

JMKS PROPERTIES Housing Application

For Office Use Only	
Date: _____	Time: _____
Initials: _____	
Unit Number Assigned: _____	

Property:

Fill out application completely on your computer by filling in the form fields, or you may print out the application and fill out with black ink (please print). Application may be rejected if items are left blank. Contact JMKS Properties with questions about this application process. Please do not use any white-out on this application. If an error is made, please mark with a single line, make the correction, and initial it. Completed applications may be emailed or mailed to JMKS Properties.

Applicant

Current Address

Telephone Number (Head of Household)

Complete Address (Head of Household)

Name and Number of Emergency Contact

HH #	Member's Full Name	Relationship	Date of Birth	Sex F/M	Are you, or have you been a student in the last year?	Social Security Number
1		HEAD			Yes No	
2					Yes No	
3					Yes No	
4					Yes No	
5					Yes No	
6					Yes No	
7					Yes No	

For every student household member, complete the information below:

HH #	Name of School	Mailing Address and Telephone Number of School

Do you, or anyone else in your household, qualify for housing because of a handicap or disability? Yes No

If yes, please explain

How many people live in your household now?

Will any members of household applying for this unit live anywhere except this unit? Yes No

If yes, please explain

UNIT PREFERENCE

The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent’s occupancy standards indicated a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1.

Please indicate unit size preferences below. If you require special unit features, the owner/agent must verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate the desire for special features below.

Unit Size	Special Features
1 Bedroom	Mobility accessible unit
2 Bedroom	Communication accessible unit (hearing)
3 Bedroom	Communication accessible unit (visual)
	1st floor unit
	Unit within feet of an exit/elevator
	Special features: Provide items below:

SELECTION PRIORITY

The owner/agent places household in units based on the date and time the completed application is received and the household’s eligibility for preference. Please indicate if you qualify for any of the following preferences:

- Current resident moving to a new unit
- Displaced by a presidentially declared disaster
- Displaced by a federally or locally declared disaster
- Court ordered placement
- Returning military (returning from active duty)

Do you expect your household composition (# of people) to change in the future? Yes No
 If yes, please explain

Do you have sole legal and physical custody of your children? Yes No Not Applicable (N/A)
 If yes or no, please explain custody agreement

Does/will the household receive rent assistance? Yes No
 If yes, please indicate from what source

PREVIOUS RENTAL HISTORY

Screening is used to help ensure that people who live on the property will abide by the rules of the property so that everyone has a safe home and is allowed to live in peach and quite comfort.

Present Landlord

Address

City, State, Zip

Contact Name (if known)

Phone Number

Move-In and Move-Out Dates _____ to _____

Reason for Leaving

Previous Landlord

Address

City, State, Zip

Contact Name (if known)

Phone Number

Move-In and Move-Out Dates _____ to _____

Reason for Leaving

Previous Landlord

Address

City, State, Zip

Contact Name (if known)

Phone Number

Move-In and Move-Out Dates _____ to _____

Reason for Leaving

HOUSEHOLD INCOME SOURCES

For each household member (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy/move-in or recertification. Include all full time, part time, or seasonal income. If a household member has more than one source of income, use a separate line for each source.

Wages, salaries (including overtime, tips, bonuses, commissions, self-employment)	\$		
Does any member work for someone who pays them cash?		Yes	No
Regular pay for a member of the armed forces	\$		
General assistance benefits (MFIP, TANF, GA, MSA)	\$		
Worker's compensation	\$		
Unemployment benefits or severance pay	\$		
Ordered child support	\$		
Ordered alimony or spousal maintenance	\$		
Social Security, SSI, RSDI (included unearned income of minor children)	\$		
Long or short term disability	\$		
Pension (PERA, railroad, pension from military, etc)	\$		
Retirement benefits	\$		
Lump sum payments such as inheritances, insurance settlement, lottery winning	\$		
Student financial assistance (public or private NOT including student loans)	\$		
Non-cash contributions (assistance paying bills/gifts from individuals not living in the unit)	\$		
Other income not listed	\$		
Does any adult member of the household have zero income?		Yes	No

For every "yes" item checked above, please list the source below:

Member Name	Name of company, financial institution or source	Mailing address and telephone number of company, financial institution or source

HOUSEHOLD ASSET SOURCES:

Household Asset Information: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Do you have a checking account?	Yes	No
Do you have a savings or money market account?	Yes	No
Do you hold money in a certificate of deposit (CD)?	Yes	No
Do you have cash that is not deposited in an account?	Yes	No
Do you have an employment 401K or other employment savings account?	Yes	No
Do you own an IRA or other retirement account?	Yes	No
Do you own a house or other property such as land?	Yes	No
Do you own a business?	Yes	No
Do you own stocks/bonds?	Yes	No
Do you own a life insurance policy?	Yes	No
Do you own an annuity?	Yes	No
Is there a trust fund in your name?	Yes	No
Do you have access to any other assets?	Yes	No

If yes, please provide a description of the assets

Have you sold or given away real property or other assets with a value of \$1000 or more (including cash) in the past two years?	Yes	No
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For every "yes" item checked above, please list the source below:

Member Name	Name of company, financial institution or source	Mailing address and telephone number of company, financial institution or source

HOUSEHOLD EXPENSE SOURCES:

Deductions: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have any out-of-pocket (non-reimbursed) expenses for the following.

Child care for a minor 12 year of age or younger \$

Child care is used to take care of the child because the parent or guardian is:

Employed Seeking Employment Going to School

Child's Name(s) _____

Provider Name _____

Provider Address _____

City, State, Zip _____

Phone _____

Care for a disabled family member that is necessary for an adult household member to work \$

Disabled Person's Name _____

Provider Name _____

Provider Address _____

City, State, Zip _____

Phone _____

Other expenses for auxiliary aides for a disabled family member

Health insurance \$

Dr. visit/medical treatments \$

Prescription drugs \$

Over-the-counter medical expenses to treat a specific medical condition (i.e. aspirin to treat a heart condition or calcium supplement to treat osteoporosis) \$

Medical spend-down in which you pay out of pocket \$

Other \$

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.

Are you or any member of your household, including minors, subject to a lifetime registration under the State sex offender registration program? Yes No

If yes, please explain

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? Yes No

If yes, please explain

MISCELLANEOUS: (continued)

Have you or any member of your household ever been convicted of a crime? Yes No
 If yes, please explain

Have you or any member of your household ever used different names from the names given in this application? Yes No
 If yes, please explain

Have you or any member of your household ever used social security numbers different from those listed in this application? Yes No
 If yes, please explain

Have you or any member of your household ever lived in any other state? Yes No
 If yes, which states?

I/We hereby affirm 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 in this application 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.

All household members age 18 or older sign and date below:

Applicant's Signature	Date
Applicant's Signature	Date
Applicant's Signature	Date
Applicant's Signature	Date

This applicant/resident required assistance in completing the eligibility application due to:

Assistance in completing this application was provided by:

Name	Date
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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 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).

Please complete
Supplemental Contact Information for HUD-Assisted Housing on the following page prior to printing or emailing.

Print and mail completed application to:
JMKS Properties, PO Box 2951, Baxter, MN 56425 • (218) 820.3389
 or send by email to Ed Schoonover at: ed.schoonover@jandjholmes.com



Optional and Supplemental 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.

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

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)	
<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.	

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.