

Please Check Apartment(s) for which you are applying:

Menorah Plaza Apartments  
4925 Minnetonka Boulevard  
St. Louis Park, MN 55416  
(952)-927-0460

Menorah West Apartments  
3600 Phillips Parkway  
St. Louis Park, MN 55426  
(952)-933-6538

## APPLICATION FOR ADMISSION

Please print with pen or use typewriter. All questions must be answered before application can be accepted.

### I. Applicant #1 (Head of Household)

Name \_\_\_\_\_

Present Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Car Make/Model \_\_\_\_\_ License # \_\_\_\_\_

### Applicant #2

Name \_\_\_\_\_

Address (if Different) \_\_\_\_\_ Apt.# \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Relationship to App. # 1 \_\_\_\_\_

### II. In case of Emergency Notify:

Name \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Relationship \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Hospital \_\_\_\_\_

Names of relatives or friends whom you wish to list:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please indicate your past landlord.

Place of residence \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Residence \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

**III. Verification of Legal Right to be in the United States**

Do you have a legal right to be in the United States?

- Yes, because I am a United States citizen.
- Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)
- No.

If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.

**IV. Your rent is based on your income. Please complete the following financial information.**

Are you presently employed? Applicant #1 \_\_\_\_\_ Applicant #2 \_\_\_\_\_

If yes, where? Name of Firm \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

Have you given or disposed of any assets during the past two (2) years? (i.e. house, money)

\_\_\_\_\_ yes \_\_\_\_\_ no  
If so, please indicate amount and to whom: \_\_\_\_\_  
Why? \_\_\_\_\_

Do you receive any monetary gifts or non-cash contributions (i.e. food, clothing) on a regular basis?

\_\_\_\_\_ yes \_\_\_\_\_ no

Please indicate the cash value of any assets you may have.

APP #1	APP #2	
\$ _____	\$ _____	Cash on Hand
\$ _____	\$ _____	Savings Bonds
\$ _____	\$ _____	Property (house, rental equity)
\$ _____	\$ _____	Interest/Dividends
\$ _____	\$ _____	Annuities
\$ _____	\$ _____	Stocks. Please indicate type _____

Please indicate the monthly income you receive.

App #1	App #2	
\$ _____	\$ _____	Social Security/Month
\$ _____	\$ _____	Supplemental Security Income (SSI)/Month
\$ _____	\$ _____	Minnesota Supplemental Aid (MSA)/Month
\$ _____	\$ _____	Pension (example V.A.)/Month
\$ _____	\$ _____	Alimony/Month
\$ _____	\$ _____	Family Contributions/Month
\$ _____	\$ _____	Disability Benefits/Month
\$ _____	\$ _____	Other Income. Please indicate whether monthly or annual.

Please list all bank accounts and whether the account is a checking, savings, certificate of deposit, individual retirement account (IRA) etc... Use additional pages if necessary.

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_  
Account # \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
Does your account earn interest? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, what percent (%) \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_  
Account # \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
Does your account earn interest? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, what percent (%) \_\_\_\_\_

Name of Bank \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Type of Account \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 Does your account earn interest? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, what percent (%) \_\_\_\_\_

**V. Medical Expenses (not covered by insurance)**

App #1	App #2	
\$ _____	\$ _____	Medicare
\$ _____	\$ _____	Health Insurance. Specify _____
\$ _____	\$ _____	Dentist/Physicians including Podiatry and Chiropractic
\$ _____	\$ _____	Glasses/Hearing aids, Batteries
\$ _____	\$ _____	Medical aids (diabetic or incontinence needs)
\$ _____	\$ _____	Pharmacies
\$ _____	\$ _____	Co-payments
\$ _____	\$ _____	Medical Assistance (amount of spend down)
\$ _____	\$ _____	Other Medical Expenses _____

**WARNING: Section 1001 of 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 United States as to any matter within its jurisdiction.**

**VI. Certification**

I/We certify that the above information is true and complete to the best of my/our knowledge. **I/We understand that this is my/our responsibility to report to Management any change in my income and assets whenever they occur.** I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/We authorize Menorah Plaza Housing Corp., Knollwood Community Housing Corp. (d/b/a) Menorah West Apartments, to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We understand that false statements or information are punishable under federal law.

Signature \_\_\_\_\_

Date \_\_\_\_\_  
**HEAD OF HOUSEHOLD**

Signature \_\_\_\_\_

Date \_\_\_\_\_  
**SPOUSE**

Signature \_\_\_\_\_

Date \_\_\_\_\_  
**OWNER/, MANAGER REPRESENTATIVE**

**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for subsidized/-assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other tenants.

Menorah Plaza Housing Corp., Knollwood Community Housing, Corp., (d/b/a) Menorah West Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

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1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past 2 years?  yes  no
  2. Do you currently use illegal drugs or abuse alcohol?  yes  no
  3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  yes  no
  4. Have you been convicted of any drug-related crime within the past five years?  yes  no
  5. Have you been convicted of any felony within the past five years?  yes  no
  6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
 yes  no
  7. Have you been convicted of any crime involving violence within the past five years?  
 yes  no
  8. Are you currently charged with any of the above criminal activities?  yes  no
  9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s) \_\_\_\_\_
- 

10. Have you ever used or been known by any other name?  yes  no  
If yes, please list names used.
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I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Menorah Plaza Housing Corp., Knollwood Community Housing Corp., (d/b/a) Menorah West Apartments to verify the above information, and I consent to the release of necessary information to determine my eligibility

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Menorah Plaza Housing Corp., Knollwood Community Housing Corp., (d/b/a) Menorah West Apartments to conduct criminal background checks.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT) \_\_\_\_\_