

**SUPPLEMENTAL RENTAL APPLICATION FOR UNITS  
UNDER GOVERNMENT REGULATED AFFORDABLE HOUSING PROGRAMS**



Date: \_\_\_\_\_  
(when this Application is filled out)

1. **SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. **EMPLOYMENT UPDATE.** Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

3. **HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above?  Yes  No. Does anyone plan to live with you in the future who is not listed above?  Yes  No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are any of the household members listed above: Foster children?  Yes  No Live-in attendants?  Yes  No

4. **ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$

5. **ASSETS.** List all assets of all adults and persons in your household, including those under the age of 18. TOTAL \$

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

7. **RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application



**RENTAL APPLICATION FOR  
RESIDENTS AND OCCUPANTS**  
(Each co-applicant and each occupant 18 years old  
and over must submit a separate application.)



Date when filled out: \_\_\_\_\_

APPLICANT INFORMATION			
Full Name (Exactly as it appears on Driver's License or Govt. ID card)			
Former Name (if applicable)		Gender (Optional)	
Birthdate	Social Security #	Driver's License #	State
Government Photo ID card #		Type	
Home Phone Number	Cell Phone Number	Work Phone Number	
Email Address			
Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated		Do you or any occupant smoke? <input type="checkbox"/> yes <input type="checkbox"/> no	
I am applying for the apartment located at: _____			

RETURN OF APPLICATION FEE
The following only applies to applicants in the City of Minneapolis/St. Paul.
If applicable, you elect to receive the return of your application fee as follows (check one):
<input type="checkbox"/> by mail to this address: _____
<input type="checkbox"/> destroy the application fee
<input type="checkbox"/> hold the application fee for your retrieval upon (1) business-day's notice

CO-APPLICANTS
Is there another co-applicant? <input type="checkbox"/> yes <input type="checkbox"/> no
Co-applicant Name
Email
Co-applicant Name
Email
Co-applicant Name
Email
Co-applicant Name
Email
Co-applicant Name
Email

OTHER OCCUPANTS			
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Type	

**OTHER OCCUPANTS (CONTINUED)**

Full Name _____		Relationship _____	
Date of Birth _____	Social Security # _____	Driver's License # _____	State _____
Government Photo ID card # _____		Type _____	
Full Name _____		Relationship _____	
Date of Birth _____	Social Security # _____	Driver's License # _____	State _____
Government Photo ID card # _____		Type _____	

**RESIDENCY INFORMATION**

Current Home Address (where you live now) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Do you  rent or  own?

Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Monthly Payment

Apartment Name \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

*(The following is only applicable if at current address for less than 6 months.)*

Previous Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Do you  rent or  own?

Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Monthly Payment

Apartment Name \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Gross Monthly Income

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

*(The following is only applicable if at current employer for less than 6 months.)*

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Gross Monthly Income

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**

*(Income must be verified to be considered)*

Type _____	Source _____	\$ _____
		Gross Monthly Amount
Type _____	Source _____	\$ _____
		Gross Monthly Amount

**CREDIT HISTORY (if applicable)**

If applicable, please explain any past credit problem:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RENTAL/CRIMINAL HISTORY**

*(Check only if applicable)*  
 Have you or any occupant listed in this Application ever:

been evicted or asked to move out?  
 moved out of a dwelling before the end of the lease term without the owner's consent?  
 declared bankruptcy?  
 been sued for rent?  
 been sued for property damage?  
 been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERRAL INFORMATION**

How did you find us?

Online search. Website address: \_\_\_\_\_  
 Referral from a person. Name: \_\_\_\_\_  
 Social Media. Which one? \_\_\_\_\_  
 Other \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency contact person over 18, who will not be living with you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**VEHICLE INFORMATION (if applicable)**

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

**PET INFORMATION (if applicable)**

You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

## APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Contract Information.** The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- 2. Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 3. Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed.
- 4. If you Fail to Sign Lease Contract After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.*
- 5. If You Withdraw Before Approval.** *If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.*
- 6. Approval/Non-Approval.** We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.
- 7. Refund after Non-Approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within \_\_\_\_\_ days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- 9. Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- 10. Application Submission.** Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

## DISCLOSURES

- 1. Application Fee (may or may not be refundable)**(Not applicable to applicants located in the City of Minneapolis).  
You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. *Payment of the application fee does not guarantee that your application will be accepted.* The application fee partially defrays the cost of administrative paperwork. *It is non-refundable.*  
City of Minneapolis Application Fee Disclosure: You agree to pay to our representative the application fee in the amount indicated in paragraph 3. *Payment of the application fee does not guarantee that your application will be accepted.* The application fee partially defrays the cost of administrative paperwork.
- 2. Application Deposit (may or may not be refundable).** In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* The application deposit will be credited toward the required security deposit or other amounts owed under the Lease Contract when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.
- 3. Fees Due.** Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
  1. Application fee (may or may not be refundable): \$ 40.00
  2. Application deposit (may or may not be refundable): \$ 200.00
- 4. Completed Application.** Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
  1. Your completed Rental Application;
  2. Completed Rental Applications for each co-applicant (if applicable);
  3. Application fees for all applicants;
  4. Application deposit for the Unit.
- 5. Notice to or from Co-Applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.
- 6. Screening Service Disclosure to Applicant.** Pursuant to MN Stat. §504B.173, the tenant screening service that we use is the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

The criteria upon which the decision to rent to the respective tenant include the financial information set forth in this application and the information set forth in the screening report and/or background check we obtain. If we reject your rental application pursuant to Minnesota Statutes and local laws, we will notify you within 14 days of such rejection identifying the criteria that you failed to meet. We are not obligated to return your application fee or deposit except as provided in MN Stat. §504B.173 and local laws.

**AUTHORIZATION AND ACKNOWLEDGMENT**

**AUTHORIZATION**

I authorize Tilden Fundamental (Parkway Gardens) Holdings LLC

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

**Payment Authorization**

I authorize Tilden Fundamental (Parkway Gardens) Holdings LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

**Non-Sufficient Funds and Dishonored Payments.**

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

**ACKNOWLEDGMENT**

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

_____	Unit # or type
Apt. name or dwelling address (street, city)	
_____	Phone
Person accepting application	
_____	Phone
Person processing application	
Applicant or Co-applicant was notified by <input type="checkbox"/> telephone <input type="checkbox"/> letter <input type="checkbox"/> email, or <input type="checkbox"/> in person of <input type="checkbox"/> acceptance or <input type="checkbox"/> non-acceptance on _____	
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)	
Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):	
_____	
Name(s)	
_____	
Name of owner's representative who notified above person(s)	

**ADDITIONAL COMMENTS**

As a courtesy to our Residents, we have an alternative to the required security deposit. The Resident may elect to pay a non-refundable monthly charge in lieu of the Security Deposit at move-in. The Resident will sign the Lease Addendum Monthly Charge In lieu of Security Deposit, and we will apply any paid refundable deposit towards any owing move-in fees. Application and holding fees are considered non-refundable fees and do not apply towards rent or move-in fees.





PARKWAY GARDENS  
APPLICANT/ RESIDENT  
RELEASE AND CONSENT FORM

In consideration of **Parkway Gardens** review of my rental/ renewal application. I hereby voluntarily consent to and authorize **Parkway Gardens** to obtain information with regards to my qualification as a resident of this apartment community.

I/We authorize all persons and organizations that may have information relevant to my residency to disclose such information to **Parkway Gardens**. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original which will be on file and will remain in effect for one (1) year from the date signed.

GROUPS OR INDIVIDUALS WHO MAY BE ASKE TO RELEASE INFORMATION:

Past & present employers  
Police Records  
Child Support & Alimony  
Banks & other Financial institutions  
Welfare Agencies  
Retirement systems/ administrations  
Employers

State unemployment Agencies  
Social Security Administration  
Medical & childcare providers  
Previous & present landlords  
Educational institutions  
Veterans Administration  
Credit bureaus

\_\_\_\_\_  
Applicant/ Resident Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Applicant/ Resident Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# PARKWAY GARDENS

## Authorization to Release Information

Is there any information that might appear on your credit or criminal history you wish to disclose or address up front, knowing that failure to disclose such information may be considered grounds for denial of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

(You may use the back side of this application to provide additional information.)

Background Check done by:

**LeasingDesk Screening**  
**1-866-934-1124**  
**[www.realtor.com/support/consumer](http://www.realtor.com/support/consumer)**

Applicant hereby grants Management full authorization necessary to verify the information on this form, included but not limited to credit history, rental history, income verification, criminal record, information from public agencies and other information relevant to this application for residential tenancy. **Management as a fair housing provider and will grant equal opportunity to all person under the law.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date







**CREDIT / CRIMINAL BACKGROUND CHECK CONSENT FORM**

1. You have the right to be informed that CAPREIT Residential Management LLC is requesting Criminal Background Check to determine if you have been convicted of a crime.
2. You have the right to be informed by CAPREIT Residential Management LLC of the results of a criminal background check and to obtain a copy of the results.
3. You have the right to obtain from Saint Paul Police Department / Law Enforcement Center, Sheriff's Department and/or the Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub. 4.
5. You have the right to be informed by CAPREIT Residential Management LLC if your application acceptance has been denied because of the results of this background check.

***Applicant Information – PLEASE PRINT CLEARLY***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Have you ever been known by another name? (Maiden, Aliases) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

Drivers Lic. / Photo ID # \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Apt

City State Zip Code County

Have you lived in Minnesota for at least the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list the complete address you have lived other than Minnesota:

Prior Address \_\_\_\_\_  
Street State Zip Code County

**This release shall be effective for ONE (1) year from the date signed.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**All Applicants over the age of eighteen (18) must fill out an individual Criminal Background Check form.**



**NON-EMPLOYMENT CERTIFICATION**

Please check either 'A' or 'B' below as appropriate with regard to your employment situation:

A.

- I am not now employed in any capacity.
- I have no intention of becoming employed in the foreseeable future.
- I am not under any affirmative obligation to obtain employment.

B.

- I am not now employed in any capacity.
- I do intend to become employed in the foreseeable future.
- Based upon my educational background, prior employment experience and career training, I anticipate earning \$ \_\_\_\_\_ over the next twelve months. I anticipate starting employment as a \_\_\_\_\_ on \_\_\_\_\_ earning \_\_\_\_\_ dollars per hour, working \_\_\_\_\_ hours per week.
- In support of this estimate, I have submitted:
  - Previous year's tax return
  - Previous job and salary history
  - Other supporting documentation (describe) \_\_\_\_\_

I agree to immediately notify management when and if the above income information changes.

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Please check all that apply. I receive or anticipate receiving income from the sources listed below.

1.  Social Security, public assistance, unemployment, or any other agency.
2.  Self-employment including but not limited to income from sale of Tupperware, Mary Kay, Avon, Shaklee, Amway, Discovery, or any other self-employment venture.
3.  Child Support, Spousal Support, or regular reoccurring gifts from any person or agency.
4.  Other sources of income, please list: \_\_\_\_\_
5.  I Do Not receive income from any source. My expenses are paid by: \_\_\_\_\_

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Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

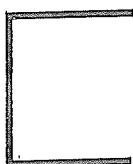
\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

**SUBALLOCATOR  
GOVERNMENT DATA PRACTICES ACT  
DISCLOSURE STATEMENT**

<b>PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM</b>	

Your Suballocator is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property ("Property"):



Office Manager  
Parkway Gardens  
1145 Hudson Road  
St. Paul, MN 55106



Some of the information you are being asked to provide to Suballocator may be considered private or confidential under the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Suballocator. The owner of the Property ("Owner") may also ask you to supply information that relates to your application. The Owner's request for information is not governed by the Minnesota Government Data Practices Act.

1. Suballocator is asking for information that is necessary for the administration and management of Federal program to provide housing for low and moderate-income families. Some of the information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property. Other information may be used to assist Suballocator in the evaluation and management of some of the programs it operates.
2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an "X" (all checked boxes apply):

Attachment 1 -Section 42 Housing Tax Credit/  
TCAP or Section 1602

Attachment 2 - HOME

Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by Suballocator to establish your eligibility to occupy a unit in the Property. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property.

4. The information asked for under Part B of the checked Attachment(s) will help Suballocator in the evaluation and management of some of the programs it operates and your supplying of this information will be very helpful to the Suballocator. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Your supplying of, or refusal to supply, any information requested by the Owner will not affect a decision by Suballocator, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Suballocator's determination and Suballocator does not participate, in any way, in the Owner's decision.
6. All of the information that you supply to Suballocator will be accessible to staff of the Suballocator and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by Suballocator to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Suballocator Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head and all household members age 18 or older must sign below:

Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____

**Attachment 1**  
**Section 42 Housing Tax Credit Program/TCAP and Section 1602**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status and, where applicable, evidence that student household meets Section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status

# ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ <span style="font-size: small;">(MM/DD/YYYY)</span>

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____	Unit Number: _____
Property Name: <u>Parkway Gardens</u>	Building Address: <u>1145 Hudson Road Saint Paul, MN 55106</u>

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, **STOP** no further information is needed. Sign and date below.*
  
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, **STOP**. Sign and date below. Verification of part time student status is required for at least one occupant.*
  
- C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be completed**:*

- |   |     |    |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)   | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)   | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)  | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated, **STOP** the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

# CAPREIT Residential Management LLC

13967 West Preserve Blvd. • Burnsville, MN 56387

Phone (952) 405-96494 • Email [www.capreit.com](http://www.capreit.com)

\_\_\_\_\_ Newspaper \_\_\_\_\_ Website \_\_\_\_\_ Apt Magazine \_\_\_\_\_ Signage \_\_\_\_\_ Referral \_\_\_\_\_ Drive-by \_\_\_\_\_ Rent.com

## PRE-LEASE DEPOSIT LIQUIDATION AGREEMENT

Received from \_\_\_\_\_ Property Name Parkway Gardens Apartment  
Address 1145 Hudson Road City Saint Paul State MN Zip 55106

Apartment # \_\_\_\_\_ Date \_\_\_\_\_ Application Fee Paid (Non-refundable) \_\_\_\_\_ CK # \_\_\_\_\_

Deposit \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 0.00 \$ \_\_\_\_\_ / CK # \_\_\_\_\_ \$ \_\_\_\_\_  
(Pre-Lease) (Pet) (Garage Opener) (Total Paid) (Balance Due)

Mthly Apt. Rent \$ \_\_\_\_\_ Mthly Garage/Storage Locker Rent \$ 0.00 Mthly Pet Rent \$ \_\_\_\_\_ Total Mthly Rent \$ \_\_\_\_\_

Special Instructions/Concessions/Comments: \_\_\_\_\_

Length of Lease \_\_\_\_\_ Move In Date \_\_\_\_\_ Rent Due at Move In \$ \_\_\_\_\_

(If applicant is accepted, enters into a rental agreement, and does NOT fulfill the entire terms of the lease agreement, he/she agrees to reimburse Management the value of any/all incentives given.)

### Move In Time 12:00 Noon Unless Prior Arrangements Have Been Made.

Applicant has paid to Management a pre-lease deposit of \$ \_\_\_\_\_.

Applicant and Management agree to the following terms regarding this pre-lease deposit:

1. If the information provided by Applicant is verified to Management's satisfaction, and Applicant has an acceptable rental, criminal and credit history, Management agrees to rent the unit applied for to Applicant. Management will notify Applicant  
 by telephone  in writing within 3 days when Applicant has been accepted.
2. If Applicant and Management enter into a rental agreement, the pre-lease deposit will:  
 be applied to  become the  security deposit  first month's rent  last month's rent
3. Owner will refund the deposit stated above together with accumulated interest at the rate of 1% per annum to Tenant within (3) weeks after the proper termination of the Standard Apartment Lease Agreement, and receipt of Tenant's forwarding address, or delivery instructions, subject to all articles of the Pre-Lease Liquidation Agreement, the Standard Lease Agreement and the Resident Handbook.
4. If Applicant is accepted, then fails to enter into a rental agreement, Management will retain the pre-lease deposit, as reimbursement for any rent lost due to Applicant's failure to enter into the rental agreement. As reimbursement for loss of any rent, Management will retain the amount of \$ \_\_\_\_\_ as liquidated damages for reimbursement for general costs, including administrative and advertising costs, and removing the unit from the market.
5. If Applicant is not accepted for tenancy, the pre-lease deposit will be returned according to paragraph 6.
6. The pre-lease deposit will be returned to Applicant within 7 days of the occurrence of one of the following circumstances and verification that the funds have been processed and received by Management.
  - ◆ Notification that Applicant is not accepted for tenancy.
  - ◆ An accepted Applicant's failure to enter into a rental agreement, **less** Management's determination of damages, if any, due to Applicant's failure to enter into a rental agreement as provided in paragraph 4.

Management \_\_\_\_\_

Applicant \_\_\_\_\_

Applicant \_\_\_\_\_

Applicant \_\_\_\_\_