

VILLAGE PLACE APPLICATION FOR HOUSING

Name:	Office Use Only MH
Phone Number:	Dated Received:
Date Submitted:	Time Received:
When do you want to move-in?	
Are you interested in: <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom or <input type="checkbox"/> 2 Bedroom	

INFORMATION FOR APPLICANTS

1. In order to determine your eligibility, it is necessary for us to receive all information requested on this application, receive the attachments (if any) and complete a qualification review. Incomplete applications cannot be accepted and submission of an incomplete application will delay processing.
2. If you are applying to live with someone not related by blood, marriage or adoption, a separate application is needed for each adult and their household. On your application, please indicate you are applying to be a housemate with another person and name that person. Complete your application with information for you and your household members only.
3. All information you provide will be kept confidential and not be released except as is necessary related to your housing eligibility. You will be asked to sign various release forms to permit information exchange.
4. Please read each question or information request and respond fully and truthfully. If the application form does not provide enough room, please use the space on page 4. Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during intake cannot be considered for housing or placed on the waiting list. If submission of false information becomes known after the application is approved and housing is provided, it may result in termination.
5. Residents are selected following a Resident Selection Plan or an Admissions and Continued Occupancy Plan (depending on the housing program). If you want a copy of this plan, please contact Bowman Properties at 218-722-3131.
6. If your address or phone number changes, you must notify Bowman Properties in writing. If you do not and we are unable to contact you based on the information provided here, your application will be removed from the application pool.
7. We encourage and support the nation’s affirmative housing program in which there are no barriers to housing because of race, color, religion, sex, national origin, handicap, familial status, receipt of public assistance or sexual preference.
8. If you need assistance in completing this application or if you have questions, please contact Bowman Properties at 218-722-3131.

HOUSEHOLD COMPOSITION AND INFORMATION ABOUT THE HOUSEHOLD

Check here if you are applying with an unrelated person.
Name of co-applicant _____

Name	Relationship	Date of Birth	Age	Sex	Social Security Number
	HEAD				

STATISTICAL DATA – YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION. We receive requests from government agencies for statistical data on the race and ethnicity of the Head of Household. Your voluntary response is requested but not required. Your answer does not affect your eligibility for housing, the housing selection process of your placement on the waiting list.

Race of Head of Household:
 White Black Asian/Pacific Islander American Indian/Native American

Ethnicity of Head of Household:
 Hispanic Non-Hispanic

Please provide the following information about your household:

- Are any of the adults listed above, students? Yes No
 If yes, Who is a student? _____
 What educational institution? _____
 Does he/she attend Full-Time or Part-Time
- Do you or any household member have needs that would be better served by a home that is accessible to persons with mobility impairments or have any other special needs? Yes No
- Is any adult listed above separated but not divorced from a spouse? Yes No
- Has any household member listed above ever used a different name? Yes No
 If yes, by what name and when? _____

- Has any household member listed above ever used a different Social Security Number: Yes No
 If yes, please explain, _____
- Are any household members temporarily absent? Yes No
 If yes, who? _____
- Are any household members permanently absent? Yes No
 If yes, who? _____
- Will anyone be joining or leaving your household in the next year? Yes No

If yes, who and when? _____

Do you own a pet? If yes, type _____

Yes No

Does anyone have a waterbed?

Yes No

Have you or any other member of your family lived in a State other than Minnesota in the last 5 years? If yes, who and when? _____

Yes No

Do all adults have the legal right to enter into a Lease Agreement?

Yes No

Have you ever been evicted from housing or had a mortgage foreclosure?

Yes No

Has any household member been convicted of a felony?

Yes No

If yes, what and when? _____

Is any household member a registered sex offender?

Yes No

Does any household member currently use an illegal drug or controlled substance?

Yes No

Has any household member ever filed for bankruptcy?

Yes No

OTHER INFORMATION

Please provide the following driver and vehicle information:

Head of Household Driver's License # _____

State that Issued _____

Vehicle #1 Make _____

Color _____

License Plate # _____

Vehicle #2 Make _____

Color _____

License Plate # _____

Please provide information about a person we may contact in the event of an emergency:

Name _____

Relationship _____

Address _____

Phone Number _____

Housing History. *The history must be for at least three years. If the space below is not adequate, please provide the additional information in the space provided on page 4.*

Address:		
Name of Building (if applicable)		
City:	State:	Zip Code:
How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

PREVIOUS HOUSING

Address:		
Name of Building (if applicable)		
City:	State:	Zip Code:
How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

PREVIOUS HOUSING

Address:		
Name of Building (if applicable)		
City:	State:	Zip Code:
How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

INFORMATION ABOUT YOUR INCOME AND REFERENCES:

Employment:

Name of Adult Member (#1) _____

Employer _____

Name _____

Position Held _____

How long have your worked here? _____

Do you receive a salary or are you paid hourly? Salaried Hourly

If salaried, monthly wage \$ _____

If hourly, hourly wage \$ _____ and average hours per week _____

Do you receive commissions, tips or bonuses in addition to wage? Yes No

If yes, what is the average per month? \$ _____

Name of Adult Member (#2) _____

Employer _____

Name _____

Position Held _____

How long have your worked here? _____

Do you receive a salary or are you paid hourly? Salaried Hourly

If salaried, monthly wage \$ _____

If hourly, hourly wage \$ _____ and average hours per week _____

Do you receive commissions, tips or bonuses in addition to wage? Yes No

If yes, what is the average per month? \$ _____

Banking Reference:

Name of your Bank _____

Type of Account(s) Checking Savings Other

Account Numbers(s) _____

Average 6 month balance _____

Credit Reference:

Type _____

Name _____

Address _____

Telephone Number _____

Personal Reference:

Name _____

Address _____

Telephone Number _____

CERTIFICATION AND SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing and that this information may be verified. I/We understand that any false information, misrepresented

information, incomplete information, inaccurate information or withheld information may make me/us ineligible for housing.

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 may decline this application or, if move-in has occurred terminate the Lease Agreement.

I/We authorize management to make any and all inquiries to investigate statements and 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 which may 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 on this application will occupy the unit, that it will my/our only place of residence, and that there are no other persons for whom I/We have, or expect to have, responsibility to provide housing.

I/we agree to notify management, in writing, regarding any changes in household address, telephone, composition, and/or income that occur prior to this application being approved.

All household members age 18 or older must sign below:

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

ATTACHMENTS

The following forms are attached to this application and must be completed and returned:

Authorization for Criminal Background Check

RETURN YOUR APPLICATION TO BOWMAN PROPERTIES, 231 EAST SUPERIOR STREET, SUITE 206, DULUTH, MINNESOTA 55802 OR FAX TO BOWMAN PROPERTIES AT 218-733-5750. IF YOU HAVE QUESTIONS, PLEASE CALL US AT 218-722-3131.