

Dear Applicant,

Thank you for your interest in Orchard Street Townhomes. Please follow the directions below:

**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL
THE FOLLOWING ITEMS ARE INCLUDED:**

■ COPIES OF SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS

To apply for a Social Security card, call 1-800-772-1213 or www.socialsecurity.gov

■ COPIES OF PHOTO ID CARDS FOR ALL ADULTS (18 years and older).

■ COMPLETE EMPLOYMENT ADDRESS(ES)

(Name of employer, street address, city, state and zip code)

■ COMPLETE ADDRESSES FOR ALL AGENCIES WHERE YOU RECEIVE ANY
BENEFITS OR INCOME (Name, street address, city, state, and zip code)

■ COMPLETE ADDRESSES FOR INSURANCE COMPANIES, PHARMACIES AND
BANKS (Name, street address, city, state and zip code).

■ COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS FOR ALL
REFERENCES LISTED

REMEMBER:

- You are committing fraud if you sign a form knowing that you provided false or misleading information or if you withheld information.
- We DO NOT have emergency assistance.
- Your application will be processed in the order it was received.
- Incomplete applications will be returned
- Household members age 18 or older must sign and date on all signature lines.

OS RENTAL APPLICATION



RECEIVED
DATE: _____
TIME: _____

APPLICANT NAME (First, Middle, Last): _____
 Co-Applicant Name (First Middle Last): _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ Phone: _____ City: _____ Phone: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household/Head of Family (HH) and all other members of the family household who will be living in the assisted apartment. Give the relationship of each member to the head. Each household member age 18 or older must sign this application.

Member's Full Name	Sex	Relationship	Date of Birth	Social Security #
		Head		

Are you 62 years or older? Yes No
 Does anyone live with you now who are not listed above? Yes No
 If yes, please explain: _____
 Do you have full custody of your children? Yes No
 If no, please explain the custody arrangements: _____
 Are you or any member of this household handicapped or disabled? Yes No
 Are you currently receiving SSI? Yes No
 Is any member of the household over 18 and a full-time student, or expecting to become one?
 Yes No

INCOME INFORMATION (All information will be verified by a 3rd party)

Please answer each of the following questions including all household members. For each "Yes" answer, provide the "Amount" received MONTHLY.

Do you receive or expect to receive?	YES	NO	Monthly Amount
Wages, salary (including overtime, tips, bonuses, commissions, and self employment)?			\$
Does any family member work for someone who pays him/her in cash?			\$
Regular pay for a member of the armed forces?			\$
Social Security payments?			\$
Pensions (PERA, Railroad, etc.)?			\$
Retirement Benefits?			\$
Veteran's Administration Benefits?			\$
Death Benefits?			\$
Welfare or disability benefits (MFIP/TANF, SSI, GA)? {Please circle one or more}			\$
Workman's Compensation?			\$
Unemployment Benefits or Severance Pay?			\$
Child Support?			\$
Alimony?			\$
Eduction Grants, scholarships, or V.A. Student Benefits?			\$
Annuities or Life Insurance Dividends?			\$
Lump Sum Payments? (Includes inheritances, Insurance Settlements, lottery winnings, capital gains)			\$
Regular cash contributions or gifts from individuals not living in the house			\$
Other? Explain: _____			\$

Do you anticipate any changes in this income in the next 12 months? Yes No

Explain expected changes: _____

HOUSEHOLD EMPLOYMENT INFORMATION

(Use additional sheets if necessary)

Household Member's Employer: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Position: _____ Supervisor: _____
 Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

Household Member's Employer: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Position: _____ Supervisor: _____
 Salary: \$ _____ Annually Monthly Bi-Weekly Weekly Hourly

ASSET INFORMATION

Do you have money held in...	YES	NO	CURRENT BALANCE	Do you have money in...	YES	NO	CURRENT BALANCE
Checking			\$	Trusts*			\$
Stocks			\$	CDs			\$
Bonds			\$	Safety Deposit Box			\$
Securities			\$	Money Market Accts			\$
Savings			\$	401K*			\$
Other			\$	Description:			

*Include Trusts, 401K, etc. only if the accounts are accessible to the household prior to termination of employment, retirement or death.

Are any of these assets listed above held jointly with another person?

List asset(s): _____ Person(s): _____

Do you have any collectables or other items held as an investment? Yes No

If yes, what is the value of these items: _____

**PLEASE ATTACH DOCUMENTATION AVAILABLE TO VERIFY INCOME
(i.e., divorce/settlement papers, tax returns, etc.)**

USE THE FOLLOWING SHEET TO LIST ASSET INFORMATION

ASSET DISPOSAL

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

Household Member	Asset & Estimated Amt	Date sold/disposed	Amount Received
	\$		\$
	\$		\$
	\$		\$

ASSET INFORMATION

BANKING

Name of Bank: _____

Address: _____

Checking Savings Investments (Certificate of Deposit, etc.)

Name of Bank: _____

Address: _____

Checking Savings Investments (Certificate of Deposit, etc.)

INVESTMENTS

Name of Institution: _____

Address: _____

Is this through your place of employment? Yes No

Type of Investment: _____

Name of Institution: _____

Address: _____

Is this through your place of employment? Yes No

Type of Investment: _____

OTHER ASSETS

Name: _____

Address: _____

Type: _____

Name: _____

Address: _____

Type: _____

Name: _____

Address: _____

Type: _____

Name: _____

Address: _____

Type: _____

Name: _____

Address: _____

Type: _____

HOUSEHOLD ALLOWANCE INFORMATION

(All information will be verified)

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, costs 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	AMOUNT
Child care, which enables you or another household member to work, go to school or seek employment?			\$
Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school?			\$
Medicare premiums?			\$
Other medical insurance premiums?			\$
Outstanding medical bills on which you are currently paying			\$
Cost of assistive devices for a handicapped or disabled household member?			\$
Do you receive medical assistance through a public assistance agency/program?			\$
Do you expect to have any additional medical expenses during the next (12) months. If yes, please explain: _____			\$
			\$

Names and Addresses of Child Care Provider(s), Medical Companies/Agencies, Pharmacies noted above	
Name	Address

Do you have any other medical expenses? (i.e. over-the-counter medications, etc.)	
Item	Doctor's Note?

Please fill in the spaces below regarding child care		
Child	Provider	Age

HOUSING STATUS

CURRENT HOUSING

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____
Name of Development if Applicable: _____
Landlord's Address: _____ Phone #: _____
How long have you resided at your current address: From _____ To: CURRENT
Are you personal friends or related to the landlord? Yes No

PREVIOUS HOUSING

If less than 3 years, provide additional information on an additional sheet.

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____
Name of Development if Applicable: _____
Landlord's Address: _____ Phone #: _____
How long have you resided at this address? From: _____ To: _____
Are you personal friends or related to the landlord? Yes No

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____
Name of Development if Applicable: _____
Landlord's Address: _____ Phone #: _____
How long have you resided at this address? From: _____ To: _____
Are you personal friends or related to the landlord? Yes No

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____
Name of Development if Applicable: _____
Landlord's Address: _____ Phone #: _____
How long have you resided at this address? From: _____ To: _____
Are you personal friends or related to the landlord? Yes No

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____
Name of Development if Applicable: _____
Landlord's Address: _____ Phone #: _____
How long have you resided at this address? From: _____ To: _____
Are you personal friends or related to the landlord? Yes No

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. If any question is answered with a "yes," an explanation is required. Use additional sheets, if necessary.

How did you hear about this housing development? _____

What size apartment/townhouse are you interested in? 1 Bed 2 Bed 3 Bed

Are you now living or have you lived in a government subsidized facility:

Yes No When? _____

Development's Name and Address: _____

Do you have a pet(s)? Yes No

Are you current with your utilities and will you be able to put them into your name if your application is accepted? Yes No

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

Yes No If yes, please explain the circumstances: _____

Have you ever been arrested or convicted for violent, drug, or sexual related criminal activity?

Yes No If yes, when, please explain: _____

Have you ever been convicted of a felony? Yes No

Are you or any member of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Have you or anyone else in your household lived in any state besides Minnesota? Yes No

Household member: _____ States: _____

Household member: _____ States: _____

Do you or any member of your household have a pattern of alcohol or drug abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? Yes No

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

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8/42 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 my/our lease agreement.

I/We understand that any action(s) my myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management shall or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through 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.

My/Our signature(s), as indicated below, acknowledge that I/we have read and complete each section of this rental application, as applicable.

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: _____

FAMILY SUMMARY SHEET

	Last Name	First Name	Relationship to HOH	Sex	Date of Birth	Social Sec. #
H			HOH			
2						
3						
4						
5						
6						

RENTAL HISTORY INFORMATION

APPLICANT:

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION PERTAINING TO MY TENANCY TO THE INQUIRING LANDLORD.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

What was the period of occupancy of this applicant? Date (___ / ___ /20___ to ___ / ___ /20___)

		YES	NO
1	Did the applicant pay their rent on time? If no, how late was it? _____		
2	Did the applicant ever submit an NSF check? If so, how soon was it replaced? _____		
3	If the applicant has vacated the unit, was proper notice given of intent to vacate?		
4	Was the conduct of the applicant/household members/visitors acceptable? If no, explain: _____		
5	Are you aware of any problems affecting the applicant such as: Alcohol/drug abuse, violence, neighborhood disturbances, police problems, etc.? If yes, please explain: _____		
6	Was the house keeping acceptable?		
7	Did the applicant keep pets in violation of the rental agreement?		
8	Was the applicant able to abide by the terms of your lease? If not, explain: _____		
9	Did the applicant keep the property in good condition? If no, please describe the condition: _____		
10	Did/will the applicant receive the full security deposit amount back?		
11	Would you re-rent to the applicant? If no, why: _____ _____		
12	Did the applicant promptly turn on/off their utilities?		
Additional Comments: _____ _____			

Completed by: _____ Title: _____

Address: _____

Phone: (____) ____-____ Fax: (____) ____-____

Do/did you have direct contact with applicant? ___ Yes ___ No

Are you related to applicant(s)? ___ Yes ___ No

Signature: _____ Date: _____

PLEASE SEND THIS FORM BACK TO:

Fax Number: (952) 233-0731 OR

200 Levee Drive Apartments

200 Levee Drive West

Shakopee, MN 55379

SMOKE-FREE BUILDING/TOWNHOUSE POLICY

1. Smoking is not permitted anywhere in the building or townhouses, in accordance with the following guidelines. All residents, all employees, all guests are prohibited from smoking anywhere in the building, including the apartment units/townhomes.
2. Any deviation from the smoke-free policy by any tenant, a member of their household, or their guest will be considered a lease violation. Three (3) violations will result in eviction.
3. Smoking outside of the building/townhomes is permitted in designated areas, a minimum of 25 feet away from the building. If a resident smells tobacco smoke in any place of the building, they are to report it immediately to the Property Manager. Management will seek the source of the smoke and take appropriate action.

PETS

All future residents must notify the property manager of any pets BEFORE MOVING IN. Failure to do so might delay the move-in process.

ASSISTED HOUSING

Please notify the Property Manager if you are currently living in assisted housing.

UTILITIES

As a requirement of the lease, all residents must have utilities in their name. It is a violation of the lease if any resident fails to transfer the utilities into their name or has the utilities shut off for non-payment.

CABLE/INTERNET/TV

Please check with the Property Manager about what Cable/TV/Internet services are available at the building/townhomes--we have a list of approved providers.

By signing below, I agree that I will follow the policies listed above.

Applicant Signature(s)

Signature _____ Date _____
Signature _____ Date _____

HOUSE RULES

The following list of infractions are (if violated) considered violations of our lease. Please be advised that (3) infraction notices are grounds for eviction.

1. Destruction of property
2. Disturbing or harassing other residents
3. Excessive noise from your apartment
4. Drunk and disorderly conduct
5. Manufactured, sale or use of drugs
6. Illegal activities on the premises
7. Unlawful activities causing police action on the property
8. Tampering with mailboxes
9. Failure to maintain unit, hallway, or stairway in a clean and sanitary condition
10. Allow unauthorized persons to live in unit--visitation limit per person per year is 14 days with management approval.
11. Failure to allow manager to enter premises
12. Failure to observe quiet hours (10 PM - 8 AM)
13. Alteration or addition to property not authorized by management
14. Installation of appliances (washing machine, dryer, freezer, locks, stove, refrigerator, etc.) without the consent of manager
15. Breach of building security (leaving doors unlocked and/or blocking open exit doors)
16. Failure to report changes in income or family status
17. Non-Payment of rent or repeated late payments
18. Bounced (NSF) checks. Replacement of (NSF) check will only be accepted in the form of a cashier's check or money order
19. Leaving garbage, trash or other obstructions in a public area.
20. Inability to comply with the terms of the lease.
21. Failure to obtain Social Security Numbers for all household members
22. Failure to reconnect utility service within one week of disconnection
23. Verbally or physically abusing Manager or staff
24. Committing or causing any act that would constitute a fire or safety hazard or would cause the property insurance to increase
25. Deliberately reporting false information for recertification or interim rent adjustment. This infraction would result in assistance termination upon (1) infraction, and possible HUD penalties.
26. Moving in a pet without a written pet policy addendum to the agreement.
27. Failure to sign Authorized Release Form
28. Moving in a water bed without consent of manager
29. Not following Smoke-Free Building/Townhome policy by smoking in unit, and/or in non-designated areas

I understand and accept the above House Rules will be a part of my lease agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____