

BEMIDJI MANAGEMENT, INC.

PO Box 368

Bemidji, MN 56619-0368

PHONE 218-751-6881

FAX 218-444-4830

NOTICE FOR ALL POSSIBLE TENANTS FOR PINE TREE HOUSING CORP.

.....

Effective February 1, 2003, every person over 18 years old applying to Pine Tree Housing Corp., are now required to do background check.

After completion, please return the application to:

Pine Tree Housing Corp.
721 15th Street NW #31
Bemidji, MN 56601
218-368-8203

Also, our criteria to qualify for an apartment is **TWO GOOD LANDLORD REFERENCES. ABSOLUTELY NO FRIENDS OR RELATIVES.**

Please fill out the entire application. Do not leave any spaces blank. If the question does not apply, put n/a in the blank. If it is not filled out completely, it will be mailed back for completion.

Rents

1 BD 580

2 BD 654

2 BD 699

Tenants pay for their phone and cable.

All other utilities paid.

Thank you,
Pine Tree Housing Corp.

**AN APPLICATION FEE OF \$20.00 PER ADULT APPLICANT IS REQUIRED
by Check or money order ONLY made out to Pine Tree Housing Corp.
(Non-Refundable)**

EQUAL HOUSING OPPORTUNITY



RHR ACCT #:

General Consent Form

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



(FOR OFFICE USE ONLY)

SITE NAME: _____

RHR ACCT #: _____

Personal Information:**General Consent Form**I, _____ have made
Last Name First Middle Maidenapplication with Pine Tree Housing Corp. for rental of an apartment
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 grantor 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

Date _____

RENTAL APPLICATION FOR:
PINE TREE HOUSING CORP.
Bemidji, MN 56601

=====

Applicant Name: _____

First

Middle Initial

Last

Co-Applicant: _____

First

Middle Initial

Last

Current Address: _____

City: _____ State: _____ Zip _____ Tel# _____

Social Security Number Applicant: _____ Date of Birth: _____

Social Security Number Co-Applicant: _____ Date of Birth _____

Other Tenants(# of children & ages) _____

Current Phone Number: _____

CURRENT HOUSING

Address: _____ City: _____ State: _____ Tel# _____

Name of Landlord: _____ Tel# _____

Address: _____

How long have you resided at your current address? From: _____ To: _____

PREVIOUS HOUSING

Address: _____ City: _____ State: _____ Tel# _____

Name of Landlord: _____ Tel# _____

Address: _____

How long did you reside at your former address? From: _____ To: _____

PREVIOUS HOUSING

Address: _____ City: _____ State: _____ Tel# _____

Name of Landlord: _____ Tel# _____

Address: _____

How long did you reside at your former address? From: _____ To: _____

Personal Reference _____

Address: _____ City: _____ State: _____ Zip _____

Personal Reference _____

Address: _____ City: _____ State: _____ Zip _____

Name of nearest relative _____ Tel# _____

Address: _____ City: _____ State: _____ Zip: _____

Make & License # of auto(s) _____

Have you ever been evicted from any type of housing? _____

How did you hear about this house? _____
=====

HOUSEHOLD INCOME INFORMATION

DO YOU RECEIVE OR EXPECT TO RECEIVE:

Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)? ____yes ____no

If yes, monthly amount _____.

Does any member work for someone who pays them in cash? ____yes ____no

If yes, monthly amount _____.

Welfare or disability benefits (AFDC, SSI, GA)? ____yes ____no If yes, monthly amount _____.

Worker's Compensation? ____yes ____no If yes, monthly amount _____.

Unemployment benefits, or severance pay? ____yes ____no If yes, monthly amount _____.

Child Support? ☐yes ☐no If yes, monthly amount _____.

Page 3

Alimony? ☐yes ☐no If yes, monthly amount _____.

Social Security payments? ☐yes ☐no If yes, monthly amount _____.

Pensions (PERA, railroad, etc.)? ☐yes ☐no If yes, monthly amount _____.

Retirement benefits? ☐yes ☐no If yes, monthly amount _____.

MISCELLANEOUS

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. **Explain any YES answers below.**

Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation? ☐Yes ☐No

Do you or any member of your household use an illegal drug or other illegal controlled substance? ☐Yes ☐No

Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? ☐Yes ☐No

Have you or any member of your household ever used different names from the names given in this application? ☐Yes ☐No

Have you or any member of your household ever used social security numbers different from those listed in this application? ☐Yes ☐No

Have you or any member of your household lived in any other state? ☐Yes ☐No
If yes, which ones? _____

Are you or any member of the applicants household subject to a lifetime sex offender registration requirement in any state? ☐Yes ☐No If yes, which ones? _____

Applicant represents that statements made above are true & correct and authorize the landlord to make inquiries to verify the statements herein. Applicant agrees that the Security Deposit will be forfeited if an apartment is held and then not taken. I/We further understand that any intentional misrepresentation in this application might result in default in the rental agreement and/or eviction of this household.

Applicant _____ Applicant _____

Date: _____ Date: _____

"The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Mark one or more)

1 American Indian/Alask Native _____

2 Asian _____

3 Black or African American _____

4 Native Hawaiian or Other Pacific Islander _____

5 White _____

Gender:

Male _____

Female _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process										
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms										
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, 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.