



BESSLER

Apartment Management Company
 957 W Frontage Road
 Byron, MN 55920
 (507) 775-2109
 TDD only use MRS 1-800-627-3529

| |
|-----------------------|
| Unit Desired _____ |
| Date Rec'd _____ |

(2017)

APPLICATION FOR OCCUPANCY IN FAMILY HOUSING

This is an application for housing in a Federally Subsidized (Rural Development - USDA RD formally FmHA), and Minnesota Housing Finance Agency apartment complex, named _____ located in _____. The income and asset information on this application will be kept in strict confidence and will help us figure out your Tenant Contribution (rent). Please read carefully and fill in every blank. This application is to be filled out in the presence of a manager from Bessler Management to assist you if you have any questions. Only applications that are completely filled out will be accepted. Applications are placed in order of date and time completed (after reference checks are done by Management). **A non refundable \$27.00 application fee is required per adult with this application, and a Pre-Lease deposit paid and the Pre-Lease form signed.**

Section I

PLEASE PRINT

HOUSEHOLD COMPOSITION

List the Head of Household first and all other members who will be living in the unit. Give the relationship of each family member to the head.

| MEMBER'S FULL NAME | RELATIONSHIP | DATE OF BIRTH | SEX | AGE | SOCIAL SECURITY# |
|--|-------------------|---------------|-----|-----|------------------|
| | Head of household | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Drivers license or State ID# --- head of household | | | | | State of issue |
| Drivers license or State ID# --- co-applicant | | | | | State of issue |

YOUR CURRENT STREET ADDRESS

| ADDRESS | APT.# | CITY | STATE | ZIP |
|---------|-------|------|-------|-----|
| | | | | |

YOUR CURRENT MAILING ADDRESS

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PHONE NUMBERS

UNIT SIZE / TYPE

| AREA CODE | PHONE NUMBER | WHO OR WHERE | BEST TIME TO CALL | CIRCLE ALL THAT APPLY | | |
|-----------|--------------|--------------|-------------------|------------------------|-----|----|
| | | | | NUMBER OF BEDROOMS | 1 | 2 |
| | | | | HANDICAP ACCESSIBILITY | YES | NO |

Section II

HOUSEHOLD INCOME

For each household member over 18 years of age (including contributing family members temporarily absent), list total anticipated income for the twelvemonth period commencing on anticipated date of occupancy, including;

| Household Members | Name of Income source | Gross Amount | \$ per hr | Number of hours worked per week |
|--|-----------------------|--------------|--|---------------------------------|
| 1. Wages, salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services (amounts before taxes and/or deductions); Net Income from operating a business or profession; Net Income from rental property; | | | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| 2. Pensions, Social Security, Retirement funds, Disability; | | | per; week, 2 weeks, month, twice monthly | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| 3. Public assistance payments, AFDC, GA, etc; | | | per; week, 2 weeks, month, twice monthly | |
| | | \$ | | |
| | | \$ | | |
| 4. Other income; unemployment, inheritance, capital gains, child support, gifts from non-household members; military pay and allowances to contributing family members, excluding "Hazardous Duty" pay. | | | per; week, 2 weeks, month, twice monthly | |
| | | \$ | | |
| | | \$ | | |

5. Assets and Asset income;

| Type of asset | How many of this type | Total current balance, amount, or net value | Interest rate if any | Income from asset |
|--------------------------------|-----------------------|---|----------------------|-------------------|
| Cash on Hand | | \$ | | |
| Checking & Savings | | \$ | % | \$ |
| Trust accounts & Savings Bonds | | \$ | % | \$ |
| Certificates of Deposit | | \$ | % | \$ |
| Real Estate | | \$ | % | \$ |
| Other | | \$ | % | \$ |

Section III

| MEDICAL EXPENSES | | |
|--|------------|----------------|
| Does the head of household or co-applicant (if any) qualify for the \$400.00 adjustment (reduction) to income due to one or more of the following? ELDERLY (62 years old or over), DISABLED, or HANDICAPPED | Circle One | |
| | YES | NO |
| If you circled NO, Skip the rest of this section and go to SECTION IV | | MONTHLY AMOUNT |
| Medicare | | \$ |
| Supplemental Health Insurance | | \$ |
| Drug and Prescription cost not covered by insurance | | \$ |
| Out standing medical bills to Doctors, Clinics, Hospitals, etc. not covered by insurance | | \$ |
| Eye glasses, hearing aids, and dental cost not covered by insurance | | \$ |
| Other Medical expenses not covered by insurance | | \$ |

Section IV

| CHILD CARE AND HANDICAP ASSISTANCE EXPENSES | WEEKLY AMOUNT |
|---|---------------|
| Complete ONLY for Children 12 & younger. Weekly cost for CHILD CARE due to Employment or Education only. | \$ |
| Complete ONLY if Handicap Expenses allow the Handicapped person or Another Household Member to work or go to school | \$ |

Section V

| GENERAL INFORMATION | | | | | |
|--|-----|----|---|-----|----|
| Are you displaced? | YES | NO | Have you ever been Evicted from your housing? If yes when; _____ | YES | NO |
| Have you ever resided in a project financed and/or subsidized by the Government? | YES | NO | Will you take an apartment when one is available? | YES | NO |
| Will you sign a one year lease? | YES | NO | Will you have any pets in the apartment? | YES | NO |
| Have you been convicted of the illegal manufacture or distribution of a controlled substance? | | | | YES | NO |
| Are you a current illegal user of a controlled substance or have a previous conviction of the same? | | | | YES | NO |
| Will you or any member of this household, or a guest, or other person under your control, to allow or indulge in any criminal activity, including drug-related criminal activity, on or near project premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substance Act (21 U.S.C. 802)). | | | | YES | NO |
| Will you or any other adult household member attend school on a full time basis in the next 12 months? | | | | YES | NO |
| Have you disposed of any assets (Real Estate, Cash, etc) in the last 2 years? | | | | YES | NO |
| How did you hear about this housing? | | | | | |

Section VI

REFERENCE INFORMATION

Residence - Last four full years current and previous places you have lived.

A. Current Residence (Same address as on page one).

Name of Landlord or Owner _____ Are you related Yes No
 Unit type Apartment House Mobile home/trailer Duplex Amount of rent _____ per _____
 Date moved in _____ Date moved out _____ Reason for Moving _____
 Landlord/Owner Mailing address _____ City, State, Zip _____
 Landlord/Owner Business Phone # (____) _____ - _____ Home Phone # (____) _____ - _____

B. Previous:

Name of Landlord or Owner _____ Are you related Yes No
 Unit type Apartment House Mobile home/trailer Duplex Amount of rent _____ per _____
 Unit Address _____ City, State, Zip _____
 Date moved in _____ Date moved out _____ Reason for Moving _____
 Landlord/Owner Mailing address _____ City, State, Zip _____
 Landlord/Owner Business Phone # (____) _____ - _____ Home Phone # (____) _____ - _____

C. Previous:

Name of Landlord or Owner _____ Are you related Yes No
 Unit type Apartment House Mobile home/trailer Duplex Amount of rent _____ per _____
 Unit Address _____ City, State, Zip _____
 Date moved in _____ Date moved out _____ Reason for Moving _____
 Landlord/Owner Mailing address _____ City, State, Zip _____
 Landlord/Owner Business Phone # (____) _____ - _____ Home Phone # (____) _____ - _____

D. Previous:

Name of Landlord or Owner _____ Are you related Yes No
 Unit type Apartment House Mobile home/trailer Duplex Amount of rent _____ per _____
 Unit Address _____ City, State, Zip _____
 Date moved in _____ Date moved out _____ Reason for Moving _____
 Landlord/Owner Mailing address _____ City, State, Zip _____
 Landlord/Owner Business Phone # (____) _____ - _____ Home Phone # (____) _____ - _____

PERSONAL REFERENCE NON-RELATED and NO FRIENDS - Professional type people (Counselor, Lawyer, Supervisor, Doctor, Teacher, etc., that you have known for at least 1 year)

E. Name _____ Day time Phone # (____) _____ - _____
 Address _____ City, State, Zip _____
 How long have you known this person _____ Professional Title _____

F. Name _____ Day time Phone # (____) _____ - _____
 Address _____ City, State, Zip _____
 How long have you known this person _____ Professional Title _____

CREDIT REFERENCE Credit Card, Bank, Credit Union, Utility Co., Etc.

| Name | Address, City, State, Zip | Acct # (if any) | Phone |
|------|---------------------------|-----------------|-------|
| G. | | | |
| H. | | | |
| I. | | | |

Section VII

| VEHICLES | | | | |
|--|------|-------|-------|-------------------|
| List all motor vehicles your household owns that you plan to bring with you when you move. | | | | |
| Year | Make | Model | Color | Lic. Plate Number |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section VIII

| CERTIFICATION and AUTHORIZATION | |
|---|--------------------------|
| <p>I/We Certify that all information in this application is complete and true to the best of my/our knowledge and that I/we understand that false or omitted statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. And I/we Certify that the unit applied for will be our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.</p> <p>I/We, do hereby authorize Bessler Realty Apartment Management Company and it's Staff or authorized representatives to contact any Federal, State or Local agencies, person(s), offices, groups or organizations to obtain and verify any information or material which are deemed necessary to complete my/our application for housing in this property managed by Bessler Realty Apartment Management Company. I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We do not sign this authorization, I/We also understand that this application for housing will be incomplete and I/We will be denied occupancy.</p> | |
| Date | Applicant's Signature |
| Date | Co-Applicant's Signature |

Section IX

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development (formally FmHA), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname."

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discriminations may be forwarded to the Administrator, USDA - RD, Washington, D.C. 20250.

1. American Indian/Alaskan Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Pacific Islander
 5. White
 Hispanic/Latino
 Non-Hispanic/Latino

PRE-LEASE DEPOSIT AGREEMENT

Applicant, _____, is making an application to become a tenant of Whitewater Way Apartments. Applicant understands that Bessler Management will conduct a review of applicant's application for tenancy and determine whether such application will be accepted.

After the review of the application submitted herewith, Bessler Management will advise applicant as to whether applicant has been approved to enter into a lease with Bessler Management. Subject to the conditions herein, if there is more than one unit available at the time of the submission of this application, applicant may designate the unit applicant wishes to lease. Upon approval of the application by Bessler Management, Bessler Management will process a lease and make a lease available for signing as expeditiously as possible.

Applicant agrees to pay a pre-lease deposit to Bessler Management in the sum of \$350.00. If applicant wishes to hold a specific designated unit, applicant will pay a pre-lease deposit with the application and Bessler Management agrees to hold the specific unit chosen by applicant until Bessler Management has made the decision whether to accept applicant as a tenant. In the event applicant is accepted as a tenant, Bessler Management will continue to hold the specific unit until a written lease has been processed. Otherwise, applicant will pay the pre-lease deposit at the time applicant has been accepted for occupancy of a unit by Bessler Management. Once applicant has paid the pre-lease deposit, Bessler Management will hold a unit for applicant during the pendency of the processing of the lease.

Once the applicant has been approved, the applicant agrees to sign a lease by ____/____/20____.

At the time of the signing of the lease, applicant agrees to pay a lease deposit to Bessler Management in the sum of \$350.00. The pre-lease deposit which is described above will be credited in full to the amount required of applicant for the lease deposit.

In the event that Bessler Management does not approve the application, any pre-lease deposit paid with the application will be returned in full. Once applicant has paid a pre-lease deposit and determines not to enter into the lease applied for with Bessler Management for any reason, applicant forfeits the pre-lease deposit. After applicant has been accepted for tenancy, if any of the facts set forth by applicant in the application become changed prior to signing the lease, Bessler Management may revoke acceptance of the application and applicant forfeits the pre-lease deposit.

BESSLER MANAGEMENT

Dated: _____

By: _____ (signature)

(printed name)

Its: _____ (title)

Dated: _____

Applicants signature

(printed name)

BESSLER

Apartment Management Company
957 West Frontage Road
Byron, MN 55920
www.besslermanagement.com
(507) 775-2109 Voice
(507) 775-2960 Fax

Application Fees, Process, and Tenant selection/rejection.

Effective 2011

1. Fees
 - a. \$27.00 per adult as listed, and
 - b. Pre-lease form signed and pre-lease deposit paid (Money order, or cashiers check)
 - c. Both of the above must be paid at the time the application is turned into management.
2. Application
 - a. All blanks must be filled in and legible.
 - b. Must be signed, dated and include the application fee as stated in section 1
3. Process
 - a. Bessler Management will perform a search in the following data bases on all applications;
 - i. We have contracted the following services from Online Rental Exchange
 - (1) Problem Renter
 - (2) Unlawful Detainer
 - (3) Collection Account
 - (4) Public Record
 - (5) Criminal Convictions
 - (6) Credit Report
4. Selection
 - a. An application may be rejected for any of the following;
 - i. Anything shows up under the following sections from the Online Rental Exchange search;
 - (1) Problem Renter
 - (2) Unlawful Detainer
 - (3) Criminal Convictions - one misdemeanor may be allowed if more than two years old.
 - ii. Public Records, and collection accounts that are less than 24 months old form date of last activity.
 - iii. Credit report
 - (1) Lack of established credit for the last twelve months, we may request a Guarantor (co-signer)
 - (2) ½ or greater of the listing not current in the last 24 months.
 - iv. More that two people per bedroom size requested.
 - v. Any false, omitted, or fictional statements or information on the rental application.
 - b. All tenants and co-tenants must have the capacity to be able to enter into a legal and binding contract.
 - i. Tenant and/or co-tenant(s) must be legally responsible for other household member(s) in the same unit.
 - c. If household gross income is less than Apartment rent times 3 an income survival statement will be required.
 - d. If application is for Government and/or Tax Credit Housing than application must meet program requirements.

"In accordance with Federal law and the USDA's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability and where applicable, sex, martial status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited basis apply to all programs)."