



Office use only:  
 Date and Time Application received:  
 Cashier's Check or Money Order #

CDA Property Address Applying for:  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FOR RENT**

This is a rental application only and does not constitute acceptance of the applicant as a tenant, nor a rental agreement or tenancy relationship between the parties. **A separate rental application is to be completed by each adult.** Inaccurate or falsified information will be grounds for denial of the application or eviction from the premises.

**NON-REFUNDABLE APPLICATION FEE:** \$33.00 for each person 18 years of age or older. The non-refundable application fee is *not a deposit* and *does not apply toward rent*. The application fee is to cover the costs of qualifying the applicant as a prospective tenant. **APPLICATION FEE MUST BE PAID IN CASHIER'S CHECK OR VALID MONEY ORDER only.**

This application fee is being applied to credit and criminal background reports, which provide information relating to prior credit/criminal/rental history. The name and address of the service utilized is Rent Grow 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155-3153. 1-800-898-1351 <http://www.rentgrow.com>  
 You are entitled by law to dispute the accuracy of any information provided on the reports.

**1. Applicant Name (Your Full Legal Name):** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**LIST ALL Other OCCUPANTS who will be living in the unit:**

Full Legal Name:	Relationship:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. RENTAL HISTORY:**

**YOUR PRESENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_, **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Phone Number of Present Landlord: \_\_\_\_\_ Dates of Occupancy: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Phone Number of Landlord: \_\_\_\_\_ Dates of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Landlord: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Phone Number of Landlord: \_\_\_\_\_ Dates of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_

**3. INCOME INFORMATION:**

EMPLOYER NAME & ADDRESS	HOURLY WAGE	AVERAGE # HRS/WK	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOY- MENT BENEFITS WEEKLY	ALL OTHER INCOME (DEFINE)

Please note: verification of income is required. Please provide one month of paystubs and one month of any other source of income listed above.

**4. BANK ACCOUNT INFORMATION:**

Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Checking account#: \_\_\_\_\_ Savings account#: \_\_\_\_\_

5. **In Case of Emergency** - Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone#: \_\_\_\_\_

6. Do you or an adult in your household, speak English? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, do you want free interpreter services during the application process? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what language? \_\_\_\_\_

Requested move in date: \_\_\_\_\_

I understand that I acquire no rights in a rental unit until I sign a Lease Agreement on the rental unit to be held in accordance with the Lease Agreement.

I declare the foregoing to be true under penalty of perjury. I/we agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above.

**Signature of Applicant**

**Date**

\_\_\_\_\_

\_\_\_\_\_





**APPLICANT SCREENING CRITERIA**  
**Scott County Community Development Agency**

A criminal background investigation is required of all applications. Any applicant involved in any violent criminal or drug related activity which occurred within the last 3 years will be denied. Any misdemeanor or minor criminal activity will be reviewed and determined with the application process. Police "service calls" may be verified at the applicant's current and past addresses and may result in the denial of the application.

- Adult applicants must provide original Social Security card, current driver's license (or state issued photo ID card), and birth certificate.
- Each household member, if not a U.S. citizen, must provide official documents verifying immigration status.

All applications are processed by:



177 Huntington Ave, Suite 1703 #74213  
Boston, MA 02155-3153  
(800) 898-1351  
<http://www.rentgrow.com>

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**323 NAUMKEAG ST | SHAKOPEE MINNESOTA | 55379 | SCOTTCDA.ORG**  
**PHONE: (952) 402.9022 | FAX: (952) 496.2852**





Prelease Deposit Agreement

The applicant has paid **\$1,119** to CDA Management a Prelease Deposit of **\$1,119** for the Property Located at: **1211 Taylor St. Shakopee, MN 55379**

Applicant and Management agree to the following terms regarding this deposit:

1. If the information provided by Applicant is verified to Management’s satisfaction and Applicant has an acceptable housing, credit, and criminal history, Management agrees to rent the unit applied for to the Applicant. Management will notify Applicant by telephone within five (5) business days whether the application has been accepted.
2. If the application is accepted, the Applicant agrees to enter into the rental agreement for the unit applied for in a timely manner as directed by Management. All leasing documents must be completed at that time. Upon execution of the rental agreement by the Applicant, the prelease deposit will be applied towards the damage deposit required for the unit in an escrow account. The full amount of the damage deposit for the unit is **\$1,119**
3. If Applicant, after being accepted, fails to enter a rental agreement as provided in paragraph 2 above, Management will retain the full amount of the prelease deposit as liquidated reimbursement for loss of any rent or general costs including administrative and marketing costs and for holding the unit from the market.
4. If the Applicant is not accepted for tenancy, the prelease deposit will be returned within seven (7) days of the notification of application denial.

\_\_\_\_\_  
Scott County CDA

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant





## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State or local agency organization, business, or individuals to release to Scott County Community Development Agency any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher, Public Housing, Rural Development, Workforce Housing and/or any other housing programs administered by the CDA. 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), Rural Development or Minnesota Housing Finance Agency in administering and enforcing program rules and 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 Allowance	Credit and Criminal Activity	

I understand that this authorization will be used to obtain information about me that is 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
Banks and other Financial Institutions	Courts and Post Offices	Welfare Agencies
Credit providers and Credit Bureaus	Law Enforcement Agencies	Retirement Systems
State Unemployment Agencies	Social Security Administration	Utility Companies
Support and Alimony Providers	Medical and Child Care Providers	Schools and Colleges

### 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 that information. HUD, Rural Development or Scott County CDA may in the course of its duties exchange such automated information 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.

### AUTHORIZATION FOR FRAUD INVESTIGATIONS AND AUDITS

I understand and agree that third parties may share information about me with the Scott County CDA for fraud investigations and for conducting Federal or State audits. In addition, I understand and agree that Scott County CDA may share information about me with other government entities to the extent permitted by law or to investigate allegations of fraud by these entities.

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

SIGNATURE	PRINT NAME	DATE
Head of Household		
Spouse		
Adult Member		
Adult Member		
Adult Member		

## YOUR PRIVACY RIGHTS

This sheet tells you about your rights under the Minnesota Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with this agency. Those contacts may be in person, by mail, or on the telephone.

### WHY DO WE ASK YOU FOR INFORMATION?

We may ask you for information so we can:

- Tell you from other persons by the same or similar name.
- Decide if you can get money or services from us and what or how much you can get.
- Collect money from the state or federal government for help we give to you.
- Make reports, do research, audit and evaluate our programs.
- Investigate reports of people who may lie about the help they need.

### DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally, the law does not say you have to give us this information. Federal laws require that you give us your Social Security number and the Social Security number of all members of your household age six or older if you want housing assistance.

### WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from this agency. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

### WHO MAY WE SHARE THE INFORMATION ABOUT YOU WITH?

We may give information about you to the following agencies. This does not mean we always share information about you with these people, but there is a law that says we may share with these people sometimes.

- U.S. Department of Housing and Urban Development
- U.S. Department of Health and Human Services
- Credit bureaus
- County attorney, attorney general, or other law enforcement officials
- Minnesota Department of Human Services
- State and federal auditors
- Other housing authorities

### YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private data about you.
- If the information is unclear, you may ask to have it explained to you.

### WHAT YOU CAN DO IF YOU THINK INFORMATION ABOUT YOU IS NOT ACCURATE OR COMPLETE

Your objection must be in writing and be sent to the head of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts with which you do not agree. For more information on how to do this, ask your agency representative.

### WHAT PRIVACY RIGHTS DO CHILDREN HAVE?

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If this agency agrees with you that not sharing the data would be in your best interest, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

IF YOU HAVE QUESTIONS ABOUT THE INFORMATION ON THIS FORM, ASK YOUR AGENCY REPRESENTATIVE.

Client Signature	Date
------------------	------