

Oliver Management Services, Inc.

5713 Grand Ave. Suite B

Duluth, MN 55807

(218) 628-0311 *(218) 624-2235

TAX CREDIT APPLICATION

HOUSEHOLD QUESTIONNAIRE

Certification Effective Date: _____

Household certifying for the following Program(s):

- ☐ Move-in _____
- ☐ Initial Cert _____
- ☐ Recertification _____
- ☐ Add a Member _____

- ☐ Section 8
- ☐ Housing Tax Credit
- ☐ HOME
- ☐ Section 236
- ☐ Other _____

Date & Time Rec'd: _____
Rent Amount: \$ _____

Property Name _____

Bldg/Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	SOCIAL SECURITY NUMBER
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification.

Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Does any member work for someone who pays them in cash or is self-employed.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay for a member of the armed forces	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Public Assistance (MFIP, GA)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Worker's compensation	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Unemployment benefits or severance pay	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Student financial assistance (public or private, not including student loans)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Alimony/Spousal Maintenance	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Social Security income (including unearned income of minor children)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability benefits including social security disability	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular payments from pensions (PERA, railroad, etc.)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from retirement benefits	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Death Benefits	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from annuities or life insurance dividends	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	17. Net income from rental property	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	20. Other (list) _____	\$ _____

HOUSEHOLD ASSETS			
Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts (include cash cards used as savings accounts)	\$
		23. Stocks	\$
		24. Capital Investments	\$
		25. Bonds	\$
		26. Trusts*	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		29. 401K*	\$
		30. IRA/KEOGH Accounts	\$
		31. Certificates of Deposit	\$
		32. Pension/Retirement/Annuity accounts	\$
		33. Money Market Funds	\$
		34. Treasury Bills	\$
		35. Safety Deposit Box	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		38. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No	Value
		39. Do you now own a home or other real estate? \$
		If yes, list address(es): _____
		40. Do you receive payments for a home you sold by contract for deed? \$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items \$
		held as an investment (wedding rings and personal jewelry do not count)?
		42. Are any assets held jointly with another person? List person and asset(s). _____

Enter combined cash value of all household assets	\$
--	----

DO NOT LEAVE THIS SECTION BLANK.			
From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)			
Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

DEDUCTIONS AND ALLOWANCES
For Section 8/236 HUD programs only:

A. Day Care		Amount
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		
\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		
Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		
\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		

B. Medical – complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.		
Do you have Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any other kind of medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of insurer _____		
Do you receive medical assistance? If yes, do you have a monthly spend-down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you pay for prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Name and address of pharmacy: _____		
Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, indicate the types of bills owed: _____		

Do you expect to have extraordinary medical/dental expenses in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, list the amount and type of expense: _____		

Name and facility where this can be verified: _____		

Doctor's name and address: _____		

Please bring receipts for your non-prescription medication.

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL INFORMATION

The following questions pertain to every member of the household.
Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____

UNDER \$5,000 ASSET CERTIFICATION
(For use under Housing Tax Credit Program only)

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

ANNUAL STUDENT CERTIFICATION

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

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: _____

Building Address: _____

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, 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). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all 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. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 2. 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 |
| 3. 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 |
| 4. 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 |
| 5. Does the household consist of at least one student who was, within 5 years of the effective date of the initial income certification, 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 questions 1-5 are marked **NO**, or verification does not support the exception indicated, 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)

STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO:

RE:

Name

Social Security Number

FROM:

Thank you for your prompt response. All information is confidential.
Please contact _____
at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Please provide the information requested below. Complete all sections. Write N/A if not applicable:

Student Currently attends school: (please circle one)		Full Time	Part Time
If full-time, the date the student enrolled as such: _____ Expected Date of Graduation: _____			
Does above student attend summer session?		Yes	No
Is student a participant in a program funded under the Job Training Partnership Act or Workforce Investment Act, or a similar program?		Yes	No
Total financial assistance including scholarships, grants, etc. (<i>public or private, excluding student loans</i>) received:			
	Source	Amount	Beginning Date
	Ending Date		
Scholarships	_____	\$ _____	_____
Grants	_____	\$ _____	_____
Work Study	_____	\$ _____	_____
Cost of Tuition	_____	\$ _____	_____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: _____
Print your name: _____
Title: _____
Address: _____

Today's Date: _____
Tel. #: _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

The Family Summary Sheet

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



RENTAL APPLICATION SUPPLEMENT

Applicant Name: _____

List all the places where you have lived in the past ten (10) years:

Present Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Rent Paid:	_____	Phone #:	_____
Present Landlord:	_____			Phone #:	_____
1st Previous Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Move Out Date:	_____	Rent Paid:	_____
Previous Landlord:	_____			Phone #:	_____
2nd Previous Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Move Out Date:	_____	Rent Paid:	_____
Previous Landlord:	_____			Phone #:	_____
3rd Previous Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Move Out Date:	_____	Rent Paid:	_____
Previous Landlord:	_____			Phone #:	_____
4th Previous Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Move Out Date:	_____	Rent Paid:	_____
Previous Landlord:	_____			Phone #:	_____
5th Previous Address:	_____	City:	_____	State/Zip:	_____
Move In Date:	_____	Move Out Date:	_____	Rent Paid:	_____
Previous Landlord:	_____			Phone #:	_____

Additional Income (include reference to MFIP or Section 8 if applicable):

Source:	_____	Amount:	_____	Phone:	_____
Source:	_____	Amount:	_____	Phone:	_____

HRA Worker: _____ Phone: _____

Have you ever been evicted? _____ If yes please explain below:

This application represents your permission to check credit, criminal history, employment, rental and all other references and public records.

Signature of all Adults:

Date:

To: _____

Applicant Name _____

Phone or Fax#: _____

Former/Present Address: _____

FROM: Oliver Management Services, Inc.
5713 Grand Ave Suite B
Duluth, MN 55807
Fax: (218) 624-2235

Thank you for your prompt response. All information is confidential. Please contact Barb at (218) 628-0311 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER LANDLORD

Are you a relative or friend of the above named person? Yes No
 If yes please describe relationship: _____

Dates of Occupancy FROM: _____ TO: _____

Name/Address of property _____

Does the above named person(s) have a lease with you? Yes No

1. Rent Payment

- A. Amount of monthly rent: \$ _____
- B. Was rent paid on time? Yes No
 If no, how late was rent paid? _____ How Often? _____
- C. Have you ever begun or completed an eviction proceeding for non-payment of rent? Yes No
- D. Do you provide any of the utilities for the unit? Yes No
- E. Have tenant paid utilities ever been disconnected for non-payment? Yes No

2. Caring for the Unit

- A. Is/was the unit kept clean, safe and sanitary? Yes No
- B. Has the above named person(s) caused any excessive damage to the unit? Yes No
 If yes, cost to repair \$ _____ How Often? _____
- C. Has the damage been paid for? Yes No
- D. Does the above named person(s) owe you any money? Yes No
 If yes, how much do they owe \$ _____ Describe _____
- E. Will (did) you keep any of the security deposit? Yes No
 If yes, how much \$ _____ Reason? _____
- F. Was there any problem with insect/rodent infestation? Yes No
 If yes, was housekeeping a contributing factor? _____

YES NO

3. General Information

- A. Were unauthorized persons allowed to reside in the unit on a regular basis? _____
- B. Have the above named person(s), family members or guests engage in criminal activity, including drug-related activity, on or near your property? _____
- C. Has the above named person(s) acted in a physically violent and /or verbally abusive toward neighbors and/or staff? _____
- D. Did the above named person(s) give the required notice to vacate, if applicable? _____
- E. Does the above named person(s) currently receive subsidy? _____
 If yes, through which agency _____ program _____
 Date they will be released from subsidy? _____
- F. Did the above named person(s) move out voluntarily or after judicial eviction? _____
- G. Would you re-rent to the above named person(s)? If no, please explain: _____

Additional Comments, if any: _____

Signature _____

Date: _____

Print your name _____

Tel #: _____

Title _____

Address _____

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. **Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)**

To: _____

Applicant Name _____

Phone or Fax#: _____

Former/Present Address: _____

FROM: Oliver Management Services, Inc.
 5713 Grand Ave Suite B
 Duluth, MN 55807
 Fax: (218) 624-2235

Thank you for your prompt response. All information is confidential. Please contact Barb at (218) 628-0311 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than 5 years, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY CURRENT OR FORMER LANDLORD

Are you a relative or friend of the above named person? Yes No

If yes please describe relationship: _____

Dates of Occupancy FROM: _____ TO: _____

Name/Address of property _____

Does the above named person(s) have a lease with you? Yes No

1. Rent Payment

- A. Amount of monthly rent: \$ _____
- B. Was rent paid on time? Yes No
 If no, how late was rent paid? _____ How Often? _____
- C. Have you ever begun or completed an eviction proceeding for non-payment of rent? Yes No
- D. Do you provide any of the utilities for the unit? Yes No
- E. Have tenant paid utilities ever been disconnected for non-payment? Yes No

2. Caring for the Unit

- A. Is/was the unit kept clean, safe and sanitary? Yes No
- B. Has the above named person(s) caused any excessive damage to the unit? Yes No
 If yes, cost to repair \$ _____ How Often? _____
- C. Has the damage been paid for? Yes No
- D. Does the above named person(s) owe you any money? Yes No
 If yes, how much do they owe \$ _____ Describe _____
- E. Will (did) you keep any of the security deposit? Yes No
 If yes, how much \$ _____ Reason? _____
- F. Was there any problem with insect/rodent infestation? Yes No
 If yes, was housekeeping a contributing factor? _____

YES NO

3. General Information

- A. Were unauthorized persons allowed to reside in the unit on a regular basis? _____
- B. Have the above named person(s), family members or guests engage in criminal activity, Including drug-related activity, on or near your property? _____
- C. Has the above named person(s) acted in a physically violent and /or verbally abusive toward neighbors and/or staff? _____
- D. Did the above named person(s) give the required notice to vacate, if applicable? _____
- E. Does the above named person(s) currently receive subsidy? _____
 If yes, through which agency _____ program _____
 Date they will be released from subsidy? _____
- F. Did the above named person(s) move out voluntarily or after judicial eviction? _____
- G. Would you re-rent to the above named person(s)? If no, please explain: _____

Additional Comments, if any: _____

Signature _____

Date: _____

Print your name _____

Tel #: _____

Title _____

Address _____
 _____**PENALTIES FOR MISUSING THIS CONSENT:**

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. **Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)**

To: _____

RE: _____

Name _____

Phone or Fax#: _____

Phone Number _____

FROM: Oliver Management Services, Inc.
5713 Grand Ave Suite B
Duluth, MN 55807
Fax: (218) 624-2235

Thank you for your prompt response. All information is confidential. Please contact **Barb** at **(218) 628-0311** if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY APPLICANT'S PERSONAL REFERENCE

Are you a relative or friend of the above named person(s)?

Yes

No

If yes please describe relationship: _____

How long have you known the above named person(s)? _____

How do you know the above named person(s)? _____

If you were a landlord, would you rent to the above named person(s)?

YES

NO

Please explain why. _____

Please describe the above named person(s) in three words _____

Do you know of any reasons that could prevent the above named person(s) from receiving housing from our company? _____

Is there anything we haven't asked that you would like to share with Oliver Management Services, Inc. on the above named person(s)? _____

Signature _____

Date: _____

Print your name _____

Tel #: _____

Title _____

Address _____

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)

To: _____

RE: _____

Name _____

Phone or Fax#: _____

Phone Number _____

FROM: Oliver Management Services, Inc.
5713 Grand Ave Suite B
Duluth, MN 55807
Fax: (218) 624-2235

Thank you for your prompt response. All information is confidential. Please contact **Barb** at **(218) 628-0311** if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying this information is left blank. Release: I hereby authorize the release of requested information. Information obtained under this consent is limited to information that is no older than 5 years. There are circumstances, which would require the owner to verify information that is older than years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY APPLICANT'S PERSONAL REFERENCE

Are you a relative or friend of the above named person(s)?

Yes**No**

If yes please describe relationship: _____

How long have you known the above named person(s)? _____

How do you know the above named person(s)? _____

If you were a landlord, would you rent to the above named person(s)?

YES**NO**

Please explain why. _____

Please describe the above named person(s) in three words _____

Do you know of any reasons that could prevent the above named person(s) from receiving housing from our company? _____

Is there anything we haven't asked that you would like to share with Oliver Management Services, Inc. on the above named person(s)? _____

Signature _____

Date: _____

Print your name _____

Tel #: _____

Title _____

Address _____

PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h)



REQUEST AUTHORIZATION FORM

FAX COMPLETED REQUEST AUTHORIZATION FORM TO 855-244-2401

(Or) Order & View Request Online 24/7/365- Login at TenantReports.com

Toll Free Phone Support 855-244-2400 M-F 9am to 9pm EST and Sat 11am to 5pm

Email support at Requests@TenantReports.com

Applicant Information and Signature Release

PRINT CLEARLY - *All fields are **REQUIRED**

(Note: Tenant requests are per applicant and not filed jointly per bureau compliance)

*Applicant Full Name: _____
First Middle Last

*SSN#: _____ - _____ - _____ *DOB: ____/____/____

*Address: _____ APT # _____

*City: _____ *State: _____ *Zip: _____

Former Address (if **NOT** at present address for 2 years):

*Address: _____ *APT # _____

*City: _____ *State: _____ *Zip: _____

*Monthly Income: _____

*Proposed Monthly Rent: _____

Driver's License # (if requesting Driver's License History Report):

I authorize the named below to obtain a credit report, criminal report, and or eviction check, on me, through **TenantReports.com** for tenant screening purposes.

*Applicant Signature: _____ Date: ____/____/20____

To Be Completed By US Real Estate
Client (Requestor) ONLY:

*Client ID # _____

*Requested by _____
First Last

*Phone # _____

*Reply Fax # _____

* Required Fields

Please "X" Requested Service(s) ☒ :

Statewide Bundle..... ☐

Nationwide Bundle..... ☐

Background Bundle (No Credit Data).... ☐

All Bundles include: Eviction record, criminal record, 50 state sex offender search, SSN# verification and address history. TransUnion credit report w/score or Tenant Score Card also included (except Background Bundle). Call for credit report details- viewing/printing detailed reports available with approved onsite office inspection.

Credit Reports w/score

TransUnion Credit Report..... ☐

Experian Credit Report..... ☐

Equifax Credit Report..... ☐

*Tenant Score Card..... ☐

*Pass /Fail Based on credit report findings and risk threshold established in Tenant Score Card set-up

Pre-Employment Credit Report..... ☐

Canadian Report..... ☐

Business Credit Report..... ☐

(EIN#) _____

Criminal Background

Statewide Criminal Check..... ☐

Nationwide Criminal Check..... ☐

County Criminal Check..... ☐

(Specify County) _____

Global Criminal Check..... ☐

Federal Criminal Record..... ☐

(Specify Jurisdiction) _____

Eviction Reports

Statewide Eviction..... ☐

Nationwide Eviction..... ☐

Other Checks

SSN# Verification..... ☐

Prev. Landlord Verification..... ☐

Employment Verification..... ☐

Driver's License History..... ☐

PeopleFinder Service..... ☐



REQUEST AUTHORIZATION FORM

FAX COMPLETED REQUEST AUTHORIZATION FORM TO 855-244-2401

(Or) Order & View Request Online 24/7/365- Login at TenantReports.com

Toll Free Phone Support 855-244-2400 M-F 9am to 9pm EST and Sat 11am to 5pm

Email support at Requests@TenantReports.com

Applicant Information and Signature Release

PRINT CLEARLY - *All fields are REQUIRED

(Note: Tenant requests are per applicant and not filed jointly per bureau compliance)

*Applicant Full Name: _____
First Middle Last

*SSN#: _____ - _____ - _____ *DOB: ____/____/____

*Address: _____ APT # _____

*City: _____ *State: _____ *Zip: _____

Former Address (if NOT at present address for 2 years):

*Address: _____ *APT # _____

*City: _____ *State: _____ *Zip: _____

*Monthly Income: _____

*Proposed Monthly Rent: _____

Driver's License # (if requesting Driver's License History Report):

I authorize the named below to obtain a credit report, criminal report, and or eviction check, on me, through **TenantReports.com** for tenant screening purposes.

*Applicant Signature: _____ Date: ____/____/20____

To Be Completed By US Real Estate
Client (Requestor) ONLY:

*Client ID # _____

*Requested by _____
First Last

*Phone # _____

*Reply Fax # _____

* Required Fields

Please "X" Requested Service(s) ☒ :

Statewide Bundle..... ☐

Nationwide Bundle..... ☐

Background Bundle (No Credit Data).... ☐

All Bundles include: Eviction record, criminal record, 50 state sex offender search, SSN# verification and address history. TransUnion credit report w/score or Tenant Score Card also included (except Background Bundle). Call for credit report details- viewing/printing detailed reports available with approved onsite office inspection.

Credit Reports w/score

TransUnion Credit Report..... ☐

Experian Credit Report..... ☐

Equifax Credit Report..... ☐

*Tenant Score Card..... ☐

*Pass /Fail Based on credit report findings and risk threshold established in Tenant Score Card set-up

Pre-Employment Credit Report..... ☐

Canadian Report..... ☐

Business Credit Report..... ☐

(EIN#) _____

Criminal Background

Statewide Criminal Check..... ☐

Nationwide Criminal Check..... ☐

County Criminal Check..... ☐

(Specify County) _____

Global Criminal Check..... ☐

Federal Criminal Record..... ☐

(Specify Jurisdiction) _____

Eviction Reports

Statewide Eviction..... ☐

Nationwide Eviction..... ☐

Other Checks

SSN# Verification..... ☐

Prev. Landlord Verification..... ☐

Employment Verification..... ☐

Driver's License History..... ☐

PeopleFinder Service..... ☐

**Minnesota Housing Finance Agency
GOVERNMENT DATA PRACTICES ACT
DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM	

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

Some of the information you are being asked to provide to Minnesota Housing 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 Minnesota Housing. 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. Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Other information may be used to assist Minnesota Housing 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):

- | | |
|--|--|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, and 202 Programs | <input type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF) |
| <input type="checkbox"/> Attachment 2 - Housing Tax Credit Program | <input type="checkbox"/> Attachment 5 - MARIF and HOPWA |
| <input type="checkbox"/> Attachment 3 - ARM or LMIR First Mortgage | <input type="checkbox"/> Attachment 6 - 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 Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal rental assistance. 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 or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. 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 or for State or Federal rental assistance.

5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.

6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing 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 Minnesota Housing 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 Minnesota Housing Finance Agency 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 _____

Attachment 2
Housing Tax Credit Program

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. Custody of minor children
7. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)
8. 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. Elderly, disabled or handicapped status of members of your household
6. Marital Status
7. Main Source of Income