



# KRUEGER REALTY, INC.

323 E. Blue Earth Ave.  
Fairmont, MN 56031  
TEL (507) 235-9060  
FAX (507) 238-9692



Equal  
Housing  
Opportunity

## Applicant Questionnaire

### Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

YES

NO

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

3. Do you have full custody of your child(ren)?

Explanation: \_\_\_\_\_

4. Are there any absent household members who under normal conditions would live with you? *(For example, a household member away in the military.)*

Explanation: \_\_\_\_\_

5. Does your household have or anticipate having any pets other than those used as service animals?

➤ \$20.00 per Person  
Application Fee

## Rental History

YES

NO



6. Have you or any one else named on this application filed for bankruptcy?

Explanation: \_\_\_\_\_



7. Have you or any one else named on this application been convicted of a felony?

Explanation: \_\_\_\_\_



8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: \_\_\_\_\_



9. Have you or any one else named on this application been convicted of property damage?

Explanation: \_\_\_\_\_



10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(     ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES      NO

       
(EMC #01)

11. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

       
(EMC #07)

12. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #03)

13. **Regular pay as a member of the Armed Forces?**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #04)

14. **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #05)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member Contact Person Amount

\_\_\_\_\_  
\_\_\_\_\_

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?  
*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member Payor Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency *Name of Agency:* \_\_\_\_\_
- Court of Law *Name of Court:* \_\_\_\_\_
- Directly from Individual *Name of Person:* \_\_\_\_\_
- Other *Explain:* \_\_\_\_\_

(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

(EMC #02)

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

19. Regular payments from a severance package?

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?  
*(This includes anyone supplementing your income or paying any of your bills.)*

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

(EMC #13)

22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

24. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

**Asset Information:**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES      NO

(EMC #09)

27. Checking or savings account?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

28. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #10)

29. Stocks, bonds or securities

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	<b>30. Trust funds?</b>		
(EMC #09)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>31. Pensions, IRAs, Keogh or other retirement accounts?</b>		
(EMC #09)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>32. Cash on hand over \$500?</b>		
(EMC #13)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?</b>		
(EMC #10)		<i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>34. Personal property held as an investment?</b>		
(EMC #10)		<i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>35. A safe deposit box?</b>		
(EMC #13)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?</b>		
(EMC #11)				
		Household Member:	_____	Amount: _____
		Explanation:	_____	

**Applicant Status**

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

**YES**      **NO**

<input type="checkbox"/>	<input type="checkbox"/>	<b>37. Are you or any other ADULT household members claiming zero income?</b>
(EMC #20)		
		Household Member: _____
		Explanation: _____

(EMC #12 & #18)

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_  
\_\_\_\_\_

(EMC #15 & #21)

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Signature Clause**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date of Interview: \_\_\_\_\_

Desired Apt. #: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_

➤ Copy of  
Driver's License

