



NORTHFIELD MANOR, INC.

**901 Cannon Valley Drive W., Northfield, MN 55057
507-645-9090 / 507-650-7332 / FAX 507-650-7330**

FOR OFFICE USE ONLY

Date Received _____

Time Received _____

APPLICATION FOR OCCUPANCY

Northfield Manor will conduct a criminal background check for Minnesota, and for any other states in which applicant has lived, to verify financial information for those requesting consideration for occupancy. All applications and personal interviews will be kept confidential.

1. **NAME** _____ (Applicant #1)

Age _____ Birthdate _____ Social Security # _____
(Need Social Security Card (not medicare card) **and** either a U. S. Passport or U. S. birth certificate if a U.S. Citizen. For non-citizens an Employment Authorization Card, Temporary Resident Card, or other documentation, as provided by Section 214 of HUD codes.)

2. **NAME** _____ (Applicant #2)

Age _____ Birthdate _____ Social Security # _____
(Same documentation as #1 above.)

3. **PRESENT ADDRESS** _____ City _____

State _____ County _____ Zip _____ Telephone _____

Do you own your own home? _____ **Do you rent?** _____

If you rent, \$ _____/month.

How long at present address? _____

Name and address of **PRESENT LANDLORD:** _____

4. **NEXT PREVIOUS ADDRESS:** _____

Name and address of **PREVIOUS LANDLORD:** _____

5. In which other states have you lived?

a) _____ From ____/____/____ To ____/____/____

b) _____ From ____/____/____ To ____/____/____

c) _____ From ____/____/____ To ____/____/____

6. Are you presently receiving rent subsidy? Yes _____ No _____

If you have lived in subsidized housing, has your assistance or tenancy ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?
Yes _____ No _____

7. Have you or any household member been previously evicted from Federally assisted housing in the past three years for drug-related criminal activity?
Yes _____ No _____

8. Are you or any household member currently using illegal drugs?
Yes _____ No _____

9. Are you or any household member subject to a lifetime registration requirement under a State Sex Offender Registration Program?
Yes _____ No _____

10. Do you or any household member have a pattern of abuse of alcohol that would interfere with the health, safety or right to peaceful enjoyment of the premises by others?
Yes _____ No _____

11. Do you have a legal right to be in the United States?

Yes, because I am a United States citizen.

Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services. (Formerly the Immigration and Naturalization Service)

No.

(If you answered "Yes" because you are a non-United States citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.)

12. Do you require the features of an Accessible Unit due to a disability?
Yes _____ No _____ Describe _____

13. Do you have a pet? Yes _____ No _____ Describe _____

14. Do you have an Assistance Animal? Yes _____ No _____ Describe _____

(The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals.)

Do you plan to bring your pet or assistance animal with you to the Northfield Manor?
(If yes, terms of the Manor Pet/Assistance Animal Policy must be met.) Yes _____ No _____

15. Do you drive a car? Yes _____ No _____ Car License # _____

16. Reason for wanting to move to the Northfield Manor:

17. How did you hear about the Northfield Manor?

Family _____ Church _____ Newspaper Ad _____ Other _____

18. Are you presently employed? Applicant #1: Yes _____ No _____

Applicant #2: Yes _____ No _____

If yes, name and address of employers: _____

19. **MEDICAL INSURANCE INFORMATION:** Are you insured under Medicare?

Yes _____ No _____ Amount paid by you \$ _____/month.

If you have supplemental health insurance, how much do you pay for it?
(Please provide a current premium notice.)

Insurance Company Name _____ Monthly Payment \$ _____
(Applicant #1)

Insurance Company Name _____ Monthly Payment \$ _____
(Applicant #2)

20. **MEDICAL EXPENSES:** Have you paid any of the following medical expenses over the past twelve (12) months that were not reimbursed by your insurance?

Prescriptions: \$ _____/month

Pharmacy Name and Address: _____

Dental Expenses: \$ _____/year

Dentist Name and Address: _____

Eye Exam/Glasses: \$ _____/year

Eye Doctor Name and Address: _____

Hearing Aids/Batteries: \$ _____/year

Name and Address of Doctor: _____

(If your battery purchases are not on your doctor's bill, please provide dated battery receipts.)

Are you making payments on any Outstanding Medical Bills? Yes _____ No _____

\$ _____/_____ Name and Address of
(month/year) where bills are paid: _____

21. Name, Address and Phone Number of **FAMILY PHYSICIAN:**

(Local doctor must be established upon move-in.)

22. **FAMILY INCOME: (Provide Names and Addresses for all Sources.)**

ANNUAL AMOUNTS

Wages or Salaries (Provide gross amount before deductions): \$ _____
Employers' Names and Addresses: _____

Social Security (Please provide current year's Declaration of Benefits): \$ _____

Supplemental Security Income or other Assistance Income: \$ _____
(Please provide Benefit Assistance Information.)

Pensions: Sources: _____ \$ _____
_____ \$ _____

Retirement Benefits: Sources: _____ \$ _____
_____ \$ _____

Disability Income or Death Benefits: Sources: _____ \$ _____
_____ \$ _____

Annuity Income: Sources: _____ \$ _____
_____ \$ _____

Interest Income: Sources: _____ \$ _____
_____ \$ _____

Dividend Income: Sources: _____ \$ _____
_____ \$ _____

Regular Monetary Gifts or Contributions Received: Source: _____ \$ _____

Rental Income or Income from a Business you once owned: _____ \$ _____
Source: _____

Workers Compensation or Severance Pay: Source: _____ \$ _____

Alimony or Child Support Payments: Source: _____ \$ _____

23. FAMILY ASSETS: <u>(Provide Address and Account # for all entries.)</u>	<u>CURRENT VALUE</u>
Checking Accounts (Last 6 Month Average): Banks: _____ _____	\$ _____ \$ _____
Savings Accounts: Banks: _____ _____	\$ _____ \$ _____
Certificates of Deposit (CD's): Banks: _____ _____	\$ _____ \$ _____
Treasury Bills: Companies: _____ _____	\$ _____ \$ _____
Money Market Funds: Companies: _____ _____	\$ _____ \$ _____
Stocks and Bonds: Companies: _____ _____	\$ _____ \$ _____
Retirement and/or Keogh Accounts: Companies: _____ _____	\$ _____ \$ _____
Trusts: Revocable or Irrevocable? _____ (Please provide copy of Trusts showing whether Revocable/Irrevocable.)	\$ _____
Safety Deposit Boxes - Contents and Value: _____	\$ _____
Whole or Universal Life Insurances (Cash Surrender Value): Companies: _____	\$ _____ \$ _____
Contract for Deed: Maturity Date: _____	\$ _____
Personal Property Held as an Investment: Description: _____ _____	\$ _____
Equity in Rental Property or Other Capital Investments \$ _____ Companies: _____	\$ _____

FAMILY ASSETS (Cont'd)

CURRENT VALUE

Real Estate (*Market Value): Location of Property: _____ \$ _____

*Market value of all Real Estate must be confirmed by a certified appraiser or banker. The confirmation in writing is to be sent to Northfield Manor office. The cost, if any, of the appraisal fee must be paid by the applicant.

Lump Sum or One-Time Receipts (inheritances, capital gains, one-time lottery winnings, victim's restitution; settlements of insurance claims, worker's compensation, personal or property losses; any other amounts received in a one-time payment.) \$ _____

Description: _____

Have you disposed of any assets for less than Fair Market Value in the past two years? Yes _____ No _____ \$ _____

If yes, fill in the market value on the line to your right.
(Form to be completed at time of interview)

24. PERSONAL REFERENCES:

NAME AND ADDRESS

PHONE NUMBER

1. _____

2. _____

3. _____

Are any of your references relatives? _____
- Relationship

25. EMERGENCY CONTACT:

Name Phone Number (Home)

Relationship, if any Phone Number (Work)

Address

26. I/we certify that the information I/we have provided is true and complete to the best of my/our knowledge and belief. I/we understand that if I/we furnish false or incomplete information, I/we can be fined up to \$10,000 or imprisoned up to five years.

Head of Household Date Spouse (Co-Head) Date

Northfield Manor Date

Completion of this application does not assure admission to Northfield Manor. All the information on this application will be verified prior to acceptance for admission as a resident of Northfield Manor. Prior to move in, you will be required to sign a twelve-month lease and Meals Agreement.

Please submit a copy of your most recent Federal tax return, or all W-2's, interest and dividend statements with application.

27. **PERSONAL DATA**

CHILDREN: (Include extra sheet, if necessary, with names and addresses of all children.)

1. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____	3. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____
2. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____	4. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____

LIST TWO LOCAL CONTACTS of people living in the Northfield area who could be called in case of an emergency. Please indicate relationship, if any.

1. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____ Relationship _____	2. Name _____ Address _____ _____ Home Phone # _____ Work Phone # _____ Relationship _____
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List your Church affiliation, if desired: _____



Supplemental and Optional 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.

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.	

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

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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.