# Sommerset Acres – Rental Application

**PERSONAL INFORMATION**

Name of applicant(s) (include middle initial)_____
Current address _____
Phone _____ E-mail (optional) _____

Names of other persons to occupy apartment:

_____ _____
_____ _____
_____ _____

Emergency contact person _____ Phone _____
Address _____

**RENTAL HISTORY**

Current landlord _____
Phone _____ Length of time at this address _____

Previous street address _____
Previous landlord _____
Phone _____ Length of time at this address _____

Previous street address _____
Previous landlord _____
Phone _____ Length of time at this address _____

Have you been to court for eviction during the last two years? (circle one) Yes No
If yes, did a judge order you to move as a result? (circle one) Yes No
Explanation/comments: _____
_____
_____

**CREDIT HISTORY**

Please provide the following:

- Social Security Number _____/____/_____
- Individual Taxpayer Identification Number _____/____/_____
- Date of birth _____/_____/_____
- A copy of your credit report obtained from a nationwide consumer reporting agency in the last 30 days (if available)
- Other _____

**IMPORTANT NOTICE TO APPLICANT(S) ABOUT YOUR RIGHTS**: In accordance with state and local fair housing law, the above information is requested solely for the purpose of obtaining accurate information about your credit history and/or rental history. These pieces of information can help ensure that the information obtained pertains to the applicant and not to another person with a similar name. **Disclosure of Social Security Number or date of birth is strictly voluntary. This application shall not be rejected based on your decision to decline to provide a Social Security Number or information about your age, unless such disclosure is required by state or federal law.** If disclosure of Social Security Number is mandated by state or federal law, the landlord shall notify the applicant here _____ of the specific state or federal statute which mandates such disclosure (MGO 32(16)).

## FINANCIAL HISTORY

**Income**

| Source | Amount | Person to contact for verification | Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Bank references**

| | Name of bank | Address | Account number |
|---|---|---|---|
| Savings | | | |
| Checking | | | |
| Other | | | |
| Other | | | |

**Loan and credit payments**

| Type of loan/credit | Amount paid monthly | Institution | Phone number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## MISCELLANEOUS

**Pets are allowed**. Number and type of pet owned by applicant: _____

**Smoking is/is not** (landlord circle one ) **allowed in the rental unit**.

**Are you or any of your household members a Veteran?** _____

**Is any household member a lifetime registered sex offender? (circle one)** **Yes** **No**

I certify that the information on this application is correct to the best of my knowledge. I give the landlord permission to verify all information on this application. I understand that any misrepresentation made on this application is reason for the application to be rejected.

Notice to Applicant: Do you wish to receive a written explanation of a denial of tenancy?
(circle one and initial) Yes No Initials _____

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____
Applicant Signature _____ Date _____

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For landlord use only

**Verification of Rental History**

Current landlord: Name _____ Phone _____ Date Verified _____
Previous Landlord: Name _____ Phone _____ Date Verified _____
Previous Landlord: Name _____ Phone _____ Date Verified _____
Circuit Court _____ Date Verified _____

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SAWYER COUNTY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

| | | |
|---|---|---|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

| | | |
|---|---|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Courts and Post Offices | Welfare Agencies | Retirement Systems |
| Schools and Colleges | State Unemployment Agencies | Banks and other Financial Institutions |
| Law Enforcement Agencies | Social Security Administration | Credit Providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care Provider | Utility Companies |

### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove with other Federal, State, or local agencies, including but not limited to: State Employment Security agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| *Head of Household* | *Print Name* | *Date* |
| _____ | _____ | _____ |
| *Spouse/Co-Tenant* | *Print Name* | *Date* |

1. One pet (dog or cat) may be kept in each apartment. Exceptions may be granted on an individual basis. Heads of household will be responsible for the pet.
2. Every dog or cat must be kept on a leash at all times while outside the apartment and under control of a human.
3. Dogs must have a current dog license and a valid rabies tag. Cats must have current rabies immunizations.
4. Female dogs and cats over six months must be spayed and males over eight months neutered.
5. Every pet must be registered annually at the SCHA office at the time of lease renewal. Registering the pet requires proof of (a) current license, (b) current immunizations, (c) id tag, and (d) verification that the pet has been spayed or neutered.
6. The owner of the pet is responsible for picking up after the pet and disposing of waste properly.
7. No pet may make excessive noise, which disrupts the peace of the complex.
8. Pet owners are liable for any damage caused by the pet.
9. No pet with a history of biting or attacking may be in the complex.

Any tenant who receives three letters on violations and a letter of intent to evict from the SCHA may be required to supply a signed letter stating the pet is no longer on the premises to stop any further legal action by the SCHA.

Three violations of the Pet Policy within a twelve-month period will be grounds for eviction. However, if the third violation is for item 4 or 6 above, and you comply, the violations will be negated.

Pet Security Deposit - $150 per pet.

Forbidden Pets

The insurance company will not cover incidents relating to the dogs listed below so we cannot have them on the premises. This includes any mix of those listed.

- American Staffordshire Terrier
- Pit Bull
- Rottweiler
- Doberman
- Husky
- Malamute
- Any dog with a bite history
- Any mix of the above dogs

Wild animals are not allowed on the property. It is illegal to keep them in captivity. Ferrets are not allowed…

I agree to abide by the above regulations regarding pet ownership while residing in a unit owned by Sawyer County Housing Authority. I have provided the name of someone to care for my pet should I become unable to do so myself.

_____ _____

Tenant Signature Date

Pet Information

1. Pet's name: _____, age: _____

   Type of animal (dog/cat): _____

2. How long have you owned the pet? _____

3. Has your pet lived in rental housing before? _____ if so, where?

   _____

Who will care for your pet if you are unable? _____

Address: _____

Phone: _____