



# 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: \_\_\_\_\_



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

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



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

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



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

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



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)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

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.)

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

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

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

(EMC #08)

19. Regular payments from a severance package?

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

(EMC #08)

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

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

(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.)

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

(EMC #13)

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

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

23. Regular payments from lottery winnings or inheritances?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

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

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

24. Any other income sources or types not listed?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

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?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #09)

28. CDs, money market accounts or treasury bills?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #10)

29. Stocks, bonds or securities

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #09)

30. Trust funds?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #09)

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

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #13)

32. Cash on hand over \$500?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(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.)*

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(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.)*

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #13)

35. A safe deposit box?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

(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: \_\_\_\_\_

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by [Krueger Realty] ("the Company") after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656**; another outside organization acting on behalf of [Krueger Realty] and/or [Krueger Realty] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**New York City applicants only:** You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

**Washington State residents only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma residents only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**BACKGROUND INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License\*: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



E-mail: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, [Krueger Realty] ("the Company") may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe 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 the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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).
- **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](http://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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357