Thank you for your interest in NOLTE RIVER PLACE Apartments!

We invite you to become an occupant of this beautiful property. Please see the attached application materials and the information below.

The application fee is **$40.00** by check or money order.

Our selection Criteria includes, but is not limited to: (you are welcome to request our full tenant selection plan at nolte@voamn.org)

- Age: you must be 62 years of age or older
- Income: 1) must fall within the guidelines below for household size.
  2) monthly earnings at twice the monthly rent

ANOKA COUNTY	HOUSEHOLD SIZE		
% OF AMI	1	2	3
50%	$46,350.00	$53,000.00	$59,600.00
60%	$55,620.00	$63,600.00	$71,520.00

MONTHLY RENT BY BEDROOM SIZE		
	1 BR	2 BR
50%	$1050.00	$1250.00
60%	$1100.00	$1325.00

TAMEEKA ARNOLD- COMMUNITY ADMINISTRATOR

Tameeka.arnold@voamn.org

In addition to the application materials, below is a general list of items and documents required to determine eligibility for occupancy at Nolte River Place.

We need to view the following:

- **Government issued photo identification card/ document**

We need to view & make copies of the following:

- **Birth certificate**
- **social security**

We need to collect the following (this is not all inclusive):

- **Copies of 12 weeks of current paycheck stubs**
  OR
- **A 3rd party document or benefit statement, with current date, that shows gross monthly incomefrom each source of income you might have (Social Security, public benefits, veterans' benefits, pension, etc.)**
- **6 months of checking account statements**
- **1 month of saving account statement**
- **The 4 most recent quarters of other assets or other investments**
- **A $40.00 application fee per applicant 18 years of age or older.**

PROVIDE:

The contact information for your current and past residential rental/ ownership history. We will verify your current and/or previous 3 years of residential history. We need the property management company name, address, and phone number along with the name (and phone number if different) of the landlord who will verify your rental history.

NOLTE RIVER PLACE TENANT SELECTION PLAN

All applicants 18 years of age or older must submit a **$40** application fee in the form of a check or money order.

Landlord History

Each adult household member must provide three (3) consecutive years of rental and/or residential history. Must not include family or friends as a previous landlord.

Outstanding balances owed to any previous landlords, housing management agencies, or utility providers that are shown as outstanding within one (1) year from the date of application

A record or order of eviction from rental housing dated within three (3) years from the proposed move-in date at this community

Credit History

An adult applicant's credit history will be evaluated to determine if there are outstanding payments for rent and utilities as evidenced by any balances owed to any previous landlords, housing management agencies, or utility providers that are shown as outstanding within one (1) year from the date of application

Criminal History

Criminal history for all adult household members will be evaluated based on the proposed date of initial certification or move-in

Violent Crimes: Applicants must not have been convicted or adjudicated to any determination showing guilt of all degrees of criminal within five (5) years

Controlled and Illegal Substances: (5-10) years;

Non-violent Crimes: (1) year

General Policy. Rejected applicant households will receive prompt written notice of the denial of their application including the reason(s) for the denial. Notices of denial will be mailed to the most recently provided address or other avenue of communication, if requested.

Appeals. Rejected applicants shall have the opportunity to appeal adverse decisions by providing management with relevant mitigating information beyond that contained in an individual's documentation. This appeal of rejection must be in writing and must be received by management within fourteen (14) calendar days of the date of the rejection letter. If an appeal of the rejection is not received within the specified timeframe due to a disability, management will provide a reasonable accommodation, if necessary. Appeals not received by management during regular business hours within fourteen (14) calendar days will be denied by default.

LMIR - Move in

Property Name: Nolte River Place
Unit Number: _____

Last Name: _____
Effective Date: _____

Income

☐ Employment

12 weeks paystubs

☐ Self-Employment

Self Employment form

☐ Unemployment

6 month history printout

☐ Public Assistance

Current statement from County

☐ Zero Income

Zero income Form

☐ Contribution/Gift

Form completed by individual helping

☐ Child Support

6 month history printout

☐ Social Security/SSI

Current Award Letter

☐ Pension

Current benefit letter

☐ Other

Assets

☐ Checking

6 months current/consecutive statements

☐ Savings/CD/Investments

Current statement

☐ Direct Debit

Copy of Card and Balance Receipt

☐ EBT

Copy of Card and Balance Receipt

☐ Other

Initial Occupancy Statement by Tenant

Property Name: _____ **Minnesota Housing D#:** _____

Part I – Applicant/Tenant Income Certification (to be completed, signed, and dated by Head of Household)

You have applied for or currently reside in a rental housing unit located in a property that received or will receive financing from Minnesota Housing. This financing requires us (owner/property manager) to rent units to households with annual incomes that do not exceed certain limits at initial occupancy. If you receive state or federal rental assistance, your income may not be required to fall within these limits. The following information is necessary to determine eligibility. Note that future increases to your income will not affect your occupancy; income eligibility needs to be met only once.

Head of Household: First Name: _____ Last Name: _____

Number of persons who will live in the unit: _____

Total gross annual household income of *all* household members: $_____

I certify to the best of my knowledge that the above information is true and correct.

Signature of Head of Household Printed Name of Head of Household Date

Part II – Unit and Rent Information (to be completed by owner/property representative)

Unit #: _____ Number of bedrooms: _____ Move-in date: _____

☐ Household does not/will not receive project-based or tenant-based federal or state rental assistance or Housing Support (formerly Group Residential Housing): ***OR***

☐ Household receives/will receive project-based or tenant-based federal or state rental assistance or Housing Support. Enter the name of the rental assistance program: _____

Date rental assistance begins/began: _____

1. Amount of monthly rent tenant is responsible to pay: $_____
2. Amount of monthly utility allowance for tenant-paid utilities: $_____
3. Amount of monthly charges (in addition to rent) that are not optional: $_____
4. Amount of monthly rental assistance: $_____

Total Rent (add lines 1 through 4 above and enter total): $_____

Part III – Owner/Property Representative Certification

I certify that this household is eligible to occupy a [enter in this field the name of Minnesota Housing program(s) you are certifying this household is qualified for program-assisted unit in accordance with the Minnesota Housing loan documents that financed this property.

Signature of Owner/Property Representative Printed Name Date

Completed forms must be made available to Minnesota Housing upon request. Retain completed forms in tenant file.

Certification of Senior Eligibility for HIB

Property Name & City Nolte River Place

Thank you for your rental application. The above property received financing from the Minnesota Housing Financing Agency that requires us to lease units to households where at least one member is age 55 or older and whose gross annual income does not exceed the allowable Housing Infrastructure Bond (HIB) income limit at initial occupancy. Please complete Part I so we can determine your eligibility. Your household will also need to qualify under other income limits.

Part I. TO BE COMPLETED BY THE APPLICANT WHO IS AGE 55 OR OLDER

Please complete the following information:

First and Last Name _____

Date of Birth _____

My Gross Annual Income is $ _____

I certify the above information is true and correct.

_____ _____

Signature of person age 55 or older Today's Date

Part II. TO BE COMPLETED BY THE OWNER/AGENT

HIB income limit for senior eligibility $ _____

I certify that I have received documentation to confirm the person listed in Part I of this form is age 55 or older and have determined that his/her Gross Annual Income does not exceed the applicable HIB income limit for senior eligibility for this property.

_____ _____

Signature of owner/agent Today's Date

.

Fill out application completely. If anything is left blank, the application may be rejected. Contact the site manager with questions about the application process. **Please do not use any white-out on this application. If an error is made, please put a line through it, make the correction and initial it.**

EQUAL HOUSING OPPORTUNITY

Nolte River Place

For Office Use Only

Date:_____ Time:_____ Initials:_____

Unit Number Assigned: _____

HOUSING APPLICATION

Applicant Current Address:_____

Telephone Number (Head of Household):_____

Email (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

Fill out application completely. If anything is left blank, the application may be rejected. Contact the site manager with questions about the application process. **Please do not use any white-out on this application. If an error is made, please put a line through it, make the correction and initial it.**

HOUSEHOLD INCOME INFORMATION

(all information will be verified by a third party)

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 or recertification. Include all full time, part time or seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	Gross Monthly Amount
1. Wages, salaries, (including overtime, tips, bonuses, commissions, self-employment)?	☐	☐	$_____
2. Does any member work for someone who pays them cash? ……	☐	☐	$_____
3. Regular pay for a member of the armed forces? ……	☐	☐	$_____
4. General Assistance benefits (MFIP, GA, MSA)? ……	☐	☐	$_____
5. Worker's compensation? ……	☐	☐	$_____
6. Unemployment benefits, or severance pay? ……	☐	☐	$_____
7. Child support? ……	☐	☐	$_____
8. Alimony or spousal maintenance? ……	☐	☐	$_____
9. Social Security, SSI (include unearned income of minor children)? ……	☐	☐	$_____
10. Long or Short Term Disability?……	☐	☐	$_____
11. Pensions (PERA, railroad, pension from military, etc.)? ……	☐	☐	$_____
12. Retirement benefits? ……	☐	☐	$_____
13. Death benefits? ……	☐	☐	$_____
14. Annuities or life insurance dividends? ……	☐	☐	$_____
15. Lump sum payment (i.e. inheritance, insurance settlement, lottery winnings, capital gains)? ……	☐	☐	$_____
16. Student financial assistance (public or private, not including student loans)	☐	☐	$_____
17. Net income from rental property? ……	☐	☐	$_____
18. Regular cash and non-cash contributions, assistance with paying bills Or gifts from individuals not living in the unit (not including groceries) ……	☐	☐	$_____
19. Does any adult member of the household have zero income? ……	☐	☐	
20. Other (list)? _____			$_____
21. Other (list)? _____			$_____

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

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

Fill out application completely. If anything is left blank, the application may be rejected.
Contact the site manager with questions about the application process.
Please do not use any white-out on this application. If an error is made, please put a line through it, make the correction and initial it.

HOUSEHOLD ASSETS

(all information will be verified by a third party)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE
1. Checking Accounts ……..	☐	☐	$_____
2. Savings (Direct/Express Debit/EBT) Accounts ……	☐	☐	$_____
3. Cash on Hand……	☐	☐	$_____
4. Capital Investments ……..…	☐	☐	$_____
5. Bonds ……	☐	☐	$_____
6. Trusts ……	☐	☐	$_____
7. Stocks ……..	☐	☐	$_____
8. Insurance Settlements ……	☐	☐	$_____
9. 401K ……..	☐	☐	$_____
10. Whole Life Insurance ……..	☐	☐	$_____
11. IRA/KEOGH Accounts ……	☐	☐	$_____
12. Certificates of Deposit ……	☐	☐	$_____
13. Retirement/annuities accounts……..	☐	☐	$_____
14. Money Market Funds ……	☐	☐	$_____
15. Mutual Funds ……	☐	☐	$_____
16. Treasury Bills ……	☐	☐	$_____
17. Safety Deposit Box ……..	☐	☐	$_____
18. Lump Sum Payment (i.e. inheritance, insurance settlement, lottery)..	☐	☐	$_____
19. ~~Do you now own Real Estate?~~ ……	☐	☐	$_____
20. Do you hold a contract for deed? ……	☐	☐	$_____
21. Do you have any coin collections, antique cars, gems/jewelry, ……. or any other items held as an investment (wedding rings and personal jewelry do not count)?	☐	☐	$_____

22. Are any assets held jointly with another person? If yes, please list name and account information: _____

_____

Section 42 properties only: If household has no assets – please complete "Under $5,000 Asset Verification".

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

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

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:

Applicants Signature: _____ Date:_____

Applicants Signature: _____ Date:_____

Applicants Signature: _____ Date:_____

Applicants Signature: _____ Date:_____

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

_____

Assistance in completing this application was provided by:

_____ _____

Name Date

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).

Head of Household and Household Member Demographic Information

Instructions: This form is to be completed by the head of household and additional household members only after occupancy has been approved. Head of household, please complete page 1. Make copies as needed, and complete a separate page 2 for **each** additional household member.

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 to be completed by owner/agent)	
Property Name	Nolte River Place
Minnesota Housing D#	
Building Address	Anoka, MN
Unit #	

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

MINNESOTA HOUSING

Household Member Demographic Information

Instructions: Complete a separate page 2 for **each** household member that is not the Head of Household. Parents or guardians, please complete the form for your minor child(ren).

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 to be completed by owner/agent)	
Property Name	Nolte River Place
Building Address:	Anoka, MN
Unit #	

Household Member Information	
Name	
Date of birth (month/day/year)	_____/_____/_____
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I choose not to respond
Gender	☐ Female ☐ Male ☐ I choose not to respond
Race (check all that apply)	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	☐ Yes ☐ No ☐ I choose not to respond
Do you have a disability other than mobility impairment?	☐ Yes ☐ No ☐ I choose not to respond

MINNESOTA HOUSING

Government Data Practices Act Disclosure Statement

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"):

Nolte River Place

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.

1. 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.
2. 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

   X 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.
3. 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

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: Nolte River Place, Anoka MN

Complete all that apply for 1 through 4:

1. My/ourassets 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	Cash Cards or Apps****	$	%	$
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 _____			
Other (list):	$	%	$	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 Cards or Apps 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).

MINNESOTA HOUSING

RESIDENT NOTIFICATION LETTER

As a resident of ___Nolte River Place_____ (*name of property*), a property funded under the Low Income Housing Tax Credit Program (HTC Program), you have certain rights stated in your lease and the attached Lease Rider. Your landlord must follow federal and state rules for the HTC Program. One of the important protections provided by federal law is that you cannot be evicted from your home or have your tenancy terminated without good reason or "good cause."

Your landlord may not evict you or terminate your tenancy (including refusing to renew your lease) without good cause. Good cause is (a) serious or repeated violation(s) of the material terms and conditions of your lease. The landlord must state, in writing, the good cause in any eviction, lease non-renewal or termination of tenancy notice. If you did not do what your landlord claims in the notice, or if you think it was not serious enough for your lease to be terminated or not renewed, you can ask the landlord if there is an appeal process. If there is no appeal process, you may request that the termination be retracted and discuss your reasons why. If you receive a notice of eviction, you have a right to contest the eviction in court by explaining to the judge why you disagree with the reasons for terminating your lease. Visit www.lawhelpmn.org to see if you qualify for free or low-cost legal assistance.

In addition, your landlord may not increase the amount of rent stated on your lease more than once annually.

The attached Lease Rider should already be signed by your landlord. You and all members of your household age 18 or older must also sign the Lease Rider in order to make it part of your lease.

The Lease Rider needs to be signed each time you sign a new lease. If at any time additional adult household members enter the unit or a child who lives in that unit turns 18, they should add their signature to the existing Lease Rider with the current date.

Your landlord also has a legal obligation to comply with the statutory requirements found in Section 601 of the Violence Against Women Reauthorization Act of 2013 (VAWA).

Under VAWA, you may not be denied admission, denied assistance, terminated from participation, or evicted on the basis that you are or have been a victim of domestic violence, dating violence, sexual assault or stalking, if you otherwise qualify for admission, assistance, participation or occupancy.

You should have received the following when you were approved for occupancy or at some time during your occupancy:

- HUD Form 5380 – Notice of Occupancy Rights under the Violence Against Women Act; and
- HUD Form 5382 – Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation.

The landlord must also include these documents with any notice of eviction, lease non-renewal or termination of tenancy. You may also have signed a VAWA Lease Addendum.

If you have any questions concerning this matter, please contact your resident manager,. _____ _____, or your landlord at _____(*phone and email*).

Sincerely ,

_____ _____

Property Representative Name (print and sign) Date

MINNESOTA HOUSING

LOW INCOME HOUSING TAX CREDIT LEASE RIDER
(attach to resident lease)

Property Name: Nolte River Place

Building/Unit #: _____

Head of Household Name: _____

The Lease dated _____ is hereby amended by adding the following provisions:

1. Owner/Landlord may not evict or terminate the tenancy (including refusing to renew this Lease) except for good cause. Good cause means (a) serious or repeated violation(s) of the material terms and conditions of the Lease. Any eviction, lease non-renewal or termination of tenancy notice must be in writing and must state the specific violation(s). The notice must comply with all requirements of Minnesota law and other applicable programs.
2. Owner/Landlord may not increase the lease rent more than once annually, regardless of the term of the Lease.

To the extent that any terms contained in the Lease or any other agreement between the owner and the tenant contradict the terms of this Lease Rider, the provisions of this Lease Rider shall control.

By signing below, I indicate my consent to this Lease Rider:

_____

Property Representative Name (print) (signature) Date

****

By signing below, I indicate my consent to this Lease Rider. I/we have been given a copy of this Lease Rider.

_____

Resident Name (print) (signature) Date

_____

Resident Name (print) (signature) Date

_____

Resident Name (print) (signature) Date

_____

Resident Name (print) (signature) Date

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

_____ _____
Tenant Date

_____ _____
Landlord Date

By signing below, I am stating I have received a copy of the HUD VAWA 5380 and 5382 forms

_____	_____
Resident Signature	Date
_____	_____
Resident Signature	Date
_____	_____
Management Signature	Date