



Equal  
Housing  
Opportunity

*OFFICE USE ONLY Date/Time Received:*

## APPLICATION FOR OCCUPANCY

Nimens-Espegard Apartments (218-281-1282)

**PLEASE PRINT - RETURN COMPLETED APPLICATION TO:** Nimens-Espegard Apartments  
1700 Widman Lane  
Crookston, MN 56716

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

List all persons who will live in the apartment. List head of household first.

Name	Relationship	Birthdate	Age	Social Security No.	Sex
1. _____	Head	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

Is anyone in this household a full-time student? Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

**B. REFERENCE INFORMATION**

Current Landlord: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Previous Landlord(s): Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Non-related Personal References:

1. Name _____	Address _____	Telephone _____
2. Name _____	Address _____	Telephone _____
3. Name _____	Address _____	Telephone _____

Credit References:

1. Name _____	Address _____	Account No. _____
2. Name _____	Address _____	Account No. _____
3. Name _____	Address _____	Account No. _____

Credit check by RHR Information Service, Inc., 10505 Wayzata Blvd, Suite 200, Minnetonka, MN 55305.

**C. HOUSEHOLD INCOME**

List all sources of income for all household members.

Name	Source of Income	Monthly Gross
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension(s) Source of Pension(s) _____	\$ _____
_____	Unemployment Comp.	\$ _____
_____	AFDC	\$ _____
_____	Alimony Source _____	\$ _____
_____	Child Support Source _____	\$ _____
_____	Full Time Student Income (Only Full Time Students 18 & Over)	\$ _____

**TOTAL GROSS MONTHLY INCOME** \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** (Base on Monthly amount listed above and multiply x 12)\$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain:

**D. ASSETS**

Checking Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Money Market Account(s)	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates of Deposit	# _____	Bank _____	Balance \$ _____
IRA	# _____	Company _____	Balance \$ _____
Savings Bonds	# _____	Cash Value _____	
Whole Life Insurance Policy	# _____	Cash Value _____	

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, state type of property \_\_\_\_\_  
Location: \_\_\_\_\_

Current Market Value: \_\_\_\_\_

Outstanding Mortgage Balance: \_\_\_\_\_

Have you sold/disposed of any business, property or other assets in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, state type of business, property or asset \_\_\_\_\_

Date of Sale/Disposition \_\_\_\_\_

Market Value When Sold/Disposed Of \_\_\_\_\_

Amount Sold/Disposed For \_\_\_\_\_

Do you have any other assets not listed above (ie. recreational vehicle or mobile home; do not include personal property)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list \_\_\_\_\_

**E. MEDICAL/HANDICAP ASSISTANCE EXPENSES**

**Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled.**

Medicare Premiums	Monthly Amount \$	_____
Medical Insurance Coverage	Monthly Amount \$	_____
Name of Company _____	Address _____	
Anticipated Medical Expenses NOT covered by Insurance NOR reimbursed	Monthly Amount \$	_____
Medical bills or outstanding costs on which you are making monthly payments	Monthly Amount \$	_____
Medical related travel costs	Monthly amount \$	_____
Any other medical expenses: list type and amounts _____	Monthly Amount \$	_____
	Monthly Amount \$	_____

**Handicap Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed.**

Specialized Medical Attendant Care: state name of care giver and cost \_\_\_\_\_ \$ \_\_\_\_\_

Auxiliary Apparatus: list type and cost \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**F. CHILD CARE EXPENSES**

**Complete this part for household minors under 13 ONLY.**

Name(s) of children cared for: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Name of person/agency caring for children: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Weekly cost of child care due to employment \$ \_\_\_\_\_

Weekly cost of child care due to education \$ \_\_\_\_\_

**G. PROGRAM INFORMATION**

What size of unit are you requesting? 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to have priority for a handicapped accessible unit with special design features? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from any type of housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a user of an illegal controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or will you become a part time or full time student prior to move-in? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this housing? \_\_\_\_\_

**H. OTHER INFORMATION**

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registered To: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No. \_\_\_\_\_ Registered To: \_\_\_\_\_

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, describe \_\_\_\_\_

Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**I. CERTIFICATION**

I/We hereby certify that the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.

I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy.

SIGNATURES:

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**J. AUTHORIZATION/CONSENT**

I/We do hereby authorize \_\_\_\_\_ Nimens Espegard Apartments \_\_\_\_\_ and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by \_\_\_\_\_ Nimens Espegard Apartments. \_\_\_\_\_ Further, I/we consent to the release of wage matching data to the RHS and the borrower.

SIGNATURES:

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

“In accordance with Federal Law and U.S. Department of Agricultural policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability (not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Please provide the following information so that the Nimens-Espegard Apartments will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

1 American Indian/Alaskan Native \_\_\_\_\_

2 Asian \_\_\_\_\_

3 Black or African American \_\_\_\_\_

4 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5 White \_\_\_\_\_

Gender:

Male \_\_\_\_\_

Female \_\_\_\_\_

"Please be aware that under federal laws, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves."