



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

Unit Desired
 BEP- _____

 Date Rec'd

(2011)

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 Whitewater Way Apartments located in St. Charles, MN. 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 \$50.00 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

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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

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.

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.

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

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.