

Brutger Equities, Inc., Screening Criteria

To apply for Section 8 housing assistance or Section 42 Tax Credit Housing Program, an applicant shall be screened with considering factors that include, but are not limited to the following: **All applicants must be at least 18 years of age.**

APPLICATION FEE - \$49.00 to include credit, criminal and rental history screenings. **(Section 8 apps excluded from fee)**

SECURITY DEPOSIT(Tax Credit) – \$500.00 Security Deposit is to hold the unit for your residency. Once the deposit has been submitted and you choose to withdraw your residency, your security deposit will be forfeited.

SECTION 8 SECURITY DEPOSIT - Based on 30% of adjusted Gross Income
INCOME

- o Section 8 - Compliance with HUD eligibility requirements, including all income, assets, and expenses.

CREDIT

- o A credit history will be used to determine the applicant's likelihood to pay debts
- o Applicants with more than five current bad debts and/or collection accounts will be rejected
- o A lack of credit history is not sufficient justification to reject an applicant

UNLAWFUL/CRIMINAL HISTORY

- o **Criminal History:** A criminal background check will be used to determine an applicant's suitability as a resident. If a criminal background check is utilized, applicants will be automatically denied for any convictions for the following: sexual conduct offenses, assistance/welfare fraud, weapons violations, and crimes of violence. **All felony convictions less than seven years old will be grounds for rejection of the application.** If applicant has a history of criminal activity involving crimes of physical violence to persons or property, a record of other criminal acts which will endanger the health, safety or welfare of other residents, or a record of drug use, possession, sale, or manufacture.
- o **Drug Related Criminal History:** Inquiries will be made of each applicant 18 years of age and older to determine if there has been arrests/convictions involving the illegal manufacture or distribution of a controlled substance and/or other arrest/convictions involving the illegal use of a controlled substance by consulting a third party. Convictions for drug related crimes are considered to be cause for rejection.

RENTAL HISTORY

- o **Applicant's Ability to Comply with the Terms of the Lease.**
- o **Demonstrated ability to pay rent and utilities on time.**
- o **Unlawful Detainers/Evictions:** An applicant's rental history must be free of unlawful detainers/evictions for three years prior to application. Unlawful detainers/evictions for non-payment of rent at market rate properties will not be considered cause for rejection.
- o **Comments from Current and Former Landlords:** Endorsement from landlords for the past three years. Inquiry will be made pertaining to current/past rental history for the past five years, including nonpayment of rent, failure to cooperate with applicable recertification procedures, violations of house rules, violations of lease, history of disruptive behavior, housekeeping habits, termination of assistance for fraud, and/or previous evictions.
- o **Housekeeping Habits:** Housekeeping criteria are not intended to exclude households whose housekeeping is only superficially unclean or disorderly if such conditions would not appear to affect their or others health, safety and/or welfare.

OTHER CONSIDERATIONS

- o **False or misleading statements on the application will be denied**
- o **Consideration of Extenuating/Mitigating Circumstances in the Screening Process.** Management will consider extenuating/mitigating circumstances in evaluating information obtained during the screening process to assist in determining the acceptability of an applicant.
- o **Units for Persons with Disabilities or Handicaps:** For applicants who require a handicapped accessible unit inquiries will be made to determine whether an applicant is qualified for a unit that is available only to persons with handicaps or to persons with a particular type of handicap. Inquiries will be made to determine whether an applicant for a such a unit is qualified for a priority that is made available to persons with handicaps or to persons with a particular type of handicap.

~ Under Federal Law it is illegal to discriminate against any person or group of persons because of race, color, creed, religion, sex, handicap, familial status or national origin

~ The Minnesota Human Rights Act prohibits discrimination because of race, color, creed, religion, national origin, sex, age, disability, marital status, status with regard to public assistance, sexual orientation, or familial status. In addition, Management complies with local fair housing and civil rights laws.

~ The South Dakota Human Relations Act prohibits discrimination because of race, color, creed, religion, sex, ancestry, disability, familial status or national origin. In addition, Management complies with local fair housing and civil rights laws.

Acknowledge: I have read the above information and understand. Please print and sign your name below:

All household members age 18 or older sign below:

Print Applicant Name _____

Print Applicant Name _____

Signature _____ Date _____

Signature _____ Date _____

Print Applicant Name _____

Print Applicant Name _____

Signature _____ Date _____

Signature _____ Date _____



PRE-APPLICATION FOR HOUSING FOR Summit on Second Apartments

1301 2nd St NW, Waseca, MN 56093
Office: (507)201-3474 Fax: (507)-201-3473
Summit@brutgerequities.com

Office Use Only:
Date: _____
Time: _____

Section 8 (rent is 30% of adjusted annual income) _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom
Tax Credit (rent is not subsidized, but income limits apply) _____ 1 Bedroom

Do you have an HRA Voucher? _____ Yes _____ No

PRINT each person who will live with you (begin with yourself) *attach additional paper if needed.

FIRST	MI	LAST	DOB	Relation	Gross Monthly Income	Social Security Number
				Head of Household		

1. Does anyone live with you now who is not listed above? _____ Yes _____ No
2. Do you expect any change in your household composition? _____ Yes _____ No
3. Are you a student? _____ Yes _____ No
4. If you answered yes to either #1 or #2, please explain: _____ Yes _____ No

5. Current Street Address: _____ Apt.# _____ City _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

6. Please identify any special housing needs including accessible unit needs: _____

The following questions pertain to yourself and every member of your household who will occupy the unit.

Write either **YES or NO** in response to each question.

Add an explanation to the question if you answered "YES" or is applicable. Use additional sheets, if necessary.

Yes/No

_____ Will anyone else live in the unit on either a full-time or part-time basis? _____

_____ Do you have sole legal and physical custody of your children? If no, explain: _____

Are you now living or have you lived in a government subsidized development? If yes, where:

Name of Development _____

Address: _____

Has your housing assistance been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason?

If yes, explain: _____

Have you or any member of your household been arrested or convicted of a felony **within the past 7 years**? If yes, please list: _____

Have you or any member of your household been arrested or convicted of a gross misdemeanor or misdemeanor other than traffic violations? If yes, please list: _____

Are you or any member of your household subject to a lifetime registration under the State Sex Offender Registration Program? _____

Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants? _____

Do you or any member of your household use an illegal drug or other illegal controlled substance? _____

Have you or any member of your household ever been arrested or convicted of illegal distribution or manufacture of any illegal drug or any other controlled substance? _____

Have you or any member of your household ever used a different name other than the names you listed on the application? If yes, please list _____

Have you or any member of your household ever used a different social security number other than what you listed on the application? _____

Have you or any member of your household lived in any other state since birth? If yes, which ones? _____

How did you hear of this housing development? _____

SIGNATURES

- I/We understand the information in this application will be used to determine eligibility of Section 8 and Section 236 housing assistance and that this information will be verified. I/We understand that any false information will make me/us ineligible for a unit.
- I/We certify that all information given in this application is true, complete, and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management will decline my/our application or, if move-in has occurred, terminate my/our lease agreement.
- I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or any perceived by management that harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property, will be grounds for management to decline my/our application for housing or, if move-in has occurred, termination of my/our lease agreement.
- I/We understand that if I/we or any member of my/our household suggests or offers bribes of money, material goods, etc. to the application, is grounds for management to decline my/our application for housing.
- I/We authorize management to make any and all inquiries to verify this information directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification of information which will be released to appropriate Federal, State, or Local Agencies.

- If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect have, responsibility to provide housing.
- I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.
- My/Our signature(s), as indicated below, acknowledge that I/we have read, understood, and completed each section of this rental application.

All household members age 18 or older sign below:

APPLICANT CERTIFICATION: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information will result in punishment under Federal Law.

_____ SIGNATURE OF HEAD OF HOUSEHOLD	_____ DATE
_____ SIGNATURE OF SPOUSE OR CO-HEAD	_____ DATE
_____ SIGNATURE OF OTHER ADULT	_____ DATE
_____ SIGNATURE OF OTHER ADULT	_____ DATE



Upon submitting this fully completed application, a preliminary determination will be made by the information supplied and the applicant(s) will be either placed on the waiting list or denied. The applicant(s) understands that he/she/they are not automatically approved for occupancy, nor is a rental unit being offered by initially being placed on the waiting list. Only after all information is received and a positive reference check is received, will the application be approved for occupancy.

It is the applicant(s) responsibility to notify the manager of any changes in the application including a phone number and current address. It is important that management has current information to reach applicant(s) to determine if applicant(s) are still eligible and if the applicant(s) are still interested in remaining on the waiting list. We will perform periodic waiting list updates. The notice must be returned by the deadline or the application will be removed from the waiting list and filed as inactive.

WARNING: 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 U.S.C. Section 408 (a) (6), (7) and (8).

**Only Head of Household to complete during Pre-Application.
For purposes of the Affirmative Fair Housing Marketing Plan**

**Race and Ethnic Data
Reporting Form**

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Summit on Second MN46-L000-146 1301 2nd St NW, Waseca, MN 56093
Name of Property Project No. Address of Property

Brutger Equities Inc. Section 8
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **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.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Head of Household Demographic Information

Instructions: This form is to be completed by the head of household only after occupancy has been approved. 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.

Housing Information *This section is to be completed by the owner/agent.*

Property Name: Summit on Second

Unit #: _____

Head of Household Information *This section is to be completed by the head of household.*

Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Table 1: Head of Household Demographic Information

Item/Question	Response
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"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> I choose not to respond
Age of household members	_____ Adults (including head of household) residing in unit _____ Children under age 18 residing in unit
Is any member mobility	<input type="checkbox"/> Yes

Item/Question	Response										
impaired?	<input type="checkbox"/> No <input type="checkbox"/> I choose not to respond										
Is any member a person with 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)	<table border="0"> <tr> <td><input type="checkbox"/> Salary/wages</td> <td><input type="checkbox"/> Alimony/child support</td> </tr> <tr> <td><input type="checkbox"/> Self-employment</td> <td><input type="checkbox"/> Unemployment/disability</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Public assistance</td> </tr> <tr> <td><input type="checkbox"/> Retirement/pension/annuity</td> <td><input type="checkbox"/> No income</td> </tr> <tr> <td><input type="checkbox"/> Interest/dividends/rental income</td> <td></td> </tr> </table>	<input type="checkbox"/> Salary/wages	<input type="checkbox"/> Alimony/child support	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Unemployment/disability	<input type="checkbox"/> Social Security	<input type="checkbox"/> Public assistance	<input type="checkbox"/> Retirement/pension/annuity	<input type="checkbox"/> No income	<input type="checkbox"/> Interest/dividends/rental income	
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