

The Sanctuary at St. Cloud

2410 20th Ave SE
St. Cloud, MN 56304
320-252-6325

Residency Application

Please provide all the requested information, sign and initial as noted. Return the completed application to the address above.

Date I wish to move in, if accepted: _____

Apartment Preference:

- ☐ One Bedroom
☐ Studio

Home Care Services needed:

- ☐ Assisted Living
☐ Memory Care

The Community is a Smoke Free Building. Smoking is prohibited in all areas of the building. Smoking is permitted in designated outdoor area only.

APPLICANT INFORMATION

Head of Household information			
Applicant Full Name: First, Middle, Last	Date of Birth	Sex	Marital Status
Current Address	Telephone Number	Social Security Number	
City	State	Zip Code	
2nd household member's information			
2 nd Applicant Full Name: First, Middle, Last	Date of Birth	Sex	Marital Status
Current Address	Telephone Number	Social Security Number	
City	State	Zip Code	

CONTACT INFORMATION

Legal Representative of Resident (POA, Guardian, Conservator, etc. Not valid unless we have the legal paperwork)

Full Name	Legal Status		
Address	City/State	Zip Code	
Primary Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address		

Designated Representative of Resident

Full Name	Relationship		
Address	City/State	Zip Code	
Primary Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address		

By initialing each line below, I authorize the community to contact the above named person(s) for the following purposes:

_____ To notify such person(s) in the case of an emergency.

_____ To discuss with such person(s) issues regarding my health, finances, and general well-being.

****I understand that these authorizations will continue through my residency at the community if I become such a resident, unless I void such authorizations in writing.**



BILLING INFORMATION

Send bill to	Relationship	
Billing Address	City/State	Zip Code
Primary Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address	
If applicable County Case Manager Name:	Phone Number:	

FINANCIAL INFORMATION

The MN Housing Household Questionnaire must be completed to process this application, see attached.

HEALTH CARE INFORMATION

Please complete the attached Authorization for Release of Protected Health Information so that we may obtain current medical records from all applicable providers.

Please list your provider for each professional service below (attach additional providers as needed)

Primary Clinic	Telephone Number
Primary Physician	Telephone Number
Hospital	Telephone Number
Pharmacy	Telephone Number
Home Health Care	Telephone Number
Other Health Care Provider	Telephone Number
Mortuary	Telephone Number

RELEASE INFORMATION

I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize release of any and all information in this application to the community and/or its designee.

Information gathered in the application will be used to complete a background check. **The Rental History Report General Consent Form must be completed to process this application, see attached.**

Person completing this form:

Signature Applicant/Representative	Date
Printed Name	Relationship

For internal use only:

Received by: _____ Date: _____
Background Check Complete _____ Financial Review Complete _____ Rental Review Complete _____
☐ Approved ☐ Denied Date Applicant Notified: _____

1. SUBMISSION OF APPLICATION.

Applicant shall submit a fully completed Residency Application and required documentation to Landlord. This Residency Application does not obligate Landlord to accept Applicant's Residency Application. Landlord reserves the right to qualify Applicant for residency according to Landlord's normal residency requirements and processes. Execution of this Residency Application does not give Applicant any rights to residency or continued residency at the community. Landlord shall not deny Applicant's Residency Application for any reason prohibited by law. Landlord makes no promises about the date on which the apartment noted above, or any other apartment, may become available for occupancy.

2. PROCESSING OF APPLICATION.

After receipt of Applicant's fully completed Residency Application and at a time when there are units available consistent with Applicant's preferences, Landlord shall schedule a meeting with Applicant to review the terms of the Residency at the community, including financial and other residency requirements, to discuss the approach Applicant would take to fulfill the Residency requirements, with or without assistance from others.

At that time, Landlord will schedule a nursing assessment by Ebenezer Home Care. As a result of that nursing assessment, Applicant shall receive a proposed home care service plan for the home care services Ebenezer Home Care recommends to Applicant, if Applicant were to move into the community, to assist Applicant in meeting Landlord's residency requirements. The assessment shall be provided at no additional cost to Applicant.

3. LONG-TERM CARE OPTIONS COUNSELING.

The State of Minnesota requires that, before you sign a residency agreement, you must first call the Senior LinkAge Line for Long-Term Care Options Counseling. The purpose of Long-Term Care Options Counseling is to assist seniors in selecting housing and service options that meet their needs and reflect their preferences. Call 1-800-333-2433. At the end of the call you will receive a verification number. You must provide the verification number to The community for inclusion in the residency agreement

4. ACCEPTANCE OF APPLICATION.

If Landlord accepts Applicant's Residency Application, Landlord shall call Applicant to accept move into the community ("Acceptance Notice"). Applicant and Landlord shall enter into a Residency Agreement to become effective upon a date mutually agreed upon by the parties.

5. DENIAL OF APPLICATION.

If Landlord denies Applicant's Application for Residency, Landlord shall provide Applicant written notice of denial ("Denial Notice").

Thank you for your application.



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Legal Name (Please Print): _____ MRN (office use only): _____

Previous Names _____ Date of Birth: _____

Phone Numbers: (Home) _____ (Work) _____ (Other) _____

1. Please release my records from: (Who has your records?)

Clinic or Organization: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____ Fax: _____

2. Please release my records to: (Who needs your records?)

Person, Clinic or Organization: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____ Fax: _____

If releasing records to yourself, should the envelope be marked "Personal and Confidential"?

☐ Yes ☐ No

3. These are the records I would like to release: ☐ All pertinent records, or check all that apply below

- | | | |
|---|---|--|
| <input type="radio"/> Discharge summary | <input type="radio"/> Pathology reports | <input type="radio"/> EKG/ECHO reports |
| <input type="radio"/> Counselor's discharge summary | <input type="radio"/> Lab reports | <input type="radio"/> Emergency or urgent care reports |
| <input type="radio"/> History and physical exam | <input type="radio"/> X-ray / Radiology reports | <input type="radio"/> Psychological tests |
| <input type="radio"/> Consultation reports | <input type="radio"/> Films / CDs | <input type="radio"/> Other: |
| <input type="radio"/> Outpatient clinic notes | <input type="radio"/> Operative reports | For MD only: Pathology slides / tissue blocks |

For condition or dates of treatment: _____

(If blank, we will release 1 year's worth of most recent records)

Date records are needed by: _____

Will records be picked up? ☐ Yes ☐ No

- 4. Purpose:** ☐ Continued care by another provider ☐ Insurance claim ☐ Personal use
☐ Social Security disability ☐ Attorney review ☐ Other _____

5. I understand the following:

- Except for psychotherapy notes (which are not included in my medical record), all records will be released to the person, clinic or organization named above. This includes details of treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions and AIDS/HIV.
- If I don't want these to be released, I will place a check mark here: _____. I do not want the following records
- If I change my mind, I may write to the address in section 1 to stop the release of my records. This _____ will not apply to records that have already been released.
- This form expires one year after I sign it, or on (expiration date: _____).
- There may be a fee for releasing these records.
- Once the records are released to the person, clinic or organization named above, the clinic or hospital releasing my records cannot prevent them from being shared with a third party. At that point, the records may no longer be protected by state and federal privacy laws.
- To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
- If I do not sign this form, I will still be treated, unless treatment is part of a research project.

Signature of Patient or Authorized Person: _____ **Date:** _____

Reason patient is unable to sign: ☐ Minor ☐ Deceased ☐ Other: _____

Authorized Person's Authority to Sign (proof required) _____



(FOR OFFICE USE ONLY)

SITE NAME: _____

RHR ACCT #: _____

Personal Information:**General Consent Form**I, _____ have made
Last Name First Middle Maidenapplication with _____ for _____
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 granter 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 55439

PH> 952-545-3953 / 888-389-4023 • FX> 952-545-3973 / 888-389-4024 • www.RentalHistoryReports.com

Household Questionnaire

Certification Effective Date: <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	Household certifying for the following program(s): <input type="checkbox"/> Section 8 <input type="checkbox"/> NHTF <input checked="" type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 <input type="checkbox"/> Other _____	Date and Time Rec'd: _____ Rent Amount: \$ _____
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Property Name The Sanctuary at St. Cloud Bldg/Unit # _____

Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES Amount	NO		Gross Monthly
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Questionnaire

Household Assets			
YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Cash cards used to receive government benefits or other income	\$
		24. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	\$
		25. US Savings Bonds	\$
		26. Trusts*	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		29. 401K*	\$
		30. IRA/KEOGH Accounts	\$
		31. Certificates of Deposit	\$
		32. Pension/Retirement/Annuity	\$
		33. Money Market or Mutual Funds	\$
		34. Treasury Bills	\$
		35. Stocks	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other (include cash on hand)_____	\$
*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.			
YES	NO		Value
		39. Do you now own a home or other real estate?	\$
		If yes, list address(es): _____ _____ _____	
		40. Do you receive payments for a home you sold by contract for deed?	\$
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items	\$
		held as an investment (wedding rings and personal jewelry do not count)?	
		42. Are any assets held jointly with another person? List person and asset(s). _____ _____ _____	
Enter combined cash value of all household assets			\$

DO NOT LEAVE THIS SECTION BLANK.			
From 1-42, income and assets above, provide contact information for <u>all</u> "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)			
Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Household Questionnaire

I/We hereby certify that I/We ☐Have ☐Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
			\$
			\$

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____

EXHIBITB
Certification of Tenant Eligibility

(AGE CERTIFICATION)

Project: The Sanctuary at St Cloud Housing Project located at 2410 20th Ave SE, St Cloud,
 MN 56304
Owner: The Sanctuary at St Cloud, LP
Unit: _____

I/We, the undersigned, being first duly sworn, state that I/we have read and answered fully, frankly and personally each of the following questions for all persons (including minors) who are to occupy the unit in the above apartment building for which application is made, all of whom are listed below:

Name of Members of the household	Relationship to Head of Household	Age
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT THE LEASE FOR THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED WILL BE CANCELLED UPON 10 DAYS WRITTEN NOTICE IF ANY OF INFORMATION ABOVE IS NOT TRUE AND CORRECT.

Head of Household

Spouse



ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)


This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
Property Name: The Sanctuary at St. Cloud Building Address: 2410 20th Ave. SE

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked,  no further information is needed. Sign and date below.*
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked,  . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- | | | |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated,  the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: The Sanctuary at St. Cloud, 2410 20th Ave SE, St. Cloud, MN 56304

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/A	N/A	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
***Checking Account cash value should be the average in the checking account over the last six (6) months
****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: 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 and any owner (or any employee of HUD 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 willingly 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 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 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Lease Attachment -- Section 42 / HOME / Bond Compliance

This Lease Attachment is attached to, and incorporated in, the Apartment Lease ("Lease") between the undersigned Landlord and the undersigned Tenant for the purpose of modifying certain terms and conditions of the Lease. The parties to this Attachment agree that, if any provisions of the Lease and this Attachment are inconsistent, the terms set forth in this Attachment shall govern.

1. **Program Compliance:** The property is operated in accordance with the requirements of one or more of the following programs: (a) the Low Income Housing Tax Credit program under Section 42 of the Internal Revenue code of 1986, as amended, (b) the HOME Federal HUD Regulations 24 CFR 92.253(b), (c) a Tax Exempt Bond Program or (d) any other government housing funding program (collectively, the "Program"). Tenant's rights under the Lease shall be subject to the Program, and Tenant agrees to cooperate with all requirements of the Program and Landlord's compliance with the Program. If Tenant violates the terms of this Attachment, Tenant's occupancy violates the Program, or Tenant's occupancy is otherwise detrimental to Landlord's compliance with the Program, such events shall be a material breach of the Lease, and Tenant agrees that the Lease and Tenant's tenancy may be terminated upon thirty days written notice.
2. **Household Income Certification:** Tenant agrees to complete and execute a Tenant Income Certification form, and such other forms as Landlord may request from time to time. Upon request by Landlord, and not less than annually, Tenant shall recertify Tenant's household income and assets to Landlord or any agency in a manner satisfactory to Landlord, and shall complete any and all other certifications and supply further documentation with respect to income, assets, and occupancy of the premises as may be reasonably requested by Landlord. Failure to provide accurate and complete information requested by Landlord within 20 calendar days of request will constitute a material breach of this Lease, and the Lease and Tenant's tenancy may be terminated upon thirty days notice.
3. **Student Status:** Tenant will immediately notify Landlord in writing if all Tenants become full-time students. Tenant understands that if all household members become students, this may disqualify the Tenant under the Program, and Tenant's tenancy may be terminated upon thirty days notice. This provision may be waived if other financing programs' restrictions do not allow this.
4. **Permission to Review File and Information:** For purposes of confirming eligibility with the Program, Tenant hereby allows Landlord's lenders and investors, government agencies, and any person or organization acting on their behalf to review:
 - A. Tenant's file and
 - B. Tenant's information contained on any summary report or database [including but not limited to ongoing reporting required by Minnesota Housing, Affordable Housing Connections or Janken Housing Solutions]
5. **Handicapped Unit:** If Tenant occupies a Handicapped Unit and does not require one, Tenant agrees to move to a non-Handicapped Unit if another comparable unit is available at the time a handicapped applicant/tenant requests a Handicapped Unit.
6. **Renter's Insurance:** I understand that Renter's Insurance is advisable, but that Landlord is not requiring it.
7. **Additional Fees in Lease:** If Landlord requires additional fees, such as utility charges or "additional occupant" charges for additional household members, these charges will not apply if they cause a household to exceed the Program rent limits. Unit transfer fees will not apply to households living in Program units. Any pet deposits for Program units will be fully refundable.

If any provisions of this Lease Attachment are determined to be in violation of any Government Regulation applying to the Program, then the provisions of that Government Regulation shall govern.

IN WITNESS THEREOF, the undersigned have duly executed this Attachment.

TENANT

Signature _____

Signature _____

Signature _____

Signature _____

LANDLORD: _____

Date: _____

Instructions: Print the names of each household member signing this form.	

Minnesota Housing Finance Agency (“Minnesota Housing”) is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”):

The Sanctuary at St. Cloud

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under the Federal Privacy Act of 1974 and the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to Minnesota Housing. The owner of the Property (“Owner”) may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

- Minnesota Housing is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low- and moderate-income families. Some information may be used to establish your eligibility to initially occupy, or continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Some information may be used to assist Minnesota Housing and its contractors for research purposes and the evaluation and management of some of the programs it operates.
- As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an “X” (all checked boxes apply):
 - ☐ Attachment 1: For Units Assisted with Section 8, Section 236, Section 202, or Section 811
 - ☒ Attachment 2: For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or Bond Funded LMIR First Mortgages, MARIF, HOWPA, HOME, or NHTF.
 - ☐ Attachment 3: For Units Assisted with Deferred Loan Programs (other than MARIF, HOPWA, HOME, or NHTF), Non-bond Funded NCTC or LMIR First Mortgages, or Apartment Renovation Mortgages

NOTE: Each attachment has two parts: Part A and Part B.

- The information asked for under Part A of the checked Attachment(s) may be used by Minnesota Housing to establish your eligibility to occupy a unit in the Property or to receive State or Federal

rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help Minnesota Housing evaluate and manage some of the programs it operates and supplying this information will be very helpful to Minnesota Housing. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Supplying or refusing to supply any information requested by the Owner will not affect a decision by Minnesota Housing, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Minnesota Housing's determination and Minnesota Housing does not participate, in any way, in the Owner's decision.
6. All of the information that you supply to Minnesota Housing will be accessible to staff of Minnesota Housing and its contractors and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to, law enforcement agencies, courts, and other regulatory agencies. The information may also be provided by Minnesota Housing to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the Property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head, and all household members age 18 or older must sign below:

Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____
Applicant/Tenant Signature	_____	Date	_____

Attachment 2

For Units Assisted with Housing Tax Credits, Section 1602, Bond Funded NCTC or LMIR First Mortgages, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted, and HOME Affordable Rental Preservation) or NHTF

Part A

1. Household composition, *legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Amount and source of all earned and unearned income of all household members
3. Source, type, value, and income derived from all household assets
4. Type, value, and income derived from all household assets disposed of for less than fair market value within the past 2 years
5. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
6. Current and/or previous housing history (for program eligibility, if applicable)

**For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

Housing Tax Credits, Section 1602, or bond funded NCTC or LMIR also require:

- Student status of household members and, where applicable, evidence that student household meets Internal Revenue Code Section 42 or Section 142 (bond) eligibility

HOME also requires (where applicable):

- Student status of household members and evidence of HOME student eligibility

MARIF also requires:

- Receipt of public assistance and/or rental assistance
- Social Security Number or Alien Registration of MARIF-eligible household member
- Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size

Part B

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disability or mobility impaired status



Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to Minnesota Housing for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Head of Household Information	
Name	
Date of birth (month/day/year)	____/____/____
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to respond
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Do you have a disability other than mobility impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Main source of household income (check only one)	<input type="checkbox"/> Salary/wages <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement /pension/annuity <input type="checkbox"/> Alimony/child support <input type="checkbox"/> Interest/dividends/rental income <input type="checkbox"/> Unemployment/disability <input type="checkbox"/> Public assistance <input type="checkbox"/> No income

