

# BEMIDJI MANAGEMENT, INC.

PO Box 368

Bemidji, MN 56619-0368

PHONE 218-751-6881

FAX 218-444-4830

## NOTICE FOR ALL POSSIBLE TENANTS FOR BROOKFIELD APARTMENTS

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Effective November 1, 2004, every person over 18 years old applying to Brookfield Apartments, are now required to do background check.

After completion, please return the application to:

Brookfield 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,  
Brookfield Apartments

Tenants pay for their phone, cable, and electricity.  
All other utilities paid.

EQUAL HOUSING OPPORTUNITY





RENTAL HISTORY REPORTS

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 BROOKFIELD 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

Return to: Bemidji Management, Inc.  
 P O Box 368  
 Bemidji, MN 56619-0368

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

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

BROOKFIELD APARTMENTS  
**APPLICATION FOR SECTION 8 HOUSING ASSISTANCE**  
 Equal Housing Opportunity

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

First Middle Initial Last

Co-Applicant: \_\_\_\_\_

First Middle Initial Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel #: \_\_\_\_\_

All co-applicants, age 18 or older, other than spouse, are required to complete a separate application.

**Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview will not be considered for housing nor placed on the waiting list.**

**HOUSEHOLD COMPOSITION**

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

MEMBER'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	STUDENT Y/N	SOCIAL SECURITY #
	HEAD					

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household:  White  Black  Asian/Pacific Islander  American Indian/Native American

Ethnicity of Head of Household:  Non-Hispanic  Hispanic

Are you a United States Citizen?  Yes  No

If no, are you a Non-Citizen with eligible alien status?  Yes  No

Are you a Non-Citizen Student?  Yes  No

**Citizenship and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.**

Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?

Yes  No If yes, please explain: \_\_\_\_\_

Do you or anyone else in your household qualify for housing because of a handicap or disability?

Yes  No If yes, please explain: \_\_\_\_\_

How many people live in your household now? \_\_\_\_\_

Will any of these people live anywhere except the unit you are applying for?

Yes  No If yes, please explain: \_\_\_\_\_

Will anyone else live in the unit on either a full-time or part-time basis?

Yes  No If yes, please explain: \_\_\_\_\_

Do you expect any of the above to change in the future?

Yes  No If yes, please explain: \_\_\_\_\_

Do you have sole legal and physical custody of your children?

Yes  No If no, please explain custody arrangement: \_\_\_\_\_

CURRENT HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

How long did you reside at your former address? From: \_\_\_\_\_ To: \_\_\_\_\_

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Tel #: \_\_\_\_\_

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

How long did you reside at your former address? From: \_\_\_\_\_ To: \_\_\_\_\_

How did you hear of this housing development? \_\_\_\_\_

Are you now living or have you lived in a government subsidized development?

Yes  No If yes, when \_\_\_\_\_

Name of development: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

Yes  No If yes, please explain: \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

(all information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time or seasonal. If a household member has more than one source of income, use a separate line for each source.

**DO YOU RECEIVE OR EXPECT TO RECEIVE:** YES NO MONTHLY AMOUNT

1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?			\$
2. Does any member work for someone who pays them cash?			\$
3. Regular pay for a member of the armed forces?			\$
4. Welfare or disability benefits (AFDC, SSI, GA)?			\$
5. Worker's compensation?			\$
6. Unemployment benefits, or severance pay?			\$
7. Child Support?			\$
8. Alimony?			\$
9. Education grants, scholarships or VA student benefits?			\$
10. Social Security payments?			\$
11. Pensions (PERA, railroad, etc.)?			\$
12. Retirement benefits?			\$
13. Death Benefits?			\$
14. Annuities or life insurance dividends?			\$
15. Lump sum payments (includes inheritance, insurance settlement, lottery winnings, capital gains)?			\$
16. Net income from rental property?			\$
17. Regular cash contributions or gifts from individuals not living in the unit?			\$
18. Other (list)? _____			\$

## HOUSEHOLD ASSETS

(all information will be verified by a third party)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE
1. Checking Accounts?	<input type="checkbox"/>	<input type="checkbox"/>	\$
2. Savings Accounts?	<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	\$
4. Capital Investments?	<input type="checkbox"/>	<input type="checkbox"/>	\$
5. Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
6. Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	\$
7. Securities?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8. IRA/KEOGH Accounts?	<input type="checkbox"/>	<input type="checkbox"/>	\$
9. Certificates of Deposit?	<input type="checkbox"/>	<input type="checkbox"/>	\$
10. Pension/retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
11. Money Market Funds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
12. Treasury Bills?	<input type="checkbox"/>	<input type="checkbox"/>	\$
13. Safety Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>	\$
14. Insurance Settlements?	<input type="checkbox"/>	<input type="checkbox"/>	\$
14. Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you currently hold a contract for deed?			VALUE
<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you currently own real estate?			\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	
If yes, please list the location(s), number of acres owned, any expenses incurred (i.e., taxes, insurance) and any income received. _____			
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes (do not consider wedding rings and personal jewelry)?			\$
<input type="checkbox"/>	<input type="checkbox"/>	\$	
Are any assets held jointly with another person?			
<input type="checkbox"/>	<input type="checkbox"/>		
If yes, list person's name and the asset(s) held jointly: _____			

I/We hereby certify that I/we have \_\_\_\_\_ have not \_\_\_\_\_ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Asset & Estimated Value	Date sold/disposed of	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## HOUSEHOLD ALLOWANCE INFORMATION

(All information will be verified by a third party)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by an outside source; e.g. Insurance, Medicare, state agency, or charitable organization.

**DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:**                      YES      NO      MONTHLY AMOUNT

1. Child care which enables you or another household member to work, go to school or to seek employment?
2. Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment, or go to school?
3. Medicare premiums?
4. Other medical insurance premiums?
5. Outstanding medical bills on which you are currently paying?
6. Cost of assistive devices for a handicapped or disabled household member?
7. Do you receive medical assistance through the Public Assistance Program?
8. Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: \_\_\_\_\_

	YES	NO	MONTHLY AMOUNT
1. Child care which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment, or go to school?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Outstanding medical bills on which you are currently paying?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Do you receive medical assistance through the Public Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

## MISCELLANEOUS

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation?                       Yes                       No

Do you or any member of your household use an illegal drug or other illegal controlled substance?                       Yes                       No

Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?                       Yes                       No

Have you or any member of your household ever used different names from the names given in this application?                       Yes                       No

Have you or any member of your household ever used social security numbers different from those listed in this application?                       Yes                       No

Have you or any member of your household lived in any other state?                       Yes                       No                      If yes, which ones? \_\_\_\_\_

Are you or any member of the applicants household subject to a lifetime sex offender registration requirement in any state?                       Yes                       No                      If yes, which ones? \_\_\_\_\_



**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

All household members age 18 or older sign below:

Applicant's Signature	_____	Date	_____
Applicant's Signature	_____	Date	_____
Applicant's Signature	_____	Date	_____
Applicant's Signature	_____	Date	_____

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.