

BEMIDJI MANAGEMENT, INC.

PO Box 368

Bemidji, MN 56619-0368

PHONE 218-751-6881

FAX 218-444-4830

NOTICE FOR ALL POSSIBLE TENANTS FOR EASTWOOD APARTMENTS

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Effective May 1, 2005, every person over 18 years old applying to Eastwood Apartments, are now required to do background check.

After completion, please return the application to:

Eastwood Apartments
PO Box 368
Bemidji, MN 56619

Call 218-751-6881 if you have any questions.

Also, our criteria to qualify for an apartment is **TWO GOOD LANDLORD REFERENCES. ABSOLUTELY NO FRIENDS OR RELATIVES.**

Please fill out the entire application. Do not leave any spaces blank. If the question does not apply, put n/a in the blank. If it is not filled out completely, it will be mailed back for completion.

Thank you,
Eastwood Apartments

Tenants pay for their phone and cable.
All other utilities paid. Garage included.

**AN APPLICATION FEE OF \$20.00 PER ADULT APPLICANT IS REQUIRED
(by Check or money order ONLY made out to Eastwood Manor).**

EQUAL HOUSING OPPORTUNITY



Lease with Confidence.

(FOR OFFICE USE ONLY)	
SITE NAME:	_____
RHR ACCT #:	_____

General Consent Form

Personal Information:

I, _____ have made application

Last Name First Middle Maiden

with EASTWOOD APARTMENTS for rental of an apartment

Company Name State Purpose

Current Address City State Zip Code

Previous Address City State Zip Code

Date of Birth Sex Social Security Number Driver's License State Home Phone

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice.

Applicant Signature _____ Date _____

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County	State	City / County	State
City / County	State	City / County	State



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Applicant Signature

Date

OUT-OF-STATE CRIMINAL RECORDS SEARCH

City / County	State	City / County	State
City / County	State	City / County	State

701 South Fifth Street • Hopkins, MN 55343

PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com

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 **EASTWOOD APARTMENTS**

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
			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. Worker's 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 awarded)	\$
			9. Alimony/Spousal Maintenance	\$
			10. Social Security income (including 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. Other (list) _____	\$
			20. Other (list) _____	\$

HOUSEHOLD ASSETS

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks	\$
<input type="checkbox"/>	<input type="checkbox"/>	24. Capital Investments	\$
<input type="checkbox"/>	<input type="checkbox"/>	25. Bonds	\$
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market Funds	\$
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
<input type="checkbox"/>	<input type="checkbox"/>	35. Safety Deposit Box	\$
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? If yes, list address(es): _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed?	\$
<input type="checkbox"/>	<input type="checkbox"/>	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)?	\$
<input type="checkbox"/>	<input type="checkbox"/>	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? If yes, name and address of provider _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 and address of provider _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? If yes, name and address of insurer _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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? Name and address of pharmacy: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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? If yes, indicate the types of bills owed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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/dispoused	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: _____

YOUR CURRENT ADDRESS : _____

PHONE # : _____

EASTWOOD APARTMENTS

PO Box 368

Bemidji, MN 56619

PHONE 218-751-6881

FAX 218-444-4830

LANDLORD ADDENDUM

CURRENT HOUSING

Address: _____

City: _____ State: _____ Tel# _____

Name of
Landlord: _____ Tel# _____

Address: _____

How long have you resided at your current address?

From: _____ To: _____

PREVIOUS HOUSING

Address: _____

City: _____ State: _____ Tel# _____

Name of
Landlord: _____ Tel# _____

Address: _____

How long have you resided at your current address?

From: _____ To: _____

Have you ever been evicted from any type of housing? Yes _____ No _____

EQUAL HOUSING OPPORTUNITY

ANNUAL STUDENT CERTIFICATION

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

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)