



KRUEGER REALTY, INC.

323 E. Blue Earth Ave.
Fairmont, MN 56031
TEL (507) 235-9060
FAX (507) 238-9692



Equal
Housing
Opportunity

Applicant Questionnaire

Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____

Evening Phone: _____

YES

NO

☐☐

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: _____

Explanation: _____

☐☐

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: _____

Explanation: _____

☐☐

3. Do you have full custody of your child(ren)?

Explanation: _____

☐☐

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)

Explanation: _____

☐☐

5. Does your household have or anticipate having any pets other than those used as service animals?

➤ \$20.00 per Person
Application Fee

Rental History

YES

NO

☐
☐

6. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

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7. Have you or any one else named on this application been convicted of a felony?

Explanation: _____

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8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: _____

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9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

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10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: () _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

☐
☐

(EMC #01)

11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐
☐

(EMC #07)

12. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

☐
☐

(EMC #03)

13. Regular pay as a member of the Armed Forces?

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

☐
☐

(EMC #04)

14. Unemployment benefits or workman's compensation?

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #05)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member

Contact Person

Amount

☐ ☐
If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

Household Member

Payor

Amount

(b) How is the support received? (Check all that apply)

- ☐ Child Support Enforcement Agency *Name of Agency:* _____
☐ Court of Law *Name of Court:* _____
☐ Directly from Individual *Name of Person:* _____
☐ Other *Explain:* _____

☐ ☐
(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

☐ ☐
(EMC #02)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member

SSA Office

Amount

☐ ☐
(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member

Source of Benefit

Amount

☐ ☐
(EMC #08)

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

☐ ☐
(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member

Source of Benefit

Amount

☐ ☐
(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

☐ ☐
(EMC #13)

22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

24. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

☐ ☐
(EMC #09)

27. Checking or savings account?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #09)

28. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #10)

29. Stocks, bonds or securities

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #09)

30. Trust funds?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #09)

31. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #13)

32. Cash on hand over \$500?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #10)

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #10)

34. Personal property held as an investment?
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #13)

35. A safe deposit box?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #11)

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

☐ ☐
(EMC #20)

37. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

☐ ☐
(EMC #12 & #18)

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

☐ ☐
(EMC #15 & #21)

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

☐ ☐

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

☐ ☐

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____

➤ Copy of
Driver's License

This institution is an equal opportunity provider and employer.

KRUEGER REALTY, INC.

323 E. Blue Earth Ave.
Fairmont, MN 56031
TEL (507) 235-9060
FAX (507) 238-9692



Equal
Housing
Opportunity

Request for Verification of Rental History

To:

Applicant Name: _____

Rental Address: _____

The above named individual is an applicant for housing assistance, which is subsidized through HUD/MFHA/FmHA. Federal regulation requires that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The information you provide will be used for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please contact our office.

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requesting information.

SIGNATURE OF APPLICANT(S) _____

SOCIAL SECURITY NUMBER _____ DOB _____

Krueger Realty, Inc., managing agent for the above named project, requests information below regarding the applicant's account. All information is confidential and used only for the purpose of HUD/MFHA/FmHA requirements for determining the account of rent payable by the applicant or tenant. Thank you for your cooperation.

SIGNATURE OF MANAGING AGENT _____

Marcy Cochran

Does/did the applicant make rent payments on time? Yes ___ No ___

Monthly rent \$ _____ Utilities included? Yes ___ No ___

Length of residency under your management: From _____ To _____

How many people are/were in the household: Adults ___ Children ___?

Have you ever had problems with the applicant? Yes ___ No ___

Has the applicant ever had a record of disturbing neighbors? Yes ___ No ___

Has the applicant ever had a record of destruction of property? Yes ___ No ___

Has the applicant ever had a record of poor living or housekeeping habits? Yes ___ No ___

Did the resident give you a proper notice to move? Yes ___ No ___ Length of notice required _____

If you answered yes to any of the above, please specify _____

Signature _____ Date _____ Phone _____



(FOR OFFICE USE ONLY)

SITE NAME: _____

RHR ACCT #: _____

Personal Information:**General Consent Form**I, _____ have made
Last Name First Middle Maidenapplication with Krueger Realty, Inc. for Rental Housing Application
Company Name State Purpose

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

_____/_____/_____
Date of Birth Sex Social Security Number Driver's License State (_____) Home Phone**Release:**

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit grantor federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature_____
Date**OUT-OF-STATE CRIMINAL RECORDS SEARCH**

_____ City / County	_____ State	_____ City / County	_____ State
_____ City / County	_____ State	_____ City / County	_____ State

7900 W. 78th Street, Ste. 400 • Edina, MN 55439PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>