

___ HIGHLAND VIEW APARTMENTS/LE SUEUR, MN
___ LANDMARK SQUARE APARTMENTS/LONSDALE, MN
___ MAPLE VIEW APARTMENTS/LE CENTER, MN
PHONE TOLL FREE 1-877-208-0693 or 651-578-3588

Fax #: 651-578-3588

MAILING ADDRESS: 9569 HILLINGDON ROAD, SAINT PAUL, MN 55125

Minnesota Relay for the deaf 1-800-627-3529

Email: chelseadev@me.com

Website: chelseadevelopment.com



RENTAL APPLICATION

This application must be accompanied by a **NON-REFUNDABLE \$35.00** application fee in the form of a check or money order made payable to the project checked off above. Please print clearly and complete all sections. EACH ADULT (Age 18 and over) APPLICANT MUST COMPLETE AN APPLICATION AND PAY THE APPLICATION FEE.

Applicant Name(s): _____

Current Address: _____

City, State, Zip Code _____

Home Phone #: _____ Work Phone #: _____

Email address: _____

Nearest Relative: _____ Phone #: _____

Relationship: _____

Address: _____

Household Composition and Characteristics

Member's Full Name	Relationship to Head of Household	Birth Date	Sex	Social Security #
1. _____	Head _____			
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Are there any others who will be living with you? ____ Yes ____ No If Yes, please explain. _____

Are any members of this household handicapped or disabled? ____ Yes ____ No If yes, please explain. _____

Current Housing Status

How many people live in your home now? ____ How many bedrooms do you have? ____ Do you wish to move? ____ Yes ____ No If yes, why? _____

Are you being evicted? ____ Yes ____ No If yes, why? _____

Are you being displaced from your home? ____ Yes ____ No If yes, why? _____

Are you living in a government subsidized unit? (e.g. Section 8, Section 236, Section 221 or Section 515?) ____ Yes ____ No

HAVE YOU EVER BEEN EVICTED FOR ANY REASON(S)? ____ Yes ____ No

Current Landlord: _____
Current Landlord's Address _____
Landlord's Phone #: _____
Rented from what date to present _____ How much is the rent? _____

Your Previous Address #1: _____

Previous Landlord #1's Name: _____
Address _____
Landlord's Phone #: _____
Dates of Rental _____
How much was the monthly rent? _____

Your Previous Address #2: _____

Previous Landlord #2's
Name: _____
Previous Landlord #2's
Address: _____
Phone #: _____
Dates of Rental _____

How much was the monthly rent?

YOU MUST INCLUDE AT LEAST FOUR YEARS' RENTAL HISTORY IF YOU HAVE RENTED THAT LONG OR LONGER.

Income Information

Please answer each of the following questions. For each "yes" answer provide the details in the chart below. Does any member of your household now receive or expect to receive income from any of the following sources:

Yes	No	
_____	_____	Employment, full time, part time, or seasonally?
_____	_____	Unemployment compensation?
_____	_____	Child support payments?
_____	_____	Alimony payments?
_____	_____	Welfare assistance?
_____	_____	Social Security Benefits?
_____	_____	Pension or Annuity?
_____	_____	Regular cash contributions from individuals not living in the unit?
_____	_____	Income from any other agencies?
_____	_____	Interest from checking and savings accounts, interest and dividends from Certificates of Deposit, Stocks or Bonds, income from rental property?
_____	_____	Did the family receive an earned income tax credit from their federal taxes?
_____	_____	Other income?

For each type of income that your household receives from above, give the source of the income and to whom it applies and amount. Complete name of the source of income, address and phone number must also be listed. Applications will be returned if this information is not complete. Attach pay stubs, child support warrants, proof of Social Security income or any other proof of income.

Family Member	Source of income/type of income	Annual income
1. _____		
Name, address and phone number _____		

2. _____		
Name, address and phone number _____		

3. _____		

Name, address and phone number _____

4. _____

Name, address and phone number _____

Asset Information

Please check each asset that applies to you or a family member. For each one checked provide the details in the chart below, including name and address.

____ Checking Account ____ Savings Account ____ Stocks
____ Cert of Deposit ____ Money market funds ____ Bonds
____ Keough accounts ____ Pension funds ____ Property
____ IRA ____ Personal property held as an investment

Family Member	Source of Asset/Type of Asset	Value
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1. _____

2. _____

3. _____

4. _____

5. _____

Note: You must also include assets disposed of for less than fair market value during the past two years.

CREDIT REFERENCES (Be specific)

1. Account

Name _____

Address _____

Account # _____

2. Account Name _____

Address _____

Account # _____

3. Account Name _____

Address _____

Account # _____

AUTO(S)

Make _____ Year _____ License Number _____
Type _____ Color _____
Monthly Auto Payments _____
Paid to Whom (Even if paid in
full) _____

REFERENCES

Name of Father and/or Mother _____ Phone _____
Address _____ City, State, Zip _____
Personal References (No Relatives, Please) _____
Address _____ City, State, Zip _____
Phone _____

In case of emergency, please contact: _____
Address _____ City, State, Zip _____
Phone _____

Have you ever been convicted of any crime?

If yes, please explain.

Expenses

____ Yes ____ No Do you pay for child care which enables you or another family member to work or go to school? **If yes, give name, address, and phone number of child care provided, weekly costs, and name of family member enabled to work.**

Handicapped Families Only:

____ Yes ____ No Do you pay for a care attendant or for any equipment for the handicapped member of the family necessary to permit that person or someone else in the

family to work? If yes, describe the expenses:

Elderly Families Only:

____ Yes ____ No Do you have Medicare? **If yes, what is your Medicare premium?**

____ Yes ____ No Do you have any other kind of medical insurance? **If yes, give name of insurance company, address, phone number, policy number and amount.**

____ Yes ____ No Do you receive medical assistance through the welfare department?

____ Yes ____ No Do you have any outstanding medical bills on which you are paying? _____

____ Yes ____ No Do you expect to have any medical expenses during the next 12 months? If yes, amount of medical expenses _____

The following information (a., b., c.) is requested by us in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin, and sex are complied with. You are not required to furnish this information, but are encourage to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Mark one or more:

a. ____ **White, non-Hispanic** ____ **Black, non-Hispanic** ____ **Hispanic**

b. ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native
c. Sex of Tenant (Head of Household): ☐ Male ☐ Female

Ethnicity: (mark one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Which of the following units are you interested in?

1 Bedroom ☐ (Not available at Highland View)

2 Bedroom ☐

3 Bedroom ☐ (Not available at Landmark Square)

Are you or the co-tenant a full time student? Circle one. Yes No

The undersigned warrants and represents that all statements herein are true. If a Lease is executed and any statement herein is not true the Management may terminate the Lease immediately.

Landlord is authorized to check my credit, employment, income and criminal history and to answer any questions concerning his/her experience with me.

I certify this housing will be my permanent residence. I will not maintain a separate subsidized rental unit in a different location.

I certify all household and income information is correct.

Applicant Signature _____

Date: _____

FOR MARRIED COUPLES ONLY, SINGLE ADULTS MUST COMPLETE A SEPARATE APPLICATION.

Co-Applicant Signature _____

Date: _____