



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 & RBG 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 it’s entirety will result in the application being returned to you**
- 3. Return all pages of application by mail or fax to:**
Life Style, Inc
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!



Please circle properties you wish to apply for:

Parkview & RBG Apartments

ADD-ON _____ RA _____
Revision 11/11

APARTMENT NAME

Madelia, MN

CITY

APPLICATION FOR OCCUPANCY

INCOMPLETE APPLICATIONS WILL BE RETURNED

Please complete application and mail or fax to the address at the bottom of this page. One application covers all Life Style, Inc. properties. Completed applications are placed in order of date and time received. LIFE STYLE, INC. is an Equal Housing Opportunity provider, in compliance with 504 and Fair Housing Regulations. LIFE STYLE, INC. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We will assist any applicant needing help completing this application. **PLEASE USE BLUE OR BLACK INK.** If faxing application, please fax all sides and mail original.

APPLICANT NAME: _____
First Middle Last

CO-APPLICANT NAME: _____
First Middle Last

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

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE #: (____) _____
CELL #: (____) _____
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 of occupancy desired: _____ Size of unit desired: _____

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

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

If yes, list name & address: _____

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

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 ever lived in any other state(s) within the past 10 years? Yes _____ No _____ which ones? _____

LIST NAMES, ADDRESSES & PHONE NUMBERS OF PERSONS WHO GENERALLY KNOW HOW TO CONTACT YOU:

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

HOUSEHOLD COMPOSITION AND CHARACTERISTICS- 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.

		RELATIONSHIP		BIRTHDATE	AGE	SEX	SOCIAL SECURITY#
FIRST	MIDDLE	LAST	TO				
1			HEAD				
2							
3							
4							
5							
6							
7							
8							
9							

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 _____

Name and address of childcare provider: Name: _____ Phone #: (_____) _____
Address: _____ City, State, Zip: _____

STUDENT STATUS INFORMATION

Is there anyone in the household, **18 or older**, a full time student or expecting to become a student? Yes _____ No _____

If yes, please complete the following:

Name of Student: _____ 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 _____
- 7. Are you a Veteran or a current member of the armed services? Yes _____ No _____

PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:

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 family have needs that might be better served by a wheelchair accessible apt? Yes _____ No _____
- Do you qualify for housing assistance because of a disability? Yes _____ No _____
- Do you receive Medicare? Yes _____ No _____
- Do you receive medical assistance? County received from? _____ Yes _____ No _____
- Do you have any other type of medical insurance? Yes _____ No _____
- Do you have any outstanding medical bills that you are paying monthly? Yes _____ No _____
- Do you expect to have any medical expenses during the next 12 months? Yes _____ No _____
- Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes _____ No _____

- 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 of a controlled substance? Yes _____ No _____
- Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes _____ No _____
- If you answered yes to any of the three 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 evicted or had an unlawful detainer or an eviction filed against you? 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 _____
- Have you or any members of this household subject to a lifetime registration requirement under a state sex offender registration program? _____ If yes, who _____

CURRENT HOUSING STATUS – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

Monthly rent paid \$ _____ Monthly utility cost \$ _____ Number of bedrooms _____ Number of occupants _____
Are you currently using Section 8 or get assistance by a Housing Voucher? Yes _____ No _____ If yes, will this voucher transfer with you? Yes _____ No _____ Who provides the voucher? _____
Do you have a pet? Yes _____ No _____ Will this animal accompany you to your new residence? Yes _____ No _____
Do you need this animal for medical reasons? Yes _____ No _____ If yes, what is the name, address & phone number of the medical professional that will verify the medical need for the animal: _____

RENTAL REFERENCES – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD, MANAGEMENT COMPANY OR MORTGAGEES FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.

Present Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: present Rented _____ Owned _____ Family _____ Friend _____
 Landlord/Mortgagee name: _____ Phone #: (____) _____
 Cell #: (____) _____ Fax #: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: _____ Rented _____ Owned _____ Family _____ Friend _____
 Landlord/Mortgagee name: _____ Phone #: (____) _____
 Cell #: (____) _____ Fax #: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: _____ Rented _____ Owned _____ Family _____ Friend _____
 Landlord/Mortgagee name: _____ Phone #: (____) _____
 Cell #: (____) _____ Fax #: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: _____ Rented _____ Owned _____ Family _____ Friend _____
 Landlord/Mortgagee name: _____ Phone #: (____) _____
 Cell #: (____) _____ Fax #: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

INCOME INFORMATION – 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 the amount before taxes and any other deductions. **HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING.**

- | | | |
|--|--------------------|----------|
| Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) | Yes _____ No _____ | \$ _____ |
| Self employment income? (Mary Kay, Avon, Tupperware or any other personal business) | Yes _____ No _____ | \$ _____ |
| Cash payments for odd jobs? Name of provider: _____ | Yes _____ No _____ | \$ _____ |
| Unemployment benefits or severance pay? | Yes _____ No _____ | \$ _____ |
| Regular pay for a member of the armed forces? | Yes _____ No _____ | \$ _____ |
| Social Security, SSI, SSDI, RSDI? SSN# received under: _____ | Yes _____ No _____ | \$ _____ |
| Disability benefits or Workman’s Compensation? | Yes _____ No _____ | \$ _____ |
| Pensions? (PERA, Railroad, etc.) Company name: _____ | Yes _____ No _____ | \$ _____ |
| Retirement benefits? Company name: _____ | Yes _____ No _____ | \$ _____ |
| Veterans Administration benefits? | Yes _____ No _____ | \$ _____ |
| Welfare (MFIP, MSA, GA)? County name: _____ | Yes _____ No _____ | \$ _____ |
| Child Support or Alimony? County name: _____ | Yes _____ No _____ | \$ _____ |
| Death benefits? SSN# benefit received under: _____ | Yes _____ No _____ | \$ _____ |
| Education grants, scholarships or VA student benefits? | Yes _____ No _____ | \$ _____ |
| Annuities or life insurance dividends? Company name: _____ | Yes _____ No _____ | \$ _____ |
| Lump sum payments, inheritances, insurance settlements, lottery winnings? | Yes _____ No _____ | \$ _____ |
| Regular cash contributions ,gifts or financial support from individuals not living in the unit?
Name & address of person providing support: _____ | Yes _____ No _____ | \$ _____ |

ASSET INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

Please answer each question, including all household members. If yes, provide balance and complete name of banking institution.

Table with columns for asset types (Checking Account, Savings Accounts, etc.), Yes/No responses, and Balance amounts.

Bank Name, Address, City, State, Zip, Phone #: () , Fax #: () , Name on Account

Do you hold a contract for deed? Do you own a home, farm or other real estate? Do you receive rental income from a home, farm or property? Do you have any collections (coin, cars, gems, stamps)? Do you have any items held as an investment? Do you have any other assets not listed above? Have you given away property or other assets in the past 2 years? What assets are held jointly with another person? Asset: With:

APPLICANT CERTIFICATION

- A. Please note that this is an application and give 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 the project office every six (6) months if you wish to be kept on our waiting list. If you do not contact us, your application will be removed from our waiting list.
C. If you application is accepted, 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. 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.

Signature of Applicant: Date:

Signature of Co-Applicant: Date:

Signature of all other adults: Date:

HOUSEHOLD NATIONALITY Please list the race & national origin of each household member as they are numbered on page 1.

"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."

Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Gender: Male, Female, Race: (Mark one or more) White, Black or African American, American Indian/Alaska Native, Asian, Native Hawaiian other Pacific Islander



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.

SIGNATURES OF ALL ADULTS IN HOUSEHOLD

Head of Household Date

Co-Head Date

Co-Head Date

Co-Head Date