



OFFICE USE ONLY Date/Time Received:

APPLICATION FOR OCCUPANCY – FAIRVIEW HORIZON APTS

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: KOOTASCA Community Action
900 5th Street, Suite 304
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.

Name	Relationship	DOB	Social Security No.	Sex
1. _____	Head	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

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.

Name	Source of Income	Monthly Gross
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	MFIP / DWP / TANF	\$ _____
_____	MSA	\$ _____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension(s) Source of Pension(s) _____	\$ _____
_____	Unemployment Insurance	\$ _____
_____	Child Support or Alimony Source _____	\$ _____
_____	Full Time Student Income (Only Full Time Students 18 & Over)	\$ _____

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

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 (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 Monthly Amount \$ _____

Medical Insurance Coverage Monthly Amount \$ _____

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 _____

_____ 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 _____

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 inquires 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 inquires 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 _____