



Equal
Housing
Opportunity

OFFICE USE ONLY Date/Time Received:

APPLICATION FOR OCCUPANCY

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: GREATER MINNESOTA MANAGEMENT
210 GARFIELD AVENUE
P.O. BOX 205
MENTOR, MN 55736

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	Birthdate	Age	Social Security No.	Sex
1. _____	Head	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

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: _____

Non-related Personal References:

1. Name _____ Address _____ Telephone _____
 2. Name _____ Address _____ Telephone _____
 3. Name _____ Address _____ Telephone _____

Credit References:

1. Name _____ Address _____ Account No. _____
 2. Name _____ Address _____ Account No. _____
 3. Name _____ Address _____ Account No. _____

C. HOUSEHOLD INCOME

List all sources of income for all household members.

Name	Source of Income	Monthly Gross
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension(s) Source of Pension(s) _____	\$ _____
_____	Unemployment Comp.	\$ _____
_____	AFDC	\$ _____
_____	Alimony Source _____	\$ _____
_____	Child Support Source _____	\$ _____
_____	Full Time Student Income (Only Full Time Students 18 & Over)	\$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

TOTAL GROSS ANNUAL INCOME (Base on Monthly amount listed above and multiply x 12) \$ _____

Do you anticipate any changes in this 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 (ie. recreational vehicle or mobile home; do not include personal property)?

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 or outstanding costs on which you are making monthly payments	Monthly Amount \$	_____
Medical related travel costs	Monthly amount \$	_____
Any other medical expenses: list type and amounts _____	Monthly Amount \$	_____
	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: state name of care giver and cost _____ \$ _____

Auxiliary Apparatus: list type and cost _____ \$ _____

_____ \$ _____

_____ \$ _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for: _____ Age _____

_____ 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 _____ 3 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: _____ Color: _____
License Plate No. _____ Registered To: _____
Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate No. _____ Registered To: _____

Do you own any pets? Yes _____ No _____ If Yes, describe _____
Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify: _____
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

J. AUTHORIZATION

I/We do hereby authorize Greater Minnesota Management and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by the United States Dept of Agriculture

SIGNATURES:

Tenant

Co-Tenant

Date

Date

“In accordance with Federal Law and U.S. Department of Agricultural policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability (Not all prohibited bases apply to all programs.).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

Please provide the following information so that the Mar-Bel Homes will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government, that Mar-Bel Homes complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your request for services or to discriminate against you in any way. However, if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

RACIAL CATEGORIES

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

ETHNIC CATORGORIES

Hispanic or Latino
 Not Hispanic or Latino

INFORMED CONSENT

DATE: _____

THE FOLLOWING NAMED INDIVIDUAL HAS MADE APPLICATION WITH
MARBEL HOMES IN GRYGLA, MN FOR HOUSING.

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, Alias or Former: _____

Current Address _____

Previous Address _____

Date of Birth _____

Social Security # _____

Driver's License # _____

I authorize the Marshall County Law Enforcement to disclose all criminal history record information to MarBell Homes for the purpose of an application for housing.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date

FAX TO: 1-218-637-6094

MarBell Homes
Greater MN Management
P.O. Box 205
Mentor, MN 56736