



Life Style, Inc.
Property Management
www.lifestyleinc.net

311 North Cedar Ave
Owatonna, MN 55060
Phone (507) 451-8524
Fax (507) 451-5459
Tdd (507) 451-0704

Thank you for applying for Parkview Apartments. We know you will find a great place to call home with us!

In order for your application to be processed in a timely manner please follow ALL of the steps below.

- 1. Complete & sign the “Informed Consent Criminal Background Check” form, one consent form is required for each adult (18+) in the household, extra forms are available by request or are located where the applications are posted.**
- 2. Complete apartment application, answering all questions completely, and have all adults (18+) sign both the application and the authorization form. Failure to complete the application in its entirety will result in the application being returned to you**
- 3. Return all pages of application by mail or fax to:**
Parkview Apartments
311 North Cedar Ave
Owatonna, MN 55060
Fax: 507-451-5459

Once your application is received by our office you will be notified of any openings by phone or you will be placed on our waiting list for any future openings and will receive a letter stating this.

Thanks again and we look forward to helping you find a great place to call home!

Informed Consent Criminal Background Check

To be used in conjunction with tenant screening for Minnesota Crime Free Multi-Housing Applicant and Rental Housing Ordinance

A search of the Madelia Police Department, Watonwan County Sheriff's Department, a search of Minnesota State Criminal Records, other state record repositories, and/or the Federal Bureau of Investigation's Criminal Justice Information files will be performed on you, pursuant with the lease agreement of the apartment complex to which you are applying. If you do not agree to sign this form, you will not be eligible to be accepted into the apartment complex to which you are applying. By signing this form, you are allowing:

Parkview Apartments

(Name of Requesting Landlord/Building Name)

to any criminal data maintained in those files which applies under MN statutes and Madelia City Ordinance.

1. You have the right to be informed that Parkview Apartments is requesting a criminal background check to determine if you have been convicted of a crime specified in MSA 299.67(2)
2. You have the right to be informed by Parkview Apartments of the results of a criminal background check and to obtain a copy of the results from Parkview Apartments.
3. You have the right to obtain from the Madelia Police Department, Watonwan County Sheriff's Department, and or the MN Bureau of Criminal Apprehension, any records that forms the basis for the report obtained by Parkview Apartments.
4. You have the right to challenge accuracy and completeness of information contained in the report or record under MSA 13.04(4).
5. You have the right to be informed by Parkview Apartments if your acceptance to Parkview Apartments has been denied because of the results of this background check.

Applicant Information-Please print clearly

Last Name	First Name	Middle Name	Date of Birth
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Have you ever been known by another name? (Maiden, Birth, Nickname, Alias, etc.) Yes _____ No _____
If yes, list all _____

Current Address	Apt.#	City	State	Zip	County
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Gender: Male _____ Female _____ Race: _____ Phone: _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Have you lived in Minnesota for the past ten years? Yes _____ No _____

List prior address if different than current address: _____
Address Apt. # City State Zip County

Driver's License Number: _____ State: _____

I certify and acknowledge that all statements and information provided above are accurate and true to the best of my knowledge and understand that providing false or incomplete information regarding the above background will remove me from eligibility to be accepted into the apartment complex for which I am applying.

A search of the above records will be performed on you. By signing this form, you are allowing the above company/individual to access any adult and juvenile criminal data maintained in these files.

I authorize this background check to be done. Signed: _____

Date: ____/____/____

Fax results to the following potential landlord address: Life Style, Inc.
311 North Cedar Ave, Owatonna, MN
ph 507-451-8524 fax 507-451-5459



Which property are you interested in?

Parkview Apartments

APARTMENT NAME

Madelia, MN

CITY

I/WE WISH TO MOVE IN WITH A CURRENT RESIDENT NAME: _____

APT#: _____

Revision 4/23

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED Please complete all areas of the application for occupancy and fax, mail or email back to the information at the bottom of this page. If faxing the application, please fax all sides and mail original. You can apply for multiple properties with one application, just list them at the top. Completed applications are placed on our list in order of date and time received. Life Style, Inc. is an equal opportunity provider and employer. Life Style, Inc. is in compliance with 504 and Fair Housing Regulations and does not discriminate on the basis of disability status in the admission or access to, treatment or employment in any of its federally assisted programs and activities. We will gladly assist any applicant needing help completing this application. **PLEASE PRINT CLEARLY AND USE BLUE OR BLACK INK.**

APPLICANT NAME: _____
 First Middle Last

CO-APPLICANT NAME: _____
 First Middle Last

CURRENT ADDRESS: _____ APT. #: _____ P.O. BOX # _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE #: (____) _____
 EMAIL: _____

APPLICANT'S EMPLOYER

Name/Company: _____
 Address: _____
 City, State, Zip: _____
 Phone #: (____) _____
 Fax #: (____) _____ Cell #: (____) _____

CO-APPLICANT'S EMPLOYER

Name/Company: _____
 Address: _____
 City, State, Zip: _____
 Phone #: (____) _____
 Fax #: (____) _____ Cell #: (____) _____

DATE NEEDED: _____

SIZE NEEDED: _____

How did you hear of this housing development and/or Life Style, Inc.? Newspaper _____ / Internet _____ Which site? _____
 Friend _____ / Family _____ / Social Services _____ / Employer _____ / Other: _____

Have you ever rented with Life Style, Inc. before? Yes ____ No ____ When? _____ Where? _____

Are you living or have you ever lived in government-subsidized housing? Yes ____ No ____ When? _____

If yes, list name & address: _____

Has your housing assistance ever been terminated for fraud, non-payment of rent or any other reason? Yes ____ No ____

If yes, explain circumstances: _____

Have you or any member of your household ever lived in any other state(s)? Yes ____ No ____ which ones? _____

WHO GENERALLY KNOWS HOW TO CONTACT YOU? - LIST NAMES, ADDRESSES & PHONE NUMBERS

Name: _____	In case of emergency: Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: (____) _____	Phone #: (____) _____
Cell #: (____) _____	Cell #: (____) _____

WHO WILL LIVE IN THE RENTAL? - ONLY THOSE LISTED BELOW WILL BE ALLOWED TO OCCUPY THE UNIT List applicant as Head and all other members who will be living in the unit. Give the relationship of each member to the head of the household.

*Please check this box if you prefer not to specify your gender.

FIRST	MIDDLE	LAST	RELATION TO	BIRTHDATE	AGE	GENDER*	SOCIAL SECURITY#
1			HEAD				
2							
3							
4							
5							
6							
7							
8							
9							

IS ANY ADULT ENROLLED OR PLANNING ON ENROLLING IN COLLEGE?

Is there any adult (18 or older) in the household that is a full time student or expecting to become a student? Yes _____ No _____
If yes, please complete the following:

Name of Adult (18+): _____ Date enrolled: _____ Complete name and address of school: _____

- 1. Are you married and did you file a joint federal income tax return with your spouse? Yes _____ No _____
- 2. Will any adult who is not a full time student live in the apartment? Yes _____ No _____
- 3. Are you a single parent with children who are not claimed as dependents on another's tax return? Yes _____ No _____
- 4. Are you receiving MFIP or welfare from the county? Yes _____ No _____
- 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? Yes _____ No _____
- 6. Are you claimed as a dependant by your parents or guardians pursuant to IRS regulations? Yes _____ No _____

DO YOU HAVE ANY CHILDCARE EXPENSES?

Do you pay for childcare, which enables you or another family member to work or go to school? Yes _____ No _____

If yes, amount paid monthly: \$ _____ Does the county help pay your daycare expenses? Yes _____ No _____ County? _____

Name and address of childcare provider: Name: _____ Phone #: (_____) _____

Address: _____ City, State, Zip: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS EVEN IF THEY DO NOT APPLY TO YOU

Have you or anyone listed used any other name than the one provided on this application? Please include any maiden names: _____

Is anyone living with you now that is not listed on this application? Yes _____ No _____ if yes, explain _____

Is a change in your family composition expected within the next 12 months (birth of a child, custody changes, adding other family members)? Yes _____ No _____ Change _____ When? _____

Do you have full custody of your children? Yes _____ No _____ if no, explain custody arrangements: _____

Do you or a member of your household qualify for housing assistance because of a disability? Yes _____ No _____
Which member? _____ Doctor/medical professional's name, address, phone & fax number to verify disability status: _____

Do you or a member of your family have needs that might be better served by a wheelchair accessible apt? Yes _____ No _____

Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes _____ No _____

Do you receive Medicare or have any other type of medical insurance? Yes _____ No _____

Do you receive medical assistance? County received from? _____ Yes _____ No _____

If you are 62+ or disabled you may qualify for out of pocket medical expense deductions from your monthly rental amount. Please list your monthly medical expenses along with the name and address of the provider(s) on a separate piece of paper and attach to this application.

Do you currently use any tobacco products? Yes _____ No _____

Are you a current illegal user of a controlled substance? Yes _____ No _____

Have you ever been convicted of the illegal use, manufacture or distribution of a controlled substance? Yes _____ No _____

If you answered yes to any of the **two** previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes _____ No _____

Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? _____ Yes _____ No _____

Are you or any member of this household subject to a lifetime registration requirement under a state sex offender registration program? Which household member? _____ Yes _____ No _____

Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes _____ No _____

TELL US ABOUT YOUR CURRENT LIVING SITUATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

Monthly rent \$ _____ Are you on a lease? Yes _____ No _____ Did you give proper notice to move out? Yes _____ No _____

Are you currently using a Section 8 Housing Voucher? Yes _____ No _____ If yes, will this voucher transfer? Yes _____ No _____

Who provides the housing voucher? _____

Do you have an animal? Yes _____ No _____ How many? _____ What kind of animal do you have? _____

Will animal(s) accompany you to your new rental location? Yes _____ No _____

Is this animal(s) needed for medical reasons? Yes _____ No _____ If yes, who is the animal for? _____

What is the name, office address, phone & fax number of the doctor/medical professional that will verify the medical need for the animal? _____

WHERE HAVE YOU LIVED? – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD OR MORTGAGEE FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS. Please use a separate piece of paper if you need more space.

Current Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: present Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

 Previous Address: _____ City: _____ State: _____ Zip: _____
 How long did you live there? From: _____ To: _____ Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

 Previous Address: _____ City: _____ State: _____ Zip: _____
 How long did you live there? From: _____ To: _____ Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

WHAT IS YOUR SOURCE OF INCOME? – HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING. ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY. Please answer all of the following questions for all household members. For each “yes” answer, please provide the **“Monthly Gross Amount”** received, this is amount received before taxes.

Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) Yes _____ No _____ \$ _____

Self employment income? (Personal Business, Mary Kay, Avon, Tupperware, etc.) Yes _____ No _____ \$ _____

Cash payments for odd jobs? Yes _____ No _____ \$ _____

Name of provider: _____ Address: _____

Unemployment benefits or severance pay? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Veterans Administration Benefits or Regular pay for a member of the armed forces? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Social Security, SSI, SSDI, RSDI? Number received under: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Disability benefits or Workman’s Compensation? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Welfare (MFIP, MSA, GA)? County name: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Child Support or Alimony? County name: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Pensions or retirement benefits? (PERA, Railroad, etc.) Yes _____ No _____ \$ _____

Company name: _____ Address: _____

Death Benefits, Annuities or Life Insurance dividends? Yes _____ No _____ \$ _____

Company name: _____ Address: _____

Lump sum payments, inheritances, insurance settlements, lottery winnings? Yes _____ No _____ \$ _____

Regular cash contributions, gifts or financial support from individuals not living in the unit? Yes _____ No _____ \$ _____

Name of provider: _____ Address: _____

DO YOU HAVE ANY ASSETS? – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY. Please answer each question for all household members. If yes, provide balance/value and complete name of banking institution.

		Balance/Value			
Checking Account	Yes ___ No ___	\$ _____	Bank Name _____	Bank Name _____	
Savings Accounts	Yes ___ No ___	\$ _____	Address _____	Address _____	
Pre-Paid Debit Card	Yes ___ No ___	\$ _____			
Certificates Of Deposits	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Savings Bonds	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Annuities	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Trusts	Yes ___ No ___	\$ _____			
IRA/401K/Stocks	Yes ___ No ___	\$ _____	Bank Name _____	Bank Name _____	
Money Markets	Yes ___ No ___	\$ _____	Address _____	Address _____	
Life Insurance	Yes ___ No ___	\$ _____			
Cars	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Coins, Stamps, etc.	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Other Investments	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Please specify _____					
Contract For Deed	Yes ___ No ___	\$ _____	<i>A copy of the current amortization schedule will be required to verify value.</i>		
Property or Real Estate	Yes ___ No ___	\$ _____	<i>A copy of the current property tax statement will be required to verify value.</i>		
Property Rental Income	Yes ___ No ___	\$ _____	<i>Monthly Amount Received</i>		
Who pays rental income? Name: _____ Address: _____					
Have you given away property or other assets in the past 2 years?					
Yes ___ No ___ \$ _____					
What assets listed above are held jointly with another person? Asset: _____ Held With: _____					

APPLICANT CERTIFICATION – PLEASE READ AND HAVE ALL ADULTS 18 AND OLDER SIGN

- A. Please note that this is an application and gives you no lease or rent rights. Additional information will be required at a later date to complete processing of information for subsidized units. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. **You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back.** The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
- B. This application will also be used to establish our waiting list for future occupancy. You are required to contact our office if you have changes to this application. This includes contact information and addresses. If you do not keep your information current, your application will be removed from our waiting list.
- C. If your application is accepted and once occupancy is attained: I/We certify that this is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location. I/We certify that if I/we move into this development, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize Life Style, Inc. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies.
- D. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on Rural Development, LIHTC or Section 8 income limits and by Life Style, Inc.’s tenant selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Complete Signature of Applicant: _____ Date: _____

Complete Signature of Co-Applicant: _____ Date: _____

Complete Signature of all other adults: _____ Date: _____

WHAT IS YOUR HOUSEHOLDS NATIONALITY? Using the household list on the bottom of page 1, please mark the ethnicity & race of each household member. *“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.” More than one ethnicity code can be listed.*

Household Member Ethnicity/Race Codes:

- | | | |
|------------|------------|------------|
| 1. ___/___ | 4. ___/___ | 7. ___/___ |
| 2. ___/___ | 5. ___/___ | 8. ___/___ |
| 3. ___/___ | 6. ___/___ | 9. ___/___ |

Ethnicity Code:

- | | |
|-----------------------------------|-------------------------------------|
| 1. White | 4. Asian |
| 2. Black/African American | 5. Native Hawaiian/Pacific Islander |
| 3. American Indian/Alaskan Native | |

Race Codes:

- | |
|------------------------|
| 1. Hispanic/Latino |
| 2. Non-Hispanic/Latino |



AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Life Style, Inc., managing agent for _____, any information or material needed to complete and verify my application for participation, and/or to maintain my continued assistance under Section 8 or FHA 515 housing programs. I understand and agree that this authorization of the information obtained with its use may be given and used by the Minnesota Housing Finance Agency (MFHA), Rural Development (RD), and/or the offices of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand the depending on the program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|------------------------------|------------------------------|----------------------------------|
| Identity & Marital Status | Credit and Criminal Activity | Medical or Child Care Allowances |
| Residences & Rental Activity | Employment, Income & Assets | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the housing assistance program.

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the information (depending on program requirements) includes but are not limited to:

- | | | |
|---------------------------------|-----------------------------------|-------------------------------------|
| Previous Landlords | State Unemployment Agencies | Social Security Administration |
| Public Housing Agencies | Court Administration | Child Care Providers |
| Schools & Colleges | Veterans Administration | Law Enforcement Agencies |
| Retirement Systems | Past & Present Employers | Bank & Other Financial Institutions |
| Public Assistance Agencies | Credit Providers & Credit Bureaus | Child Support & Alimony Providers |
| Medical & Health Care Providers | Post Offices | Utility & Telephone Companies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that MFHA, RD and HUD may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. MFHA, RD and HUD may in the course of its duties exchange such automated information with other Federal, State or Local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the US Postal Service, Social Security Agency and State Public Assistance and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for one year from the date signed.

COMPLETE SIGNATURES OF ALL ADULTS IN HOUSEHOLD

Head of Household Date

Co-Head Date

Co-Head Date

Co-Head Date