

Date & Time Received  
Site Manager Only

## RENTAL APPLICATION

Sibley Senior  
(Property Name)

*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.*

**Please Print**

List each person who will live in the apartment or townhouse (start with yourself).

**Those who are over the age of 18 will need to fill out a separate application.**

NAME Last, First, Middle Initial	DATE OF BIRTH	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER **	DRIVER LICENSE NUMBER	ANNUAL INCOME
		Head			

**\*\*Applicants must disclose provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in the applicant not being admitted. Please indicate if the member not proving a SSN meets one of the three exceptions to this rule listed.  I do not contend eligible immigration status.  I am age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.  Minor child under the age of 6 that has been added to this household within the last 6 months.**

- |   |         |        |
|---|---------|--------|
| 1. Does your household have a need for an accessible unit?  | Yes ___ | No ___ |
| 2. Have you been displaced due to gov't action or presidentially declared disaster?                                       | Yes ___ | No ___ |
| 3. Does anyone live with you now who is not listed above?   | Yes ___ | No ___ |
| 4. Do you expect any change in your household composition?  | Yes ___ | No ___ |
| 5. Are you enrolled as a student at an institution of higher education?   | Yes ___ | No ___ |
| 6. Does anyone outside of your household pay for any of your bills or give you money?                                     | Yes ___ | No ___ |
| 7. Have you ever been convicted of a felony, misdemeanor, or crime? Or do you have any pending legal charges against you? | Yes ___ | No ___ |
| 8. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?      | Yes ___ | No ___ |
| 9. Have you ever been evicted or had a judgement for an Unlawful Detainer?  | Yes ___ | No ___ |
| 10. Have you or any member of your household ever resided in another state? Yes, please list state(s) below.              | Yes ___ | No ___ |

*If you answered Yes to any of the above question please explain:*

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**Current Address:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Present Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 Rent Rate: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Address:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Present Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 Rent Rate: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Current Employer:**

\_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_

**Would you like a copy of this property's Tenant Selection Plan?**  Yes  No

**How did you hear about the property? Please circle**

*Newspaper*      *Television*      *Internet*      *Site Sign*      *Radio*      *Telephone Book*      *Friend / Relative*  
 Other: \_\_\_\_\_

**APPLICANT CERTIFICATION:** I acknowledge that Paramark Corp. will be collecting information on me regarding housing eligibility. Verifications and inquires that may be requested include, but are not limited to: employment, income and assets, credit and criminal activity, residences and rental activity. The resources that may be asked to release this information include but are not limited to: previous landlords, public housing agencies, past and present employers, utility companies, law enforcement agencies, banks and other financial institutions, credit providers and other credit bureaus. I certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT EMAIL ADDRESS: \_\_\_\_\_



## SCREENING CRITERIA

TO BE CONSIDERED FOR HOUSING, A HOUSEHOLD MUST MEET THE MINIMUM SCREENING CRITERIA WITH REGARD TO CREDIT, CRIMINAL HISTORY AND ACCEPTABLE PERSONAL AND LANDLORD REFERENCES. IF ANY OF THE FOLLOWING INFORMATION IS TRUE, THE APPLICANT(S) WILL BE DENIED RESIDENCY.

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### CREDIT

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- ◆ Applicants with outstanding (unpaid) collections totaling \$500.00 or more.
- ◆ Applicants with judgments and credit grantor loss write-offs totaling \$500.00 or more.
- ◆ Applicants with any combination of the above two criteria totaling \$500.00 or more.
- ◆ Applicants with a bankruptcy on their record that is less than two years old.
- ◆ Applicants with a consistent history of late payments on their financial obligations.
- ◆ Applicants with outstanding financial obligations to current or previous landlords.
- ◆ Applicants with outstanding financial obligations to mortgage lenders.
- ◆ Applicants with a credit Score under 550.

**Note:** A valid explanation for any of the above listed criteria may be considered by the owner/agent if provided in writing by applicant(s).

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### LANDLORD REFERENCES

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- ◆ Applicants that cannot provide verifiable rental landlord references of at least one-year duration with a written contract.
- ◆ Applicants with an unlawful detainer on their record.
- ◆ Applicants with verified housekeeping problems or with a history of disturbing the peace.
- ◆ Applicants with a verified charge by local law enforcement for disorderly use pertaining to crime free/drug free housing.

**Note:** A valid explanation for any of the above listed criteria may be considered by the owner/agent if provided in writing by applicant(s).

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### CRIMINAL HISTORY

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We do not reject applications based on arrests, dismissed charges, or expunged convictions.

We do not reject applications based on juvenile records unless the resulting adjudication or conviction is based on an adult charge or public juvenile adjudication.

We do not reject applications based on minor crimes (failure to pay transit fare, minor consumption of alcohol, loitering without intent, worthless check, etc.) or for minor and moderate driving offenses that do not involve criminal vehicular operation causing property damage or bodily injury.

We do consider the number of DUI's received during the past five years.

No matter the date of the conviction, we reject applications for criminal convictions such as homicide; arson; 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree criminal sexual conduct; child pornography; illegal manufacture or distribution of controlled substances; terrorism; blackmail; extortion; and racketeering. We reject applicants who are currently subject to any sex-offender registration requirement under any jurisdiction.

For convictions not described above, we consider the nature, severity, and age of the conviction in determining whether to approve or reject an application. For felony convictions, the range is between 2 and 15 years. For example, a less serious felony (like harboring a runaway child) must be at least 2 years old, or your application will be denied. A more serious felony (like assault with a deadly weapon) must be at least 15 years old, or your application will be denied. The age ranges for gross misdemeanors and misdemeanors is 2 years old to 10 years old. The age ranges for petty misdemeanors is 2 years old to 5 years old, unless an applicant has repeated convictions. Given the variety of convictions that exist and the need to review accurate records, we cannot make binding pre-application determinations about whether your criminal history may disqualify you from our housing. We make admissions decisions after we have ordered and reviewed screening reports.

**Open charges:** Unless the charge is for a crime that we disregard under our screening policy, we reject applicants with open charges. An applicant may re-apply upon resolution of the open charge, at which time the then-closed charge will be considered under our criteria. If the open charge was dismissed, the application will not be denied on the basis of that charge. If the open charge resulted in a conviction, it will be evaluated under our criteria to determine whether the conviction requires rejection of the application.

We have the discretion to evaluate criminal records to determine how to characterize them and apply our screening criteria. Our screening criteria are narrowly and proportionately tailored to comply with fair housing law, advance the property's interests, and not unduly limit an applicant's admission based on criminal background. We have and will continue to consider the interests of the property; various laws; and other relevant materials when determining how to treat criminal records under our criteria. We will reject applications when required to do so by federal, state, or local law. We have the discretion to modify our policy and criteria based on new information, new law, our experience in applying the policy and criteria, and other business justifications.





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 \_\_\_\_\_



## Rental Reference Request

**Applicant Only Sign Release On This Form.**

I authorize <u>Sibley Senior Housing</u> to receive information regarding my rental history.		
(apartment name)		
_____ Applicant Signature	_____ Applicant Signature	_____ Date

To: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Re: \_\_\_\_\_ Apartment Complex: \_\_\_\_\_

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

1. Dates of Residency: \_\_\_\_\_ to \_\_\_\_\_
2. Rental Amount: \$\_\_\_\_\_ Did the resident pay their rent on time? \_\_\_\_\_
3. Late Payments (How many) \_\_\_\_\_
4. Proper Notice Given: \_\_\_\_\_
5. Did you receive a security deposit? \_\_\_\_\_  
How much of it was returned to the resident? \_\_\_\_\_
6. Noise Complaints: \_\_\_\_\_ Please explain: \_\_\_\_\_
7. NSF Checks (How many): \_\_\_\_\_
8. If the above applicant would re-apply to rent at your property, would you re-rent? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Completed By (please sign) Title Date

Please fax or mail this rental reference back to:

Name:	_____
Address:	_____
Phone:	_____
Fax:	_____

**Thank you for assisting us with our application process.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.