



LSS Property Management Group Rental Application

INSTRUCTIONS:

- **You must COMPLETE ALL AREAS of the application.** If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
- All sources of earned and unearned income must be reported for all household members.
- All assets must be reported for all household members.
- **SIGNATURES** are required.
- **TRANSLATION SERVICES** are available upon request. Contact the LSS Property Management Leasing Office for more information.
- **INCLUDE COPIES OF DRIVERS LICENSES AND SOCIAL SECURITY CARDS** for everyone on the application.
- Additional documentation is required for **PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL.** Contact the LSS Property Management Leasing Office for more information.

APPLICATION FEE:

A \$30 application fee is required per adult.

This fee can be paid by enclosing payment with your application or by paying online via the PAY RENT & FEES link at www.lsshousing.org.

SUBMIT YOUR APPLICATION

BY MAIL: LSS Property Management Group | P.O. Box 1021 Devils Lake, ND 58301

BY FAX: 701-662-8019

BY EMAIL: mschnase@lssnd.org

Contact the LSS Housing Leasing Office

Questions? Contact Melinda at:

PHONE: (701) 271-3227

EMAIL: mschnase@lssnd.org

NDTTY: 1-800-366-6888

MAIL: 423 6th Avenue NE | Devils Lake, ND 58301

OFFICE USE ONLY:

Your application is being returned because:

- You did not complete all areas
- You did not sign the application.



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Rental Application

Return complete application to:

MAIL: LSS Property Management Group
 P.O. Box 1021
 Devils Lake, ND 58301

FAX: 701-662-8019

EMAIL: mschnase@lssnd.org

Submit \$30/adult application fee:

MAIL: LSS Property Management Group
 P.O. Box 1021
 Devils Lake, ND 58301

ONLINE: www.lsshousing.org

List the **PROPERTY/CITY** you would prefer to reside in: _____

List all applicants to the apartment - use additional page if necessary:

| NAME | RELATIONSHIP | SOCIAL SECURITY # | DATE of BIRTH | PHONE NUMBER |
|------|--------------------------|-------------------|---------------|--------------|
| | <i>Head of Household</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Your Current Address _____ Your Current Email: _____

1. Please answer the following questions. Provide details for each "YES" answer in Question 5.

| | YES | NO |
|---|-----|----|
| Is any member of your household employed? (Full-time, Seasonal, Self-Employed) | | |
| Does any member of your household expect to work during the next twelve months? | | |
| Does any member of your household work for someone who pays them cash? | | |
| Is any member of your household on leave or absence from work? | | |

2. Does any member of your household receive or expect to receive the following In the new 12 months?

| | YES | NO |
|--|-----|----|
| Unemployment Benefits | | |
| Disability Benefits from employment or Workers Compensation | | |
| Child Support or Alimony | | |
| Is any member of your household entitled to child support/alimony that they are not receiving? | | |
| Public Assistance | | |
| Social Security or SSI Benefits | | |
| Income from a Pension or Annuity | | |
| Regular Contributions from an Outside Person/Source Rental Income (Property, Land, etc.) | | |
| Any Income Not Listed Above | | |



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3. List the person who receives income, the source and the amount expected in next 12 months

| Name of Household Member | Source of Income <i>e.g. Social Security, Employment</i> | Employer Name, Address and Contact Phone Number for Verification | Annual Amount |
|--------------------------|---|---|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

4. List the financial accounts of ALL household members (*Checking, Savings, CDs, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts, Stocks or Bonds.*)

Attach additional sheets if necessary.

| Head of Household Name: | | | |
|---|-----------------|----------------|-----------------|
| Financial Institution <i>Name / Address / Phone</i> | Type of Account | Account Number | Current Balance |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Co-Applicant's Name: | | | |
|---|-----------------|----------------|-----------------|
| Financial Institution <i>Name / Address / Phone</i> | Type of Account | Account Number | Current Balance |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | YES | NO |
|---|----------------------|----|
| 5. Are you a student enrolled at an institution of higher education? | | |
| 6. Do you own a home or real estate? | | |
| 7. Do you currently live in a home of our own? | | |
| If currently own your own home, please list address and current market value: | | |
| Address of House | Current Market Value | |
| | | |



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| | | |
|---|-----|----|
| | YES | NO |
| 8. Do you currently rent your primary residence? | | |
| If so, how long have you live there? _____ | | |
| 9. Are you now, or have you ever lived in a federally subsidized housing unit? | | |
| If so, has your assistance or tenancy in a subsidized housing program ever been terminated? | | |
| If yes, please explain: | | |

10. Please give us your rental history for the past 5 years. (Use additional sheets if necessary.)

| | | |
|-------------------------------|---------------------------|-----------------------------|
| What is your current address? | City, State, Zip | What Is your email address? |
| | | |
| Name current landlord | Address, City, State, Zip | Telephone Number |
| | | |
| Name previous landlord | Address | Telephone Number |
| | | |

11. Please complete EITHER Section A or B:

| SECTION A: | | | |
|--|--------------|-----------------|------------------|
| List all assets you have disposed of for less than fair market value in the last 24 months: | | | |
| Type of Asset | Market Value | Amount Received | Date of Disposal |
| | | | |
| | | | |
| | | | |
| | | | |
| SECTION B: | | | |
| <input type="checkbox"/> Check here if you have not disposed of any assets for less than fair market value in the last 24 months | | | |

12. You may qualify for extra kinds of assistance if any of the following apply to you:

- Check here if you are a U.S. Veteran.
- Check here if you are or have recently been homeless.
- Check here if you are experiencing or have recently experienced domestic violence
- Check here if you think you may have been involved in or are/have recently been at risk of becoming involved in human trafficking (commercial sex tra



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SIGNATURE PAGE

APPLICANT'S STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all income and assets currently held or previously disposed of and that I/we have no other assets than those listed (other than personal property). I/we certify this unit will serve as the household's primary residence. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under federal law.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to LSS Property Management Group, to a public housing authority, or to an agency contracted by the to LSS Property Management Group to conduct criminal background checks.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (b).

Privacy Statement: Public Law 102-SS0, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (OS/09)

**ADVANTAGE CREDIT BUREAU
112 No. University Drive, Suite 275
Fargo, ND 58102
1-701-239-9977**

This signature authorizes Advantage Credit Bureau to conduct a credit check, criminal background check, eviction check and/or a former address check on the following applicant(s):

Signature of Head of Household: _____ Date: _____

Signature of Co-Applicant _____ Date: _____

This consent is valid for 15 months from the date it is signed.



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DISCLOSURE OF CRIMINAL and DRUG- RELATED ACTIVITIES

The following questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of the residents. **LSS Property Management Group will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.**

A SEPARATE FORM MUST BE COMPLETED FOR EACH ADULT OVER 18.

Photocopy the number of forms you need or contact LSS Property Management if you need additional copies:
housing@lssnd.org | (701) 271-3207

| | YES | NO |
|---|-----|----|
| 1. Have you ever been evicted from a federally assisted site for drug-related criminal activity? | | |
| If yes, please explain: | | |
| 2. Do you currently abuse drugs or abuse alcohol? | | |
| 3. Are you currently subject to a registration requirement under a state sex offender registration program? | | |
| 4. Have you been convicted of any drug-related crime? | | |
| 5. Have you been convicted of any felony? | | |
| 6. Have you been convicted of any crime involving fraud or dishonesty? | | |
| 7. Have you been convicted of any crime involving violence? | | |
| 8. Are you currently charged with any of the above criminal activities? | | |
| 9. REQUIRED: Please list all states (including counties) in which you have lived: | | |
| | | |
| 10. Have you ever used any other name? | | |
| If yes, please list: | | |
| | | |

Signature: _____ Date: _____



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TENANT RELEASE AND CONSENT

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/we authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity, student status, employment income, assets, medical, behavioral health or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
Educational Institutions
Previous Landlords
Public Housing Agencies
Medical & Behavioral Health Providers

County Social Services Agencies
State Unemployment Agencies
Social Security Administration
Child Care Providers
County Human Services Agencies

Law Enforcement Agencies
Veterans Administration
Retirement Systems
Banks/Financial Institutions
Community Action Programs
3rd Party Background Checks
Addiction Treatment Providers

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the duration of my tenancy. I/We understand that I/We have a right to review this form at any time and to correct any information that is incorrect.

SIGNATURES

Applicant/Resident Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date

Adult Member Signature

Print Name

Date

Adult Member Signature

Print Name

Date



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You have applied for, or currently reside in, a rental housing unit located in a development operating under the Low Income Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development. Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available. * Refer to the attached page for definitions of race, ethnicity and disability.

| | |
|----------------|-------------|
| Property Name | Unit Number |
| Household Name | |

| HOUSEHOLD COMPOSITION | | | | RELATIONSHIP TO HEAD-OF-HOUSEHOLD | | | | | | |
|-----------------------|------------|-----------|---------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mbr # | First Name | Last Name | Date of Birth | Head | Spouse | Adult Co-Resident | Child | Foster Child/Adult | Live-in Caretaker | Other |
| 1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RACIAL CATEGORIES* Enter applicable code (see attached page) | Member #1 | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| White - 1 | | | | | | | |
| Black or African American - 2 | | | | | | | |
| American Indian or Alaska Native - 3 | | | | | | | |
| Asian - 4 (4a, 4b, 4c, 4d, 4e, 4f, 4g) | | | | | | | |
| Native Hawaiian/Other Pacific Islander - 5 (5a, 5b, 5c, 5d) | | | | | | | |
| Choose Not to Disclose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| ETHNIC CATEGORIES* Check all that apply for each household member | Member #1 | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hispanic or Latino | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Hispanic or Latino | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Not to Disclose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DISABILITY STATUS* Check all that apply for each household member | Member #1 | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Are any household members disabled according to the Fair Housing Act? If "Yes," check box. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No or Choose Not to Disclose a Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

| | | | |
|-----------------------------|------|---------------------|------|
| Head of Household Signature | Date | Member #2 Signature | Date |
| Member #3 Signature | Date | Member #4 Signature | Date |

* The following racial and ethnic definitions are modeled after the OMB-approved form, (HUD-52697), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

1 - White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2 - Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or African American.”

3 - American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent:

4a – Asian India

4b – Chinese

4c – Filipino

4d – Japanese

4e - Korean

4f - Vietnamese

4g – Other Asian

5 - Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guan Samoa, or other Pacific Islands.

5a – Native Hawaiian

5b – Guamanian or Chamorro

5c - Samoan

5d – Other Pacific Islander

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b – White & Asian (Chinese), etc.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Not Hispanic or Latino – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of “disabled” comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairments which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&Pagename=regs_fhr_100-201.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.