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer</td>
<td></td>
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<tr>
<td></td>
<td>MFIP / DWP / TANF</td>
<td></td>
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<tr>
<td></td>
<td>MSA</td>
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<td></td>
<td>Social Security</td>
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<td></td>
<td>Social Security</td>
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<tr>
<td></td>
<td>SSI Benefits</td>
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<td></td>
<td>SSI Benefits</td>
<td></td>
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<tr>
<td></td>
<td>Veterans Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pension(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Source of Pension(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Support or Alimony</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Source</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full Time Student Income</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS MONTHLY INCOME $ ______________

TOTAL GROSS ANNUAL INCOME (monthly amount listed above X 12) $ ______________

Do you anticipate any changes in income in the next 12 months? Yes____ No____ If Yes, explain:

D. ASSETS

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Number</th>
<th>Bank</th>
<th>Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account(s)</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Bank</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Savings Account(s)</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Bank</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Money Market Account(s)</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Bank</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Trust Accounts</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Bank</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Bank</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>IRA</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Company</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Savings Bonds</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Cash Value</td>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Whole Life Insurance Policy</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Cash Value</td>
<td>Balance</td>
<td></td>
</tr>
</tbody>
</table>

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/disposed 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 (i.e. vehicle, mobile home)? 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
Medical Insurance Coverage
Name of Company____________________ Address_________________________________

Anticipated Medical Expenses not covered by Insurance nor reimbursed: Monthly Amount $________
Medical bills / outstanding costs on which you are making monthly payments: Monthly Amount $____
Medical related travel costs Monthly amount $________________________
Any other medical expenses: Type______________________________ Monthly Amount $________
Type______________________________ 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: Name of care giver____________________ Cost $_______
Auxiliary Apparatus: Type_____________________________________________ Cost $________
Type_____________________________________________ Cost $________

F. CHILD CARE EXPENSES
Complete this part for household minors under 13 ONLY.

Name(s) of children cared for:___________________________________________ Age__________
Name(s) of children cared for:___________________________________________ Age__________
Name(s) of children cared for:___________________________________________ 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__________
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/Model:________________________ Color:_______
License Plate Number: __________________________ Registered To:________________________

Type of Vehicle:________________ Year/Make/Model:________________________ Color:_______
License Plate Number: __________________________ Registered To:________________________

Do you own any pets? Yes_____ No_____ If Yes, describe__________________________________
Note: Pets are not allowed in the building; please speak to management for more information

In case of emergency, please enter the information of an individual who management may contact:
Name:  _____________________________
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
AUTHORIZATION TO OBTAIN INFORMATION

By signing below, I authorize KOOTASCA Community Action, Inc. to request verifications and make inquiries to determine my eligibility for tenancy at Fairview Horizon Apartment Building. I also authorize KOOTASCA Community Action, Inc. to request verification and make inquiries regarding my income and assets for calculating my/our rent payment.

The verifications and inquiries may be obtained from, but not limited to, the following: current or prior landlords, reference contacts listed on the application, employers, social workers, financial workers, child support workers, state unemployment offices, social security offices, banks and other financial institutions, law enforcement entities, legal records, etc.

This information will only be used to determine my eligibility for tenancy and to calculate rent payment and will not be disclosed to anyone else without my written permission.

I also authorize photocopies of this authorization to be given to third parties for the purposes of obtaining the necessary information.

This authorization will expire in one year from the date signed below.

___________________________________  ___________________________________
Tenant Name (Printed)    Co-Tenant Name (Printed)

___________________________________  ___________________________________
Tenant Signature     Co-Tenant Signature

___________________________________  ___________________________________
Date        Date
“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 the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, 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 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:
Hispanic or Latino__________ Not Hispanic or Latino__________

Race: (Mark one or more)
1 American Indian/Alaska Native__________ 2 Asian__________
3 Black or African American__________ 4 Native Hawaiian or Pacific Islander__________
5 White__________

Gender:
Male__________ Female__________ Other__________