



Dear Applicant,

Thank you for your interest in our properties. Please follow the directions below.

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

1. Complete entire application and include names, addresses, phone numbers for ALL previous residences listed. All household members age 18 or older must sign and date the application.
2. Signature and date on the top of the "Rental Reference Request" form located at the top of the form within the "Applicant Signature Release" box (leave rest of form blank).
3. Separate copy of HUD 92006 (last page) for each adult household member (18 and older).
4. Copies of Social Security cards for ALL household members.
5. Copies of government issued photo ID cards/driver's licenses or birth certificates for ALL household members.

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 that it was received.
- Incomplete applications will be returned.

**If you have any questions or need additional help, please contact our office.**

**Park Street Apartments**

**321 Park Street W, Cannon Falls, MN 55009**

**Phone: 507-263-4773 Fax: 507-263-0911 Email: [parkstreet@bergstad.com](mailto:parkstreet@bergstad.com)**

**Application for Residency  
For Federally Funded Programs**



**RECEIVED**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**I. Applicant / Spouse Application**

<b>Applicant's Name:</b> _____ Driver's License: _____ State: _____ SS #: _____ <input type="checkbox"/> Or I don't contend eligible immigration status Date of Birth: _____ Optional: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone#: _____ Email: _____ Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student	<b>Spouse's Name:</b> _____ Driver's License: _____ State: _____ SS #: _____ <input type="checkbox"/> Or I don't contend eligible immigration status Date of Birth: _____ Optional: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone#: _____ Email: _____ Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student
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**Marital Status:**  
 In order to substantiate your income qualification, your marital status must be verified. Please note that the following information is required and will be used for income qualification only:  
 Applicant's Marital Status:  Married  Separated, not legally  Widowed  Divorced  Never been married

**II. Other Household Members**

<u>List only</u> children who are dependent of persons listed on this application:			Check Student Status		
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student
Name: _____	SS#: _____	DOB: _____	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Not Student

Are there any household members not listed on this or a separate application (i.e., spouse, absent spouse, roommate or other)?  
 NO  YES If yes, please explain: \_\_\_\_\_  
 Does any one in the household anticipate changes to "Student Status" within the calendar year?  NO  YES  
 If yes above, list name(s): \_\_\_\_\_  
 Do you expect any change in your household composition within the next 6 months?  NO  YES

**III. Residence History**

List the past three (3) years of residence history. If additional space is needed, please use the back of this application.

<b>Current Address:</b> _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____	<b>(2) Previous Address:</b> _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____
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<b>(3) Previous Address:</b> _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____	<b>(4) Previous Address:</b> _____ City, State, Zip: _____ From: _____ To: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____ Landlord's Name / Management Company: _____ Landlord's Phone: _____ Rent Amount: \$ _____
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**V. Other Sources of Income (Does the Applicant or Spouse receive any of the following incomes)?**

<b>Applicant's Other Income:</b>			<b>Spouse's Other Income:</b>		
Source:		Gross Amount Received:	Source:		Gross Amount Received:
Wages:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Wages:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
SSI/SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	SSA:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Retirement/Pension:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Unemployment:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Recurring Contribution:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Alimony:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	AFDC/TANF:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Child Support:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Have Child Support Court Order:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Have Child Support Court Order:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Income from Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Income from Military Service:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____	Other:	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____
If other, list source: _____			If other, list source: _____		

**IV. Household Assets**

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?  NO  YES

If YES, list type of asset and name of institution:

Applicant	Co-Applicant	Child	Type of Asset	Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months for less than fair market value?

NO  YES If yes, explain: \_\_\_\_\_

**VII. Eligible Allowances**

<b>Applicant's Eligible Allowances:</b>				<b>Spouse's Eligible Allowances:</b>			
<b>Sources</b>		<b>Gross Amount Received:</b>		<b>Sources</b>		<b>Gross Amount Received:</b>	
Prescription(s):	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Prescription(s):	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medicare Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Medicare Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Insurance Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Insurance Premium:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Medical Expenses:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Medical Expenses:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Transportation Costs:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Transportation Costs:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Attendant Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Attendant Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Service Animal:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Service Animal:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Auxiliary Apparatus:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Auxiliary Apparatus:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Child Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Child Care:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
Others that are eligible:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____	Others that are eligible:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$ _____
If others, list: _____				If others, list: _____			

VII. General Information
What size apartment/townhouse are you interested in? <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR
Does anyone in the household have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, number of Pets: _____ Breed/Kind: _____ Size (lbs): _____
How did you hear about this development? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Sign <input type="checkbox"/> Online <input type="checkbox"/> Local <input type="checkbox"/> Other: _____
Please list all states where household members have resided: _____ If you or a member of your household was 62 years old or older on January 31, 2010 and do not have a SS#, were you receiving HUD rental assistance somewhere else? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Not Applicable Is any household member a military veteran? <input type="checkbox"/> NO <input type="checkbox"/> Yes, list who: _____ Is the household seeking housing as a result of a presidentially declared disaster? <input type="checkbox"/> NO <input type="checkbox"/> YES
Please indicated if any household member has a disability. <input type="checkbox"/> NO <input type="checkbox"/> Yes—If yes, would you describe as: <input type="checkbox"/> Mobility <input type="checkbox"/> Visual Hearing If you checked yes, do you or any member of the household require a special accommodation? <input type="checkbox"/> NO <input type="checkbox"/> YES _____
Are you current with your utilities and are able to put them into your name? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a misdemeanor, felony crime, or have pending legal charges? <input type="checkbox"/> NO <input type="checkbox"/> YES Is any household member subject to State lifetime sex offender registration in any state? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ Have you ever been evicted or had a judgement for an Unlawful Detainer (UD) on your record? <input type="checkbox"/> NO <input type="checkbox"/> YES
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 for any other reason? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please explain the circumstances: _____
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? <input type="checkbox"/> YES <input type="checkbox"/> NO

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 staff 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 or 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 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.

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 MEMEBERS AGE 18 OR OLDER SIGN BELOW:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RENTAL REFERENCE REQUEST

### Applicant Signature Release

I authorize Bergstad Properties, Inc. to receive information about my rental history

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax/email: \_\_\_\_\_

RE: \_\_\_\_\_ Apartment Complex: \_\_\_\_\_

Dates of residency: \_\_\_\_\_ to \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Did the resident pay their rent on time? \_\_\_\_\_ Late Payments (how many): \_\_\_\_\_

Proper notice to vacate given: \_\_\_\_\_

Did you receive a security deposit? \_\_\_\_\_ Will the full amount be returned back to the resident? \_\_\_\_\_

Did the resident ever bounce a check (NSF)? \_\_\_\_\_

Rental payment performance: \_\_\_\_\_

Noise complaints? \_\_\_\_\_ Please explain: \_\_\_\_\_

Record of disturbing neighbors? \_\_\_\_\_

Did the applicant have any difficulty with adherence to the lease and community policies? \_\_\_\_\_

If so, which ones? \_\_\_\_\_

Were there any compliance issues with certification reporting requirements? (If applicable) \_\_\_\_\_

Did the resident notify management of changes in income and household changes in a timely matter?  
(if applicable) \_\_\_\_\_

Did the resident have to engage in any repayment plans for under-reported income? (If applicable) \_\_\_\_\_

Was/is there any unit maintenance/damage beyond regular wear and tear? \_\_\_\_\_

Was/is there any presence of bed bugs, head lice, roaches, or parasitic infestation? \_\_\_\_\_

How was the residents' housekeeping? \_\_\_\_\_

If the above applicant would re-apply to rent at your property, would you re-rent? \_\_\_\_\_

Additional comments: \_\_\_\_\_

Completed By (please sign): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this rental reference to Park Street Apartments. Thank you in advance.**

Address:	Fax:	Email:
Park Street Apartments 321 Park Street W Cannon Falls, MN 55009	507-263-0911	<a href="mailto:parkstreet@bergstad.com">parkstreet@bergstad.com</a>

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.

<b>Signature of Applicant</b>	<b>Date</b>

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.