

HILLTOP RESIDENCE
 915 1ST AVE
 MADISON, MN 56256
 320-598-3129
 320-598-7536 EXT 7219

PROPERTY MANAGEMENT:
 MADISON HEALTHCARE SERVICES
 900 2ND AVE
 MADISON, MN 56256
 320-598-7536 EXT 7219

Date/Time Received: _____ (for office use only)

APPLICATION FOR HOUSING
 (Equal Housing Opportunity)

This application must be completely filled out and copies of all Social Security Cards must be supplied.

Applicant Name: _____
 First Middle Last

Co Applicant Name: _____
 First Middle Last

Current Address: _____

City: _____ State: _____ Zip Code: _____ Tel. #: (____) _____

Any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing or placed on the waiting list.

Household Composition

List the Head of Household (applicant) and all other persons who will be living in your apartment. Give the relationship of each family member to the Head of Household.

Member Full Name	Relationship	Date of Birth	Age	Sex	Social Security #
	HEAD				



EQUAL HOUSING
OPPORTUNITY

Please list all states where the applicant or member's of applicants household have resided:

Are you or any member in your household a student? _____

Rental Information: Please complete if you currently rent.

Current Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____ Tel # (____) _____

Landlord: _____ Tel # (____) _____

Landlord Address: _____

Date of Residency: From: _____ To: _____

Please Circle the Appropriate Answer to the Following Questions:

Have you ever been evicted, filed bankruptcy, or refused to pay rent when due? Yes or No

Has management ever begun eviction proceedings or asked you to move out? Yes or No

Have you ever been arrested or convicted of a misdemeanor? Yes or No

Are you currently listed on the lease at the above address? Yes or No

All applicants must meet the following criteria in order to qualify for residency:

1. Twelve (12) months verifiable previous housing experience sufficient to demonstrate your ability to comply with the terms of the lease agreement.
2. No record of eviction of housing related judgements.
3. Applicant must meet all income qualifications as established by the Housing Provider for any applicable housing assistance program.
4. No record of criminal activity.
5. Submission of an accurate and complete Rental Application.

Is the applicant or any member of the applicant's household subject to a lifetime state sex offender registration program in any state?

YES or NO

The above information is supplied to the Housing Provider as an inducement to rent to me and is true and accurate in all respects, and I authorize whatever background investigation they may consider appropriate.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Section 8 Income Certification Questionnaire

Hilltop Residence is a Federally Funded Low Income Housing Facility committed to providing quality low-income housing and service to seniors and individuals with mobility impairments. As a condition of occupancy and building financing commitments, applicants **must income qualify** to reside at Hilltop Residence. The maximum amount of **gross annual income** per one-person household is **\$24,500** per year. If your household income, including interest earned on assets is greater than this amount, you will not be eligible for housing at this facility, unless a market rate apartment is available at **\$661.00** per month.

Please use the questionnaire below to indicate your household income. Hilltop Residence is required to third party – verify all income, asset and medical information provided. If upon verification of household income, management determines that you do not income-qualify, Hilltop Residence reserves the right to reject your application for housing or terminate your ongoing subsidy assistance. If you are a current resident, you will be allowed to remain at Hilltop Residence; however, you will be required to pay the market rate rent for your apartment.

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful or false statements, or misrepresentation of any material fact involving the use or obtaining federal funds.

Household Income Information (All information received will be verified by a third party)

For each household member age 18 or older, list current and anticipated **gross income** for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

Income Question	YES	NO	Gross Annual Amount
Do you receive or expect to receive:			
1. Wages, salaries (includes overtime, tips, bonuses, commissions, Self employment)	___ ___	___ ___	\$ _____
2. Does anyone work for someone who pays them cash?	___ ___	___ ___	\$ _____
3. Regular pay for a member of the armed forces?	___ ___	___ ___	\$ _____
4. Welfare or disability benefits? (AFCD, SS, GA)?	___ ___	___ ___	\$ _____
5. Worker's Compensation?	___ ___	___ ___	\$ _____
6. Unemployment Benefits or Severance Pay?	___ ___	___ ___	\$ _____
7. Child support?	___ ___	___ ___	\$ _____

8. Alimony? _____ \$ _____
9. Education grants, scholarship grants or VA student benefits? _____ \$ _____
10. Social Security Payments? _____ \$ _____
11. Pensions (PERA, Railroad Retirement, etc.)? _____ \$ _____
12. Death Benefits? _____ \$ _____
13. Retirement Benefits? _____ \$ _____
14. Annuities or life insurance dividends? _____ \$ _____
15. Lump sum payments (including inheritance, insurance settlement, lottery winnings, etc)? _____ \$ _____
16. Net income from rental property? _____ \$ _____
17. Regular cash contributions or gifts from individuals not living in the unit? _____ \$ _____
18. Cash rent? _____ \$ _____
19. Other income? (please list) _____ \$ _____
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Sources of Income Name & Address Information

Type of Income	Family Member receiving income	Name of income source	Address

Asset question	Yes	No	Estimated Amount/Value
Do you have money held in:			
1. Checking accounts?	___	___	\$ _____
2. Savings accounts?	___	___	\$ _____
3. Stocks?	___	___	\$ _____
4. Capital Investments?	___	___	\$ _____
5. Bonds?	___	___	\$ _____
6. Trusts?	___	___	\$ _____
7. Securities?	___	___	\$ _____
8. IRA/KEOGH Accounts?	___	___	\$ _____
9. Certificates of Deposit?	___	___	\$ _____
10. Pension/Retirement Funds?	___	___	\$ _____
11. Mutual Funds?	___	___	\$ _____
12. Treasury Bills?	___	___	\$ _____
13. Safety Deposit Box?	___	___	\$ _____
14. Insurance Settlement?	___	___	\$ _____
15. Other? List _____	___	___	\$ _____
16. Do you currently hold a contract for deed?	___	___	\$ _____
17. Do you currently own real estate?	___	___	\$ _____
If yes, please list the location(s), number of acres owned, expenses (ie., taxes, insurance, etc.) any income received. _____			
18. Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?	___	___	\$ _____
19. Any other assets held jointly with another person?	___	___	\$ _____
If yes, please list person(S) name and that asset(s) held jointly: _____			
20. Do you have a Social Security EBT card?	___	___	\$ _____
21. Do you have a Public Assistance EBT card?	___	___	\$ _____

Sources of Assets Name and Address Information

Type of Asset	Family Member who owns Asset	Name of Asset Source/Banking Institution	Address

Medical Expense Question	Yes	No	Estimated Expense
Do you have the following medical expenses?			
1. Do you have private medical insurance?	___	___	\$ _____
2. Do you private pay (out of pocket) for medications?	___	___	\$ _____
3. Do you private pay (out of pocket) for doctor visits?	___	___	\$ _____
4. Do you private pay (out of pocket) for eye glasses?	___	___	\$ _____
5. Do you private pay (out of pocket) for dental visits?	___	___	\$ _____
6. Do you have any outstanding medical expenses that you are currently making payments on?	___	___	\$ _____
7. Do you private pay (out of pocket) for transportation to and from medical appointments?	___	___	\$ _____
8. Are you currently making payments on a Long Term Life Insurance Policy?	___	___	\$ _____
9. Are you currently eligible for County Medical Assistance?	___	___	\$ _____
If yes, do you have a medical assistance spenddown?	___	___	\$ _____

Medical Expenses Name & Address Information

Type of expense	Family member expense	Name of expense	Address

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

Resident/Applicant Signature

Date

Resident/Applicant Signature

Date

