

## ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC

1201 89<sup>th</sup> Avenue NE | Suite 3500 | Blaine, MN 55434

Phone: 763-783-4747 | Fax: 763-783-4700 | Website: [www.accap.org](http://www.accap.org)



### ACCAP HOUSING APPLICATION

Thank you for your interest in the ACCAP, Inc. affordable housing units. Attached you will find the housing application.

- **Complete the entire application, do not leave any items blank. Incomplete applications will be denied.**
- **All household members age 18 and over must fill out a separate application.**
- **You MUST include proof of current income with current dates and household member name. Examples are as follows: Social Security letter, MFIP, 1099 tax returns or wages with six (6) current consecutive paystubs of household income for all persons aged 18 and over. If the household receives any form of Rental Assistance – Proof of this must be provided at the time of application.**
- **Applications will be denied if current income is not provided.**
- **If more than one unit is applied for/listed on the application the application will be denied.**
- **Please sign and date all forms needing your signature.**

NOTE: The security deposit amount is the same as the monthly rent. This must be paid at lease signing or before you move in. The deposit and first month's payment must be made by MONEY ORDER or CASHIER CHECK.

Applications may be mailed, emailed to [rental@accap.org](mailto:rental@accap.org) or dropped off at ACCAP, or faxed to 763-783-4700.

Thank you,

Any questions please call ACCAP at (763) 783-4747.

# Rental Application: Anoka County Community Action Program

**APPLICANT INFORMATION** (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ E-mail address of Applicant: \_\_\_\_\_

**RENTAL HISTORY** (please provide 3 years of rental history, continue on back if needed)

**Present Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent Paid: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Address:** : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent Paid: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**ALL ADDITIONAL HOUSEHOLD MEMBERS** (all applicants 18 and older must be screened)

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Income:** \_\_\_\_\_ Total Household Annual Income from all sources: \$ \_\_\_\_\_

**STUDENT STATUS:** Are you a student? \_\_\_\_\_ If yes, Full time \_\_\_\_\_ Part time \_\_\_\_\_

**Animals:** Will any animals reside in the household: Yes  No  (Check One) If yes, details: \_\_\_\_\_

**AUTO(S):** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

\*Applicant processing by Minnesota Bureau of Criminal Apprehension, Rental Research Services, Yardi and/or another screening service. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

Please indicate what Unit you are applying for? (List only one unit per application) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant Date

Unit # Applying For: _____		Date Application Received _____	<b>For Office Use Only</b>
Rent for Unit: \$ _____		Deposit for Unit: \$ _____	Time Received: _____ am/pm
Application Processing Fee: \$ _____		Move In Date Desired: _____	
<input type="checkbox"/> Paid <input type="checkbox"/> Not required (Project Based Section 8 Properties only)			

# Rental Application: Anoka County Community Action Program

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Applicant (Complete Legal Name): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ E-mail address of Applicant: \_\_\_\_\_

## **RENTAL HISTORY** (please provide 3 years of rental history, continue on back if needed)

**Present Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent Paid: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Previous Address :** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent Paid: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## **ALL ADDITIONAL HOUSEHOLD MEMBERS (all applicants 18 and older must be screened)**

Name	Relationship	Name	Relationship	Name	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Income:** \_\_\_\_\_ Total Household **Annual** Income from all sources: \$ \_\_\_\_\_

**STUDENT STATUS:** Are you a student? \_\_\_\_\_ If yes, Full time \_\_\_\_\_ Part time \_\_\_\_\_

**Animals:** Will any animals reside in the household: Yes  No  (Check One) If yes, details: \_\_\_\_\_

**AUTO(S):** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

\*Applicant processing by Minnesota Bureau of Criminal Apprehension, Rental Research Services, Yardi and/or another screening service. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

Please indicate what Unit you are applying for? (List only one unit per application) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant Date

		<b>For Office Use Only</b>	
Unit # Applying For: _____	Date Application Received _____	Time Received: _____ am/pm	
Rent for Unit: \$ _____	Deposit for Unit: \$ _____	Move In Date Desired: _____	
Application Processing Fee: \$ _____		<input type="checkbox"/> Paid <input type="checkbox"/> Not required (Project Based Section 8 Properties only)	

**A rental application must be completed and processed for all prospective residents 18 years of age or older (and under age 18 if spouse, or co-head of household).**

**Each applicant must provide a valid local, state or federal government issued photo identification at the point of application for verification purposes.**

**Each member of any given household will need to disclose and document all social security numbers or execute a certification when a social security number has not been assigned. If a member of the household is less than 18 years of age, their parent or guardian will need to execute the certification.**

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**Standard Lease Terms Eligibility Requirements:**

- I. Income** – Newly qualifying households applying for housing are required to disclose all sources of income and unless prohibited by local governing agencies, may need to meet the minimum requirement of approximately 2 times the household’s portion of the rent, but not to exceed the annual income boundaries of the governing program (if applicable). We require documentation of all income and assets, such as six (6) consecutive and most recent paycheck stubs, six (6) consecutive current bank statements, current statements from retirement or other assets, the previous years’ tax return, etc.
- II. Rental/Credit History** – Applicants must provide current residency information including any out of state residences during the past five years. Each applicant’s rental and credit history must reflect an overall good standing. A lack of credit and/or rental history, as opposed to poor credit and/or rental history will not result in an automatic decline.
- III. Public Records History** – Applicants must provide their full legal name and date of birth as well as any names the applicant may have been formerly known as. Each applicant’s public records history must reflect an overall good standing. A lack of having a public record, as opposed to having a public record and/or history involving physical violence to a person or property, or record of other acts which may endanger or be perceived to endanger the health, safety, welfare, business practices and/or reputation of ownership, management, it’s personnel and/or other residents will not result in an automatic decline.

If the findings of the overall review of information received on the applicant’s consumer reports, rental application and during the interview related to eligibility are neither within the parameters for a Standard Lease Terms approval nor within the parameters for a Decline the applicant may remain eligible, under the direction of a Accept with Conditions.

**Terms of an Accept with Conditions** – Unless prohibited by local governing agencies, prior to the execution of the Lease Agreement the applicant in receipt of an Accept with Conditions outcome may be accepted upon the collection of an additional Security Deposit.

**Applicants may be declined for the following:**





Government Data Practices Act  
Disclosure Statement

PRINT NAME(S) OF HOUSEHOLD MEMBERS 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”):

Anoka County Community Action Program

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 to 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 Section 8, 236, 202 & 811
- Attachment 2 – For Housing Tax Credit, Section 1602, bond funded NCTC or bond funded LMIR First Mortgage, MARIF, HOPWA, HOME and National Housing Trust Fund
- Attachment 3 – For Deferred Loans (not MARIF, HOPWA, HOME, or NHTF), Apartment Renovation Mortgages & non-bond funded NCTC or non-bond funded LMIR First Mortgages

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 Mortgage, MARIF, HOPWA, HOME (HOME Rental Rehabilitation, HOME Targeted and HOME Affordable Rental Preservation) or National Housing Trust Fund****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)

**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

*\*For purposes of reporting to Minnesota Housing under HOPWA, participant names may be coded for confidentiality.*

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disability or mobility impaired status



### **Attachment 3**

#### **For Deferred Loan Programs (other than MARIF or HOPWA), non-bond funded NCTC or LMIR First Mortgage, and Apartment Renovation Mortgage**

##### **Part A**

1. Household composition including number of adults, number of children and legal name of the head of household
2. Gross Annual Household Income
3. Current and/or previous housing history (for program eligibility, if applicable)
4. Date of birth of all household members (for program eligibility, if applicable)

##### **Part B**

1. Date of birth of the head of household
2. Race of the head of household
3. Ethnicity of the head of household
4. Gender of the head of household
5. Disability or mobility impaired status of household members
6. Main source of income of the head of household

# Anoka County Community Action Program, Inc.

1201 89<sup>th</sup> Avenue NE Suite 345  
Blaine, MN 55434

Phone: 763-783-4747 Fax: 763-783-4700 Email: [accap@accap.org](mailto:accap@accap.org)

[www.accap.org](http://www.accap.org)



## CLIENT INTAKE FORM

HEAD OF HOUSEHOLD										
First Name	Middle Name	Last Name	Primary Phone	Secondary Phone	Primary Language					
Address			City	Zip	Email					
HOUSEHOLD MEMBERS										
Full Name of all household members including yourself	Date of Birth	Social Security Number	Gender (see key)	Race (see key)	Hispanic Latino	Work Status (see key)	Disability (see key)	Military Status (see key)	Education (see key)	Health Coverage (see key)
Self (Same as above)	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
1.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
5.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
6.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
7.	/ /	- - -			<input type="checkbox"/> Yes <input type="checkbox"/> No					
KEY										
Gender	Race	Work Status	Disability	Military Status	Education	Health Coverage				
(M) Male (F) Female (O) Other	(A) Asian (I) American Indian/Alaskan Native (B) Black/African American (W) White (M) Multi-racial (H) Native Hawaiian/Pacific Islander (O) _____	(F) Full Time (P) Part Time (C) Contract (T) Temporary (R) Retired (L) Unemployed 6 months or less (M) Unemployed more than 6 months (U) Unemployed not seeking work (S) Migrant Seasonal Farm worker (N) Child- No work	(N) None (P) Physical (M) Mental (C) Cognitive (V) Visual (B) Blind (S) Speech (H) Hearing (D) Deaf (A) Breathing (R) Orthopedic (O) Other _____	(N) None (V) Veteran (A) Active Status	(S) 0-8 <sup>th</sup> grade (N) 9-12 Non-Grad (G) Highschool Grad (E) GED/Equivalent (P) Some College (D) 2 or 4 year degree	(M) Medicaid/Minnesota Care (S) Medicare (C) State Child (A) Military (D) Direct Purchase (E) Employer Coverage (N) No Health Insurance				

## HOUSEHOLD INCOME

Name <i>Example: John Doe</i>	Source and Monthly Income <i>C \$ 350</i>	Key
1.	\$ _____ \$ _____	(A) Annuities (B) Self-Employed (C) Child Support (S) Social Security (I) Supplemental Security Income (H) Social Security Disability Insurance (V) Veterans Benefits (U) Unemployment Benefits (W) Workers Compensation (O) Other _____
2.	\$ _____ \$ _____	(D) Dividends/Interest (E) Earned Income/Wages (F) No Income (G) General Assistance (M) MFIP (W) DWP (R) Retirement
3.	\$ _____ \$ _____	
4.	\$ _____ \$ _____	
<b>Non-Cash Benefits</b> <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP/EAP <input type="checkbox"/> Housing choice voucher <input type="checkbox"/> Public housing <input type="checkbox"/> Permanent supportive housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other _____	<b>Household type</b> <input type="checkbox"/> Single person <input type="checkbox"/> Two parents with children <input type="checkbox"/> Single parent- Female <input type="checkbox"/> Single parent- Male <input type="checkbox"/> Two adults/No children <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational household <input type="checkbox"/> Other _____	<b>Housing Situation</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own home/rent lot <input type="checkbox"/> Homeless <input type="checkbox"/> Living with family/friends <input type="checkbox"/> Other permanent housing <input type="checkbox"/> Other _____
		<b>Special Circumstances</b> <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Pregnant Teen <input type="checkbox"/> Non-Parent Caregiver <input type="checkbox"/> Parenting <input type="checkbox"/> English Language Learner <input type="checkbox"/> TANF/MFIP/DWP <input type="checkbox"/> Other _____

This form asks for data about you and your family. If you decide not to complete this form, we may not be able to provide you with all helpful information and resources. If you complete this form, we will use the information to identify resources, provide you with information, coordinate services, and create summary data for evaluation and funding purposes. Only ACCAP Staff will use the data on this form. You must consent for ACCAP to share this information with any other agency

**Consent to Exchange Information:** I authorize Anoka County Community Action Program, Inc. (ACCAP) to share this information with county, state and local welfare agencies, community-based organizations, local, state, public and private human service and housing agencies, the MN Department of Jobs and Training, the United States Department of Labor, the United States Department of Health and Human Services, and State and local education programs. I agree to allow Anoka County to share information with ACCAP. This consent will be valid for a period of one year or the duration of the services for which you are applying (if service is longer than one year).

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of 2<sup>nd</sup> Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of 3<sup>rd</sup> Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of 4<sup>th</sup> Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_