



# Greater Minnesota Management

Garfield Avenue P.O. Box 205 · Mentor, MN 56736 · Tel: 800-504-6093 Fax: 218-637-6094

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NOTICE FOR ALL APPLICANTS FOR: OTTERKILL GARDEN APARTMENTS  
635 Hallan Avenue NE  
Bagley, MN 56621  
218-694-3324

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Effective September 1, 2003, for every person that wants to move into Otterkill Garden Apartments, we are required to do a criminal background check. You must take the form to a notary so they can witness your signature. After completion, please bring it back to the caretaker or mail it directly to Greater MN Management.

Also, our criteria to qualify for an apartment are TWO good landlord references. ABSOLUTELY no relatives or friends. Please fill out entire application. Do not leave any blanks. It will be mailed back to you to finish if you do.

Thank you for your interest in Otterkill Garden Apartments.

Greater MN Management



Rental Application Section 8/236

Initial Date/Time Rec'd
Recertification

Project Name
Address Unit # # of Bedrooms
Manager or Representative:
Applicant's Home Tel.# Applicant's Work Tel. # Emergency Contact Name Tel.#

All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.
Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview may be rejected for housing.

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

Table with 4 columns: Member's Full Name, Relationship, Date of Birth, Social Security #

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household: White, Black, Asian/Pacific Islander, American Indian/Native American
Ethnicity of Head of Household: Hispanic, Non Hispanic
Are you a Non-Citizen Student? Yes, No
Are you a United States Citizen? Yes, No
If no, are you a Non-Citizen with eligible alien status? Yes, No

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

CURRENT HOUSING STATUS

Address City State Zip

Name of Landlord: Phone #:

Landlord's Address:

How long have you resided at your current address: From To:

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

Address City State Zip

Name of Landlord: Phone #:

Landlord's Address:

How long have you resided at your current address: From To:

**HOUSEHOLD EMPLOYMENT INFORMATION**  
(Use additional sheets if necessary)

Household Member's Employer _____		Phone #: _____	
Address _____		City _____	State _____ Zip _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	
Household Member's Employer _____		Phone #: _____	
Address _____		City _____	State _____ Zip _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Weekly
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	

**HOUSEHOLD INCOME INFORMATION**  
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	Yes	No	Monthly Amount
1 Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9 Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10 Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11 Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12 Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13 Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14 Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15 Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16 Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
23 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
24 Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**HOUSEHOLD ASSETS**  
(All information will be verified)

DO YOU HAVE MONEY HELD IN		Yes	No	Current Balance		Yes	No	Current Balance	
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9	401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11	Certification of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12	Pension/retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13	Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14	Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

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

	Yes	No	Value
17 Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Do you hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20 What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List below all items from above that were checked "YES "

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number of company, financial institution or source

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

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

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

**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
1 Child care, which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Outstanding medical bills on which you are currently paying>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____			

### MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- \_\_\_\_\_ Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
- \_\_\_\_\_ Do you or anyone else in your household qualify for housing because of a handicap or disability?
- \_\_\_\_\_ Will anyone else live in the unit on either a full-time or part-time basis?
- \_\_\_\_\_ Do you have sole legal and physical custody of your children? If no explain: \_\_\_\_\_
- \_\_\_\_\_ Are you now living or have you lived in a government-subsidized development? If yes, when: \_\_\_\_\_
- Name of Development: \_\_\_\_\_
- Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- \_\_\_\_\_ 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? If yes, explain: \_\_\_\_\_
- \_\_\_\_\_ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- \_\_\_\_\_ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- \_\_\_\_\_ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- \_\_\_\_\_ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- \_\_\_\_\_ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- \_\_\_\_\_ Have you or any member of your household ever used different names from the names given in this application?
- \_\_\_\_\_ Have you or any member of your household ever used social security numbers different from those listed in this application?
- \_\_\_\_\_ Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones?

Explanation: \_\_\_\_\_

How did you hear of this housing development? \_\_\_\_\_

### SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 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) by 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 of 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 information 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 completed 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: \_\_\_\_\_

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.**

**GREATER MINNESOTA MANAGEMENT**

210 GARFIELD AVE PO BOX 205, MENTOR, MN 56736

218-637-6093 - 218-637-6094FAX

CREDIT/CRIMINAL VERIFICATION

DATE \_\_\_\_\_

The following named individual has made application with \_\_\_\_\_

Apartment number \_\_\_\_\_

Rent Amount \_\_\_\_\_ Requested by \_\_\_\_\_

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Maiden, Previous or Alias \_\_\_\_\_

I authorize Rental History Reports to disclose my dredit, criminal and unlawful detainer serches to Greater MN Management for the purpose of Tenant Selection Criteria.

Expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public Signature

Stamp: