



Menorah West and Harry & Jeanette Weinberg Apartments

Date _____ Time _____ Method _____ Initials _____

APPLICATION

Menorah West, and Weinberg Apartments do not discriminate against applicants based on race, sex, age, religion, national origin, familial status, or handicap. Applications are processed according to current HUD and Tenant Selection Plan guidelines in the order received. A letter regarding status will be sent within 30 days of receipt of the fully completed application.

Check the location(s) you are applying to, and return complete application by mail or in person to any location.

☐ Weinberg Apartments

760 Perlman Street

Saint Paul, MN 55102

Attn: Occupancy Manager

☐ Menorah West

3600 Phillips Parkway

Saint Louis Park, MN 55426

Attn: Occupancy Manager

Please print in ink. **ALL** questions must be answered and the application signed before application can be processed.

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 Plate _____

Applicant 2

Name _____

Address (if different) _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone # (_____) _____ Social Security # _____ - _____ - _____

Birthdate _____ - _____ - _____ Age _____ Sex _____ Marital Status _____

Car Make/Model _____ License Plate _____

Relationship to App. # 1 _____

II. In case of Emergency notify:

Name _____ Telephone # (_____) _____

Address _____ Apt. # _____ Relationship _____

City _____ State _____ Zip Code _____

Physician Name _____ Telephone # _____

Address _____ Zip _____ Hospital _____

Names of relatives or friends whom you wish to list:

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

Previous landlord information – Please sign the enclosed verification letter. It will not be sent to your landlord until we call you to verify that you are ready to move.

Current place of residence _____
Address _____
Dates of Residence _____
Landlord Name _____
Address (if different) _____
Phone (_____) _____ Fax (_____) _____

Previous place of residence _____
Address _____
Dates of Residence _____
Landlord Name _____
Address (if different) _____
Phone (_____) _____ Fax (_____) _____

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. Verification of Financial Information (rent is based on income)

Are you presently employed?

Applicant 1 ☐ Yes ☐ No

Applicant 2 ☐ Yes ☐ No

Applicant 1

Name of Firm _____ Supervisor _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

Applicant 2

Name of Firm _____ Supervisor _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

List the cash value of all assets you fully or partially own.

	Applicant 1	Applicant 2
Cash on Hand _____	\$ _____	\$ _____
Savings Bonds _____	\$ _____	\$ _____
Property _____	\$ _____	\$ _____
Interest/Dividends _____	\$ _____	\$ _____
Annuities _____	\$ _____	\$ _____
Stocks _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

List all of the monthly income you receive.

	Applicant 1	Applicant 2
Monthly Social Security	\$ _____	\$ _____
Monthly Supplemental Security Income	\$ _____	\$ _____
Monthly Minnesota Supplemental Aid	\$ _____	\$ _____
Monthly Pension (employer, VA, etc.)	\$ _____	\$ _____
Monthly Alimony	\$ _____	\$ _____
Monthly Family Contributions	\$ _____	\$ _____
Monthly Disability Benefits	\$ _____	\$ _____
Other Monthly Income	\$ _____	\$ _____
Other Annual Income	\$ _____	\$ _____

List ALL bank accounts and whether the account is a checking, savings, certificate of deposit, money market, individual retirement account (IRA), etc. Use additional pages if necessary.

Name of Bank _____ Account # _____
 Address _____ City _____ State _____ Zip _____
 Type of Account _____ Balance \$ _____ Cash Value \$ _____
Does this account: Earn interest? ☐ Yes _____% ☐ No **Provide income?** ☐ Yes \$ _____ ☐ No

Name of Bank _____ Account # _____
 Address _____ City _____ State _____ Zip _____
 Type of Account _____ Balance \$ _____ Cash Value \$ _____
Does this account: Earn interest? ☐ Yes _____% ☐ No **Provide income?** ☐ Yes \$ _____ ☐ No

Name of Bank _____ Account # _____
 Address _____ City _____ State _____ Zip _____
 Type of Account _____ Balance \$ _____ Cash Value \$ _____
Does this account: Earn interest? ☐ Yes _____% ☐ No **Provide income?** ☐ Yes \$ _____ ☐ No

Have you given away or disposed of any assets during the past two (2) years? (i.e. house, money) ☐ Yes ☐ No

If so, please indicate amount and recipient: _____

Reason? _____

Do you receive monetary gifts or non-cash contributions (i.e. food, clothing) on a regular basis? ☐ Yes ☐ No

Explain _____

V. Medical Expenses (not covered by insurance)

	Applicant 1	Applicant 2
Medicare	\$ _____	\$ _____
Health Insurance _____	\$ _____	\$ _____
Doctor/Dentist/Podiatrist/Chiropractor	\$ _____	\$ _____
Glasses/Hearing Aids & Batteries	\$ _____	\$ _____
Medical Aids (Diabetic, Incontinence, etc.)	\$ _____	\$ _____
Pharmacy/Over the Counter Expenses	\$ _____	\$ _____
Medical Copayments	\$ _____	\$ _____
Medical Assistance Spend Down	\$ _____	\$ _____
Other Medical Expenses not listed above	\$ _____	\$ _____

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 the information provided here is true and complete to the best of my/our knowledge. I /We understand it is my/our responsibility to report to Management changes in income and/or assets as soon as 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 this information is being collected to determine my/our eligibility for assistance. I/We authorize: Sholom St. Paul Senior Housing, Inc. (d/b/a) Harry & Jeanette Weinberg Apartments and Knollwood Community Housing Corp (d/b/a) Menorah West; to verify all information provided on this application and to contact previous or current landlords or other sources for verification and credit information which may be released to appropriate Federal, State or local agencies. I/We understand false statements or information are punishable under federal law.

Signature_____

APPLICANT 1 - HEAD OF HOUSEHOLD

Date_____

Signature_____

APPLICANT 2

Date_____

Signature_____

OWNER/MANAGER REPRESENTATIVE

Date_____

Menorah West and the Harry and Jeanette Weinberg Apartments are designated as Independent Living apartments, which have a lease arrangement with HUD and Sholom.

- **Weinberg Apartments:** These accessible apartments are for lease to tenants 62 and older. Home care services can be set up by tenants living in these apartments, and can be arranged by contacting Sholom Home Care or any licensed home care agency chosen by the tenant.
- **Standard or Accessible Apartments-Menorah West** – These apartments are for lease to tenants 62 and older. Home care services are available (but not required) to tenants living in these apartments, and can be arranged by contacting Sholom Home Care or an agency chosen by the tenant.

Please check the apartment type(s) that best meet your needs so you can be placed on the appropriate waiting list(s):

Weinberg (62+ only) ☐ Accessible 1 BR

Menorah West (62+ only) ☐ Standard 1 BR
 ☐ Accessible 1 BR

If you are interested in talking to a staff member in home care about the services that are available through Sholom, please call 952-653-3690 in St. Louis Park or 651-328-2000 in St. Paul.

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## **CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal law requires us to gather drug, criminal, and sex offender registration background 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, and then sign their consent so that we may complete a background check. This may include credit information as well. These questions ask for information regarding drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other tenants or affect building management.

Sholom St. Paul Senior Housing, Inc. (d/b/a) Harry & Jeanette Weinberg Apartments; Knollwood Community Housing Corp (d/b/a) Menorah West; will deny the application of any applicant who does not provide complete, accurate information on this form or does not consent to a background check.

1. ☐ Yes ☐ No Have you been evicted from a federally assisted site for drug-related criminal activity within the past 2 years?
2. ☐ Yes ☐ No Have you ever been evicted from any rental property for non-payment of rent?
3. ☐ Yes ☐ No Do you currently use illegal drugs or abuse alcohol?
4. ☐ Yes ☐ No Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
5. ☐ Yes ☐ No Have you been convicted of any drug or alcohol related crimes in the past ten years?
6. ☐ Yes ☐ No Have you been convicted of any felony within the past ten years?
7. ☐ Yes ☐ No Have you been convicted of a crime involving fraud/dishonesty in the past ten years?
8. ☐ Yes ☐ No Have you been convicted of any crime involving violence within the past ten years?
9. ☐ Yes ☐ No Are you currently charged with any criminal activities?
10. **Please list ALL states you have ever lived in or held a driver's license (include DL numbers)**

11. Have you ever used or been known by any other name? ☐ Yes ☐ No

List names used \_\_\_\_\_

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 application and/or lease. I authorize Sholom St. Paul Senior Housing, Inc. (d/b/a) Harry & Jeanette Weinberg Apartments; Knollwood Community Housing Corp (d/b/a) Menorah West; to verify the above information, and I consent to the release of necessary information to determine my eligibility

I authorize HireRight; RealPage; federal, state, and local agencies; law enforcement agencies; and any contacts provided on my application to release criminal records, credit information, and/or sex offender registration information to Sholom St. Paul Senior Housing, Inc. (d/b/a) Harry & Jeanette Weinberg Apartments; Knollwood Community Housing Corp (d/b/a) Menorah West; and/or Menorah Plaza Housing Corp (d/b/a) Menorah Plaza to conduct background checks.

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

PRINT NAME \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Return completed application either by mail or in person to the following location:**

☐ Weinberg Apartments  
760 Perlman Street  
Saint Paul, MN 5510  
Attn: Occupancy Manager

☐ Menorah West  
4925 Minnetonka Boulevard  
Saint Louis Park, MN 55416  
Attn: Housing Specialist  
952-653-3683