

**Boardman Meadows**  
**460 W. 8<sup>th</sup> Street**  
**New Richmond, WI. 54017**  
 715-246-5510

**Property Management:**  
**Ecumen**  
 3530 Lexington Ave. No.  
 Shoreview, MN. 55126  
 (651) 766-4300

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_  
**Time Received:** \_\_\_\_\_  
**Received By:** \_\_\_\_\_

**Application for Housing**

(Equal Housing Opportunity)

*This application must be completed filled out and copies of all Social Security Cards must be attached.*

Applicant Name: \_\_\_\_\_

First Middle Last

Co-Applicant Name: \_\_\_\_\_

First Middle Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_

*Any applicant who purposefully falsified, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.*

**Household Composition**

Complete in your own handwriting. 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.

<i>Member Full Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Sex</i>	<i>Social Security #</i>
	Head				

- OVER -



**Rental Information**

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Co.: \_\_\_\_\_ Tel.#: (\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Co. Address: \_\_\_\_\_

Street City State Zip

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

**Previous Rental Information**

Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Co.: \_\_\_\_\_ Tel.#: (\_\_\_\_) \_\_\_\_\_

Landlord/Mortgage Co. Address: \_\_\_\_\_

Street City State Zip

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Effective June 25, 2001, the U. S. Department of Housing & Urban Development *mandates* owners of Federally-assisted housing to adopt and implement comprehensive policies to screen applicants for the following:

- 1) Prior evictions related to the use of illegal drugs;
- 2) Current or prior drug or alcohol abuse that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents;
- 3) Other criminal activity

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
Have you ever been evicted for the use of illegal drugs?	Yes	or	No
Has management ever begun eviction proceedings or asked you to move ?	Yes	or	No
Have you ever been arrested or convicted of a misdemeanor or felony ?	Yes	or	No
Are you a convicted sex-offender ?	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 programs.
- 4. No record of criminal activity
- 5. Submission of an accurate and complete Rental Application

***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(s): \_\_\_\_\_

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

**Attachments: HUD Form-9887/HUD Form-9887-A  
Income Certification Questionnaire  
Section 214 – Immigration Certification**