

201 North Broad Street, Suite 109  
Mankato, MN 56001  
507.345.1290  
FAX 507.387.6843  
smr@smrrental.com

## RESIDENT SELECTION CRITERIA

A rental application, credit and criminal report must be processed on all prospective residents 18 years of age or older. Applications will not be approved from un-emancipated minors and/or persons under the age of 18.

SMR will adhere to Fair Housing Act as amended, prohibiting discrimination in housing based on age, race, color, religion, sex, national origin, familial status or disability.

Please review this information before completing the application. Falsification of information on the application will result in denial of residency.

**Each applicant must provide a copy of a valid local, state or federal government issued photo identification at the point of application for verification purposes. HUD also requires a copy of social security cards and birth certificates for all household members, including dependants.**

Applicants must provide current residency information including any out of state residences during the past two years. Each applicant's criminal/credit report will be reviewed. If applicant takes exception with the findings, the applicant is responsible and has the right to contact the credit reporting agent/agencies. In the event the discrepancy can be cleared up, the applicant will be considered on the basis of the new information.

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### **Rental History/References**

Applicants must provide verifiable present and past residency information including any out of state residences during the past two years (24 months). Each applicant's rental references, criminal/credit report will be reviewed. If applicant takes exception with the findings, the applicant is responsible and has the right to contact the credit reporting, rental reference agent/agencies. In the event the discrepancy can be cleared up, the applicant will be considered on the basis of the new information.

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Applicant may be denied for the following:

### **Criminal Background History**

- Applicant or Occupant will be denied for any conviction of a sexual crime when applicant is register as a sex offender.
- Applicant/Occupant may be denied for three consecutive convictions within 3 years (36 months).

### **Felony Conviction**

Applicant or Occupant may be denied for any felony conviction for offenses against property, animals, persons, fraud, computers, family relations, government, public peace, gambling, firearms, organized crime, illegal drugs, sexual nature, alcohol, victimless offenses, public peace for minimum of 7 years and maximum of 50 years, from conviction date.

**Gross Misdemeanor Conviction**

Applicant or Occupant will be denied for any Gross Misdemeanor conviction for offenses against property, animals, persons, fraud, computers, family relations, sexual nature, government, public peace, firearms, organized crime, illegal drugs, victimless offenses, public peace for minimum of 5 years and maximum of 35 years, from conviction date.

**Misdemeanor/Petty Misdemeanor Conviction**

Applicant or Occupant will be denied for any Misdemeanor/Petty Misdemeanor conviction for offenses against property, animals, persons, fraud, computers, family relations, government, public peace, gambling, firearms, organized crime, illegal drugs, alcohol, victimless offenses, sexual nature, public peace for minimum of 2 years and maximum of 15 years, from conviction date.

**Credit/References/Past Behavior**

- Applicant or occupant may be denied for a history or not meeting financial obligations, or a history of disturbing neighbors, violations of previous rental agreements, or evictions.
- Applicant or occupant will be denied if previous landlord would not relet due to lease violations.

**Income Limit**

- Applicant (s) must meet the required income guidelines set forth by the project.

**Applicants may be denied for the following:**

- Adverse information received during the interview process related to eligibility, received on the application and the information contained in a rental references, consumer credit report or a criminal records report.
- The applicant does not meet the requirements of the Fair Housing/Tenant Selection Occupancy Policy.
- Anyone having been and/or in the process of being terminated/evicted from a previous landlord for just cause.
- Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the interview related to eligibility, award of preference for admission, family composition, or rent.
- Refusal to comply with housing program requirements, policies, and/or procedures.

**The household characteristics/number of occupants per apartments exceeds the following guidelines:**

Studio	1 occupant
1 bedroom	2 occupants
2 bedrooms	4 occupants
3 bedrooms	6 occupants

\*\*\*\*\*

I/WE HEREBY CONSENT TO ALLOW SMR, TO OBTAIN AND VERIFY MY CREDIT, CRIMINAL AND RELATED INFORMATION FOR THE PURPOSE OF DETERMINING WHETHER OF NOT TO LEASE TO ME AN APARTMENT OR TOWNHOME, I UNDERSTAND THAT SHOULD I LEASE AN APARTMENT OR TOWNHOME, THE COMMUNITY IN WHICH I HAVE APPLIED AND ITS AGENT/S SHALL HAVE A CONTINUING RIGHT TO REVIEW MY CREDIT INFORMATION, PAYMENT HISTORY AND OCCUPANCY HISTORY FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS.

I/WE HAVE READ UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.

\_\_\_\_\_  
Prospective Resident                      Date

\_\_\_\_\_  
Prospective Resident                      Date

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**OFFICE USE**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Certification Effective Date:

• Move-in \_\_\_\_\_

• Recertification \_\_\_\_\_

Household certifying for the following program(s):

\*RD \*HTC \*HOME \*PARIF \*RRDL

\*FHLB \*GMFH

**Application For Occupancy****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 (include middle initial)	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		<b>HEAD</b>			
2					
3					
4					
5					
6					

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

**Household Information**

Street Address \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Housing References****Present Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (Mth/Yr) Reason for Leaving \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (Mth/Yr) Reason for Leaving \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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### 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.**

\*\*By completing this application you are consenting to release all wage matching data\*\*

#### 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 3.):

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

### Household Assets

#### DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:

YES	NO	Current Balance
		21. Checking Accounts \$
		22. Savings Accounts \$
		23. Cash cards used to receive government benefits or other income \$
		24. Capital Investments \$
		25. Bonds \$
		26. Trusts (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) \$
		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. Stocks \$
		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 \$
		<b>Value</b>
		39. Do you own a home or other real estate? If yes list address \$
		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, or other items held as an investment \$
		42. Are any assets held jointly with another person? List person and asset(s) \$



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**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	Household Member	Name and address of income or asset source	Contact name and phone/fax

**Deductions and Allowances**

YES	NO		Amount
<b>Day Care</b>			
		Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, name of provider _____	\$
		Is any portion paid by another person or agency? If yes, name 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? If yes, name of provider _____	\$
		Is any portion paid by another person or agency? If yes, name of provider _____	\$
<b>Medical-</b> Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.			
		Do you have Medicare	\$
		Do you have any other kind of insurance If yes, name of insurer _____	\$
		Do you receive medical assistance? If yes, do you have a monthly spend down? _____	\$
		Do you pay for prescription medication? If yes, name 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.)? _____	\$
		Do you have any outstanding medical bills on which you are paying? If yes, indicate the types of bills owed: _____	\$
		Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expenses _____ Name and facility where this can be verified: _____ Doctor's name: _____	\$



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### 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	
		Will any household member, including children, live in the unit on a less than full time basis?
		Is any member of the household a veteran? If yes, name(s) _____
		Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
		Does any adult member of the household have zero income? If yes, name(s) _____
		Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development, etc.) _____
		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:

Please list every state that each household member has lived: \_\_\_\_\_

Are you or any member of the household subject to a lifetime sex offender registration requirement in any state? \_\_\_\_\_

Have you ever been evicted from any type of housing? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Is at least one member of your household a US Citizen or eligible immigrant? \_\_\_\_\_

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 and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### 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: \_\_\_\_\_



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## **Authorization for Release of Information**

By signing this form, I/we agree to have all of my/our income, assets, school statuses, and medical expense information verified by the Owner/Management Company that are necessary for the application and the recertification process.

The information obtained will be used only for determining eligibility and will be kept confidential.

I/We hereby authorize the release of the requested information. I/We also acknowledge that photocopies of this authorization may be used for the purposes stated above. 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/us on a separate consent, attached to a copy of this consent.

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Tenant Signature

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Cotenant Signature

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Cotenant Signature

---

Date

"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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

1/2016

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 Federal Privacy Act of 1974, and 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. Some information may be used to assist Minnesota Housing and its contractors for research purposes and 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 – For Section 8, 236, 202 & 811
- ☐ Attachment 2 – For Housing Tax Credit, Section 1602, bond funded NCTC or bond funded LMIR First Mortgage, MARIF, HOPWA, HOME and National Housing Trust Fund
- ☐ Attachment 3 – For Deferred Loans (not MARIF, HOPWA, HOME, or NHTF), Apartment Renovation Mortgages & non-bond funded NCTC or non-bond funded LMIR First Mortgages

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 its contractors 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 _____



Housing Information (this section to be completed by owner/agent)	
Property Name	
Minnesota Housing D#	
Building Address	
Unit #	

Head of Household Information	
Name	
Date of birth (month/day/year)	____/____/____
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to respond
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond
Race (check all that apply)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian/Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American             </div> <div> <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> I choose not to respond             </div> </div>
Number of household members	____ Adults (including head of household) ____ Children under age 18 residing in unit
Is any household member mobility impaired requiring features of an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Is any household member a person with a disability other than mobility impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Main source of household income (check only one)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Salary/wages  <input type="checkbox"/> Self-employment  <input type="checkbox"/> Social Security  <input type="checkbox"/> Retirement /pension/annuity  <input type="checkbox"/> Alimony/child support             </div> <div> <input type="checkbox"/> Interest/dividends/rental income  <input type="checkbox"/> Unemployment/disability  <input type="checkbox"/> Public assistance  <input type="checkbox"/> No income             </div> </div>

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.



## RELEASE OF INFORMATION



COMMUNITY YOU ARE APPLYING FOR: \_\_\_\_\_

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

## ARBITRATION AGREEMENT("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at [www.adr.org](http://www.adr.org) or by writing to the Notice Address.

\_\_\_\_\_  
Applicant Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Today's Date

201 North Broad Street, Suite 109  
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FAX 507.387.6843  
smr@smrrental.com

## **Tenant Statement Form**

I/we have disclosed any assets and income, in their entirety, to SMR Management, Inc. in order to comply with the terms of my/our Lease. This information provided by me/us is true and correct to the best of my/our knowledge.

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Tenant Signature

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Cotenant Signature

---

Cotenant Signature

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Date

"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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*"