



Housing & Redevelopment Authority of Pequot Lakes

West Grove Townhomes - Sibley Terrace - Parkview I & II - Alpine Apts.

Welcome to ***West Grove Townhomes***, Pequot Lakes Housing Authority's only market rate site.

West Grove Townhomes are beautiful patio style homes situated in the heart of Pequot Lakes. West Grove was developed by the Housing authority of Pequot Lakes and carefully constructed by NorSon Construction Company for the mature renter who is looking for transitional housing.

Each townhome is appointed with spacious living areas, patio and attached garage as well as a private entry. Townhomes are equipped with all appliances including dishwasher, washer and dryer.

Current rental rates for the 1bd unit are \$690 per month plus utilities. The 2bd units rent for \$790 plus utilities. The Housing Authority will provide grounds keeping, snow removal and trash services provided by Pequot Sanitation.

The Housing Authority wishes to thank you for your interest in our West Grove Townhomes located in beautiful Pequot Lakes.

*West Grove Townhomes is a smoke free living facility

**Housing & Redevelopment Authority
of Pequot Lakes
West Grove Townhomes
Rental Application**



Application Date _____	Time _____
I/We understand that before obtaining keys, I/we will sign a lease and pay in full the security deposit and rent for the first month. I/We also understand that I/we are responsible for making all necessary arrangements for utility services to my rental unit.	
Applicant: Full Legal Name (Last, First, Full Middle)	
Phone #:	
Social Security #	*Date of Birth:
Driver's License #	
Spouse/Co-Head: Full Legal Name (Last, First, Full Middle)	
Social Security #	*Date of Birth
Driver's License#	
Present Address: Street, Apt #	*From-To:
City, State, Zip Code:	
Present Landlord or Apt Complex:	*Phone:
Reason For Leaving:	*Rent Paid:
Former Address: Street, Apt #	*From-To:
City, State, Zip Code:	
Former Landlord or Apt Complex:	*Phone:
Reason For Leaving:	*Rent Paid:
Applicant: Source of Income: (Social Security/SSI/Pension/Employment/IRA Income)	\$ Gross Amount:
	\$
	\$
Spouse/Co-Head: Source of Income: (Soc. Sec./SSI/Pension/Employment/IRA Income)	Gross Amount:
	\$
	\$
Auto #1 Year, Make, Model, Color	License #
Payments: \$ _____ Paid To: _____	
Auto #2 Year, Make, Model, Color	Lice nse #
Payments: \$ _____ Paid To: _____	
Bank #1: Name, Location	
Type of Accounts: (Circle) Checking Savings Loan(s) Certificate of Deposit(s) Other _____	
Please list below other assets such as Stocks, Bonds, Money Market , Mutual Funds, Real Estate, Annuities, etc.	
Other Assets:	

Bank #2: Name, Location

Type of Accounts: (Circle) Checking Savings Loan(s) Certificate of Deposit(s) Other

Please list below other assets such as Stocks, Bonds, Money Market, Mutual Funds, Real Estate, Annuities, etc

Other Assets:

Name of Personal Reference: (Non-Relative) | Phone:

Address, City, State, Zip Code:

List All Occupants:	Relation	Date of Birth:
Additional Information	# of Pets	Dog/Cat

APPLICANT/SPOUSE/CO-HEAD CERTIFICATION

I/We certify this housing is /will be my (our) permanent residence.

I/ We certify the information given to the Pequot Lakes Housing Authority on house hold composition, income, net family assets, and allowances and deductions, is accurate and complete to the best of my (our) knowledge and belief. I/We understand that false information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of tenancy.

I/We understand and agree that this application is not a lease and that it may be accepted or rejected by the Leasor. I/We understand that authorization will be given to the Leasor to obtain all information available from organizations for the purpose of review of our credit, criminal and rental history and any other public records.

I/We authorize RHR Information Services, Inc. (RHR) and/or the above named company to do complete investigation of all information provided within my application for residency. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: Credit Report, Verification of Employment and Income, Criminal Record Search, Rental History References (including MPHA), Unlawful Detainer/Eviction Investigation, Identity Trace, Sex Offender Search, Terrorism Search, Check Writing History and Person Interviews with all provided references. The source of the information may come from, but is not limited to credit bureaus, banks and other depository institutions, current and former employers, federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources as required. It is understood that a photo copy or facsimile copy of the form will serve as authorization. I/We understand I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit grantor Federal and State records of employment and income history, including State Employment Security Agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year.

The Pequot Lakes Housing & Redevelopment Authority does not discriminate on the basis of race, color, religion, sex, handicap, familial status or national origin.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777. A toll-free number for the hearing impaired is 1-800-927-9275.

Signature of Applicant

Date

Signature of Spouse/Co-Head

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.