



# Timber Place Townhomes

Residents of the Timber Place Townhomes will enjoy its park like setting, complete with playground, located in Fergus Falls just across the street from the YMCA. The bi-level units feature spacious rooms, with the kitchen, living room and dining room on the first floor and the bedrooms on the second floor. All units have attached garages and walk-out patios with privacy fences separating each unit.

Those persons receiving Section 8 Voucher payments are not required to meet the minimum income limits.

## Annual Income Limits Apply

	<u>Maximum</u>	<u>Minimum</u>
1 Person	\$40,740	\$20,370
2 Persons	\$46,560	\$23,280
3 Persons	\$52,380	\$26,190
4 Persons	\$58,140	\$29,070
5 Persons	\$62,820	\$31,410
6 Persons	\$67,500	\$33,750

### Owner Pays:

- ◆ water
- ◆ sewer
- ◆ garbage

### Tenant is Responsible For:

- ◆ heat (*gas*)
  - ◆ electric (*water heater*)
  - ◆ phone
  - ◆ cable
- (There may be an initial hook-up fee & deposit)*

### Amenities Include:

- ◆ stove
- ◆ frost-free refrigerator
- ◆ dishwasher
- ◆ mini-blinds
- ◆ garbage disposal
- ◆ coin operated washer and dryer
- ◆ central air
- ◆ garage door opener

### Application Information

- ◆ There is a \$20 non-refundable application fee for one adult, due at time of interview.
- ◆ If there are two married adults, the fee is \$30, due at time of interview.
- ◆ If there is more than one unmarried adult, the fee is \$20 per adult, due at time of interview.
- ◆ One month's rent as Security Deposit and first months rent required before move in.
- ◆ Applicant must have good rental history.
- ◆ Applicant must have satisfactory credit record.
- ◆ Applicant cannot have a criminal history against person or property, violence or illegal drug related activity.
- ◆ Absolutely NO pets of any kind are allowed.
- ◆ Applicant must sign a one-year lease.

## **APPLY TODAY!**

**2 Bedroom rent—\$750.00**

**3 Bedroom rent—\$850.00**

*Effective 01/01/2024*



Fergus Falls HRA  
 1151 Friberg Ave., Fergus Falls, MN 56537  
 Ph: 218-739-3249 or [www.fergusfallshra.com](http://www.fergusfallshra.com)



**INCOME INFORMATION:**

For each household member age 18 or older and under age 18 if head of household, spouse, or co-head of household (include family members temporarily absent) list current and anticipated income for the next 12 months. **Include: full time, part time or seasonal income even if completing this application in the off-season, overtime, bonuses, commissions and tips.**

	Yes	No
1. Is any member of your household employed, full-time, part-time or seasonally?		
2. Does any member of your household work for someone who pays them in cash or have self employment income? Check "YES" if you are self employed even if your business does not show a net profit.		
3. Does your household receive regular pay for a member of the armed forces?		
4. Does any member of your household now receive, or expect to receive unemployment benefits, worker's compensation or severance pay?		
5. Does any member of your household receive or expect to receive economic assistance such as MFIP, GA, MSA and/or SSI?		
6. Does any member of your household receive or expect to receive Social Security Benefits?		
7. Does any member of your household receive or expect to receive income from a pension, annuity or retirement account or death benefit?		
8. Does any member of your household receive or expect to receive regular payments from inheritance, an insurance settlement, lottery winnings, etc.?		
9. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, life insurance policies or income from rental property?		
10. Does any member of your household receive or expect to receive income from rental property?		
11. Does any member of your family now receive or expect to receive child support? Check "YES" if you have a court order, even if you are receiving less than the full amount awarded.		
12. Does any member of your household now receive or expect to receive spousal maintenance/ alimony payments? Check "YES" if you have a court order, even if you are receiving less than the full amount awarded.		
13. Does any member of your household receive <u>regular</u> cash contributions from individuals not living in the unit or from agencies and/or does anyone outside your household regularly pay for any of your bills or give you money? Do not include groceries.		
14. Does any member of your household receive or expect to receive student financial assistance? (public or private, do not include student loans)		
15. Does any member of your household receive income from any source other than those listed above?		

**Provide additional information for all "YES" checked items in income table above.**

Household Member	Employer Name & Address	Gross Monthly Wages/ Salary	MFIP DWP MSA	Child Support (Monthly)	Gross Social Security Benefits	Gross Weekly Unemployment	Other Income Source
			\$	\$	\$	\$	\$

Yes  No Does any member of your household have "zero income"?  
 If yes, please list household member(s) \_\_\_\_\_  
 \_\_\_\_\_

**ASSET INFORMATION**

Does any household member (including children) have money held in:

	YES	NO	CURRENT BALANCE
1. Checking Account			
2. Savings Account			
3. Stocks*			
4. Capital Investments			
5. Bonds			
6. Trusts*			
7. Securities			
8. Whole Life Insurance Policy (do not include term life)			
9. 401K*			
10. IRA/KEOGH Accounts			
11. Certificates of Deposit			
12. Pension/Retirement/Annuity Accounts			
13. Money Market Funds			
14. Treasury Bills			
15. Safety Deposit Box			
16. Lump Sum Payment (inheritance, settlement, lottery winnings, capital gains, etc)			
17. Other			

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement or death. If you are unsure, list the account and it will be verified.

**Provide additional information for all "YES" checked items in asset table above.**

Family Member	Type of Account	Institution name and address	Account Number	Interest Rate

- Yes  No Do you now own a home or other real estate?  
If yes, list address \_\_\_\_\_
- Yes  No Do you receive payments from a home you sold by contract for deed?  
If yes, \$ \_\_\_\_\_/month
- Yes  No Are any assets held jointly? If yes, list account and with whom it is held: \_\_\_\_\_
- Yes  No Have you sold or given away any assets for less than their fair market value in the past two years?  
If yes, describe: the asset, its fair market value, the amount you received, and the date of disposal: \_\_\_\_\_
- Yes  No Do you own any personal property which is held for investment purposes?  
(examples: gems, jewelry, antiques, silver, gold coin/stamp/gun collection, etc.)  
If yes, describe and give current market appraised value.  
Description: \_\_\_\_\_  
Current Appraised Value: \_\_\_\_\_

**RENTAL & CREDIT INFORMATION FOR CURRENT HOUSING STATUS:**

**ANSWER ALL QUESTIONS.**

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Current monthly rent: \_\_\_\_\_

How many people live in your unit? \_\_\_\_\_

Yes  No Are you being evicted? If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Yes  No Are you under lease now?

Yes  No Are you now living in a government subsidized unit?  
(e.g. Public Housing, Section 8 Voucher, Section 23, or Section 221 (d) (3) subsidized project)

Yes  No Have you ever lived in Public Housing?  
If yes, where \_\_\_\_\_  
Approximate dates: \_\_\_\_\_

Yes  No Have you ever participated in the Section 8 Rental Assistance Program?  
If yes, Name & address of agency \_\_\_\_\_  
Approximate dates: \_\_\_\_\_

Current Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Your past 2 addresses and landlords addresses (do not list your current Landlord):

1. Your Address: _____ _____	2. Your address: _____ _____
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Dates of Occupancy _____	Dates of Occupancy: _____
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Landlord's Name _____	Landlord's Name _____
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Landlord's address _____	Landlord's address _____
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Yes  No Is any member of your household related to any Landlord listed above?  
If yes, please list Landlord name and relationship to household member. \_\_\_\_\_  
\_\_\_\_\_

Yes  No Do you pay your own utilities? If yes, please list information below: \_\_\_\_\_

Company	Address	Account Number

**RELEASE OF INFORMATION:**

I/We hereby give the Fergus Falls HRA/Timber Place Townhomes permission to: (1) obtain information from my previous landlords regarding my tenancy, complaints, damages and housekeeping, (2) request personal references from those persons I have listed on my application, and (3) obtain credit references from the creditors listed on my application.

I/We understand that this information will be used in assessing my eligibility for a low-rent housing unit and that the HRA/Timber Place Townhomes may not be able to provide me with housing if I do not permit landlord, personal reference, and/or credit checks.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list the names of the Cities, States, and Counties you've lived in for the past 5 years**

Street Address	City	State	County

**REFERENCES: Do NOT list relatives or personal friends.**

List three personal references we could contact for a character reference (employers, clergyman, social workers, etc.)

Name	Address	Relationship	Phone

**ADDITIONAL CONTACT INFORMATION:**

List two relatives or friends who generally know how to contact you:

Name	Address	Relationship	Phone

Yes  No Have you or any household member ever been arrested?  
If yes, explain: \_\_\_\_\_

Yes  No Have you or any household member been convicted of a crime?  
If yes, explain: \_\_\_\_\_

Yes  No Have you or any household member ever been convicted of a fraudulent activity against another government Agency?  
If yes, explain: \_\_\_\_\_

Yes  No Are you or any household member currently under investigation for fraudulent activity against another Government agency?  
If yes, explain: \_\_\_\_\_

**WARNING:** Section 1001 of the Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

**APPLICANT CERTIFICATION:**

I/We certify that the information given to the Fergus Falls HRA/Timber Place Townhomes on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I acknowledge that all of the above information is relevant to the qualification under federal income tax law for the low-income housing tax credit. I consent to the disclosure of such information to the housing credit agency or authorized agent thereof and any authorized agent of the Treasury Department or Internal Revenue Service.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Adult: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO APPLICANTS:** If you believe you have been discriminated against, You may call the Fair Housing and Equal Opportunity national toll-free hot line at 800-424-8590. (Within Washington DC metro area call 426-3500.)

# ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ <small>(MM/DD/YYYY)</small>

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____	Unit Number: _____
Property Name: _____	Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains **at least one** occupant who is **not** a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, **STOP** no further information is needed. Sign and date below.*
  
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, **STOP**. Sign and date below. Verification of part time student status is required for at least one occupant.*
  
- C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- |                                                                                                                                                                                                                                                                                                               |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)                                                                                                 | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)                                                                     | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)                                                                                                                                                                                              | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)                                                                                              | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated, **STOP** the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)



**Minnesota Housing Finance Agency  
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"):

**TIMBER PLACE TOWNHOMES  
FERGUS FALLS, MN**

Some of the information you are being asked to provide to Minnesota Housing may be considered private or confidential under 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. Other information may be used to assist Minnesota Housing in 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):

- |                                                                                                                                                                                                                                       |                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, 202 & 811<br><input checked="" type="checkbox"/> Attachment 2 - Housing Tax Credit & Section 1602<br><input type="checkbox"/> Attachment 3 - ARM, NCTC or LMIR First Mortgage | <input checked="" type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF)<br><input type="checkbox"/> Attachment 5 - MARIF and HOPWA<br><input type="checkbox"/> Attachment 6 - HOME |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 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**  
**Housing Tax Credit Program**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status and, where applicable, evidence that student household meets section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Custody of minor children
7. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)
8. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Elderly, disabled or handicapped status of members of your household
6. Marital Status
7. Main Source of Income

**Attachment 4**  
**Minnesota Housing Deferred Loan Programs**  
**(Other than MARIF or HOPWA)**

**Part A**

1. Household composition, legal name(s), age(s) and relationship to the head of household of all household members
2. Gross Annual Household Income
3. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Elderly, disabled or handicapped status of affected members of your household
5. Marital Status
6. Main Source of Income