

# APPLICATION

## NATH COMPANIES

Innsbruck Townhomes  
1530 50<sup>th</sup> St NW  
Rochester, MN 55901  
(507)289-1319  
[Innsbruck@nathcompanies.com](mailto:Innsbruck@nathcompanies.com)

Thank you for your interest in housing at Innsbruck Townhomes. Attached is the requested application for housing.

To Qualify: the household income cannot exceed:

### Number of Persons in the Household

2023 Income Limits	1	2	3	4	5	6	7	8
Extremely Low	\$24,800	\$28,350	\$31,900	\$35,400	\$38,250	\$41,100	\$45,420	\$50,560
Very Low (50%)	\$41,300	\$47,200	\$53,100	\$59,000	\$63,750	\$68,450	\$73,200	\$77,900
Low (80%)	\$66,100	\$75,550	\$85,000	\$94,400	\$102,000	\$109,550	\$117,100	\$124,650

It is Innsbruck Townhomes' policy to accept and process applications in accordance with HUD Handbook Rules and Regulations.

### Occupancy Standards

Number of Bedrooms	Min. # Household Members	Max. # Household Members
2	2	4
3	3	6
4	4	8

All applications may be submitted to the on-site rental office or by mail. Applications must be completed in full and signed in order to be accepted. Incomplete applications will be returned. Please complete the attached application in full and return to the Innsbruck Townhomes' office.



Nath 5/18/2023



**Rental  
Application  
Section 8**

☐ **Initial**      **Date/Time Rec'd**  
☐ **Recertification**

Project Name/Address/Telephone Number:

Applicant's Home Tel.#

Applicant's Cell #

Emergency  
Contact  
Name:

Tel.#

**All applicants, age 18 or older, other than co-head or spouse, are required to complete a separate application.**  
**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 the interview may be rejected for housing. All questions must be answered; for those questions that do not apply the applicant is required to indicate so by answering "not applicable".**

**HOUSEHOLD COMPOSITION**

Complete in your own handwriting. List the Head of Household and all other persons who will be living in the unit.  
Give the relationship of each family member to the head. Each household member age 18 years or older must sign this application.

Member's Full Name	Relationship	Date of Birth	Social Security #
	Head		

Is any member of the household a Full or Part Time Student of Higher Education? If yes, please list all members:

*The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.*

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

Ethnicity of Head of Household      ☐ Hispanic      ☐ Non Hispanic

Are you a Non-Citizen Student      ☐ Yes      ☐ No      Are you a United States Citizen?      ☐ Yes      ☐ No

If no, are you a Non-Citizen with eligible alien status?      ☐ Yes      ☐ No

*Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.*

**CURRENT HOUSING STATUS**

Current Address:

Dates of Residency:

What type of Notice

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_  
To: \_\_\_\_\_

required? \_\_\_\_\_

Current Landlord Name/Address/Telephone #:

Previous Address (If less than 3 years provide info on separate sheet)

Dates of Residency:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: \_\_\_\_\_  
To: \_\_\_\_\_

Previous Landlord Name/Address/Telephone #:

**Please Note: All items must be answered/filled in completely.**

**HOUSEHOLD EMPLOYMENT INFORMATION**  
(Use additional sheets if necessary)

Household Member's Employer _____		Phone #: _____	
Address _____		City _____	State _____ Zip _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			
Household Member's Employer _____		Phone #: _____	
Address _____		City _____	State _____ Zip _____
Starting Date _____	Position _____	Supervisor _____	
Salary: \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly			

**HOUSEHOLD INCOME INFORMATION**  
(All information will be verified by a third party)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:		Yes	No	Monthly Amount
1	Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Does any member work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Welfare or disability benefits (Examples: MFIP, SSI, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Unemployment benefits, or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Child support? (If court ordered, include even if it is not being received)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9	Social Security payments (include unearned income of minor children)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10	Pensions (PERA, railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11	Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12	Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13	Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14	Lump sum payment(s) (i.e., inheritance, insurance settlements, lottery winnings, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15	Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16	Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
20	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
21	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
22	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
23	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
24	Other (list)? _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

### HOUSEHOLD ASSETS (All information will be verified)

DO YOU HAVE MONEY HELD IN	Yes	No	Current Balance		Yes	No	Current Balance
1 Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9 401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2 Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10 IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3 Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11 Certification of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4 Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12 Pension/retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5 Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13 Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6 Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14 Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7 Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15 Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8 Insurance Settlements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16 Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

\* Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death.

	Yes	No	Value
17 Do you now own Real Estate? If yes, list address (es), expenses paid and income received: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
18 Do you hold a contract for deed? Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
19 What assets are held jointly with another person? List person and asset(s). _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List below all items from above that were checked "YES "

# from Above	Name of company, financial institution or source	Mailing address of company financial institution or source	Phone Number of company, financial institution or source

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, etc.)

I/we hereby certify that I/we have \_\_\_\_\_ have not \_\_\_\_\_ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

### HOUSEHOLD ALLOWANCE INFORMATION (All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		Yes	No	Amount
1	Child care, which enables you or another household member to work, go to school or to seek employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2	Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3	Medicare premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4	Other medical insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5	Outstanding medical bills on which you are currently paying>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6	Cost of assistive devices for a handicapped or disabled household member?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7	Do you receive medical assistance through a public assistance agency/program?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8	Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

The following questions pertain to yourself and every member of your household who will occupy the unit. Write either YES or NO in response to each question. An explanation must be provided if the answer is YES. Use additional sheets if necessary. All questions must be answered.

- \_\_\_\_ Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
- \_\_\_\_ Do you or anyone else in your household qualify for housing because of a handicap or disability?
- \_\_\_\_ Will anyone else live in the unit on either a full-time or part-time basis?
- \_\_\_\_ Do you have sole legal and physical custody of your children? If no, explain: \_\_\_\_\_
- \_\_\_\_ Are you now living or have you lived in a government-subsidized development? \_\_\_\_\_ If yes, when? \_\_\_\_\_
- \_\_\_\_ Name and Address of Development: \_\_\_\_\_
- \_\_\_\_ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain: \_\_\_\_\_
- \_\_\_\_ Have you or any member of the household ever been arrested or convicted of a felony/misdemeanor other than a traffic violation?
- \_\_\_\_ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- \_\_\_\_ If so, please list name of household member and all states where registered: \_\_\_\_\_
- \_\_\_\_ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- \_\_\_\_ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- \_\_\_\_ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- \_\_\_\_ Have you or any member of your household ever used different names from the names given in this application?
- \_\_\_\_ Have you or any member of your household ever used social security numbers different from those listed in this application?
- \_\_\_\_ Have you or any member of your household lived in any other state? If yes, please include all states where all household members have resided.
- \_\_\_\_
- How did you hear of this housing development? \_\_\_\_\_

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

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 our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to 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 information 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 in this application will occupy the unit, that it will be my/our only 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 numbers, income and household composition.

Applicant's Signature: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

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

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1601 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a), (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a), (6), (7) and (8).

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.