



Nellie Francis Court

2285 Hillcrest Ave | St. Paul, MN 55116

Rent Amounts:

Studio: \$995

One Bedroom: \$1,087-\$1,320

Two Bedroom: \$1,272-\$1,552

Application Fee: \$45 Per Adult

Security Deposit: Equal to One Month's Rent

Return completed packet and supporting documents to:

MetroPlains Management

1405 Lilac Dr, Suite 100A
Golden Valley, MN 55422

Email: nelliefrancis@metroplains.com

Phone Number: 651-356-3195

MUST INCLUDE A COPY OF SOCIAL SECURITY CARD, DRIVERS LICENSE, AND 6 MOST RECENT PAYSTUBS FOR EVERY OCCUPANT

Nellie Francis Court, LP Affordable Housing Rental Eligibility Criteria

RENTAL HISTORY

- Poor rental history may be cause for denial.
- Unlawful Detainers within the last 24 months may be cause for denial.
- History of damage or monies owed to previous landlord may be cause for denial.

INCOME GUIDELINES

- Household income **must not exceed** the following based on household size:
 - 30% AMI (Area Median Income)
 - 40% AMI (Area Median Income)
 - 50% AMI (Area Median Income)
 - 60% AMI (Area Median Income)
- Combined household income must be at least:
 - 2 X the amount of rent
 - 2.5 X the amount of rent

CREDIT HISTORY

- Poor credit history is not a disqualifier
- Balance due to past landlord and/or utilities may disqualify an applicant

OCCUPANCY GUIDELINES

- Please note that these are the **minimum and maximum** number of people who may occupy apartments with the number of bedrooms noted.
 - Efficiency 1-2 occupants
 - 1 Bedroom 1-2 occupants
 - 2 Bedroom 2-4 occupants
 - 3 Bedroom 3-6 occupants

STUDENT STATUS

- Households where all of the members are full-time students (as defined by the educational institution) are not eligible unless they meet one of five exceptions. This is true for the entire duration of residency.

FALSE INFORMATION

- Discovery of false information on an application will lead to automatic denial of the application.
- Discovery of false information post occupancy may result in an Unlawful Detainer Action.

CRIMINAL HISTORY –PLEASE SEE ATTACHED CRITERIA MATRIX

- Nellie Francis Court, LP will not deny application based solely on arrests or dismissed charges.
- If applicant's criminal record cannot be classified or adequately described by the screening agency, Nellie Francis Court, LP may seek additional information from the applicant.
- Nellie Francis Court's guidelines are based on statutes, regulations, and studies.
- Nellie Francis Court, LP will deny applicants who are the subject of open charges or active warrants with the exception of misdemeanors, such as minor moving violations, failure to pay transit fair, loitering, or like convictions or charges.
- Applicants whose applications are rejected on the basis of criminal background will be offered the opportunity to dispute the rejection. The Director of Property Management (or designee) will review the dispute and then decided to accept or reject the application based on this policy.

DESCRIPTION	FELONY	GROSS MISDEMEANOR/ MISDEMEANOR	PETTY MISDEMEANOR
Very High Risk Convictions			
Murder, voluntary manslaughter, and involuntary manslaughter.	10 years	10 years	N/A
Under any jurisdiction's sex offender registration program or the national sex offender registration system – Sex Offender Registration and Notification Act (SORNA)	All Years while registered	All Years while registered	All Years while registered
First to three degree sexual assault, child pornography	10 years	10 years	N/A
Arson, Trafficking, smuggling, manufacturing, distributing, terrorism, blackmail, extortion, racketeering, organized crime.	10 years	10 years	N/A
Drug Convictions			
Purchase, maintain place for drug use, possession of controlled substances (heroin, meth, cocaine, etc.—not marijuana).	7 Years	3 Years	3 Years 2 convictions (5 Years)
Possession of marijuana, possession of drug paraphernalia.	5 Years	Pass	pass
Violence Related Convictions			
Assault, battery, deadly conduct, endangering/ injury to child or elderly, abuse, domestic violence, kidnapping, robbery.	7 Years	3 Years	1 Years 2 convictions (3 Years)
Affray, menacing, reckless endangerment, and terroristic threats, disorderly conduct.	5 Years	3 Years	1 years 2 convictions (3 Years)
Sex Related Convictions			
Fourth and fifth degree sexual assault, stalking/cyber stalking, failure to register as sex offender, indecent exposure, peeping, voyeurism, exhibitionism.	7 Years	5 Years	3 Years 2 convictions (5 Years)
Property Related Convictions			
Breaking & entering, burglary, criminal damage, grand larceny, malicious injury to property, receiving stolen property, criminal mischief, theft, aid and abet theft, petty theft, shoplifting, tampering, vandalism.	7 Years	3 Years	1 Years 2 convictions (3 Years)
Fraud Related Convictions			
Counterfeiting, credit card abuse, embezzlement, forgery, identity theft, insurance fraud, obtain by false pretenses, welfare fraud.	3 Years	Pass	Pass
Weapons Related Convictions			
Discharging firearm, felon possessing firearm, manufacture destructive device, negligent use of weapon.	7 Years	5 Years	3 Years 2 convictions (5 Years)
Brandishing weapon, carrying concealed weapon, no gun permit.	5 Years	3 Years	1 Years 2 convictions (3 Years)
Computer/Telecommunication Related Convictions			
Including damage to computer software, hacking, wiretapping, improper telephone usage, use or possession of access device.	3 Years	1 Years	Pass
Family Relations Related Convictions			
Abandonment, abuse, endangering a child, injury to child.	7 Years	3 Years	1 Years 2 convictions (3 Years)
Contributing to the delinquency, harboring a runaway child.	2 Years	1 Years	Pass
Public Justice Related Convictions			
Assault on police officer, deliver drugs/weapons to prisoner, escape.	10 Years	5 Years	3 Years 2 convictions (5 Years)
Bribery, disobeying a police officer, failure to appear, contempt of court, probation violation, misuse of 911, fleeing police, hindering apprehension, obstruction of justice, resisting arrest.	5 Years	3 Years	1 Years 2 convictions (3 Years)
Providing false name/ID/info to police.	Pass	Pass	Pass
Public Order Related Convictions			
Criminal engagement in rioting, fighting, hit and run, harassment, disturbing the peace, loitering (with intent), violation of OFP/harassment order.	5 Years	3 Years	1 Years 2 convictions (3 Years)
Disorderly house, crime against transit operations.	3 Years	1 Years	Pass
Animal Related Convictions			
Animal bite or attack, dog fighting.	5 Years	3 Years	1 Years 2 convictions (3 Years)
Transportation Related Convictions			
Criminal vehicular operation causing destruction to property or endangerment to persons	5 Years	3 Years	1 Years

If an applicant is denied housing by Nellie Francis Court, LP, the applicant will be notified by Nellie Francis Court, LP via mail within 10 business days. If an applicant is denied housing by Nellie Francis Court, LP based on criteria the applicant may be eligible for Nellie Francis Court's Waiver of Rental Criteria if certain requirements are obtainable.

Nellie Francis Court, LP does not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, public assistance, ancestry, sexual or affectation orientation, or age.

Applicant Signature: _____ Date: _____

Household Questionnaire

Certification Effective Date: <input type="checkbox"/> Move-in (MI) _____ <input type="checkbox"/> Annual Recert (AR) _____ <input type="checkbox"/> Interim Recert (IR) _____ <input type="checkbox"/> Resume subsidy (IC) _____ <input type="checkbox"/> Other Cert/Add HH Member _____	Household qualifies for the following program(s): <input type="checkbox"/> Section 8 <input type="checkbox"/> Section 236 <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> Section 811 <input type="checkbox"/> HOME <input type="checkbox"/> MARIF <input type="checkbox"/> NHTF <input type="checkbox"/> Other _____	Date Application Rec'd: _____ Time Application Rec'd: _____ Rent Amount: \$ _____
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Property Name _____ **Bldg/Unit #** _____

Household Composition

Applicants/residents, complete this questionnaire in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.** If this questionnaire is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number (not required for agency deferred loans (except MARIF), HTC, HOME, or NHTF)
1					
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Disclosure of Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amt.
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) Benefits are received by (circle one) direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Questionnaire

Disclosure of Household Assets

	YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
	<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts	\$
	<input type="checkbox"/>	<input type="checkbox"/>	23. Cash cards used to receive government benefits or other income	\$
	<input type="checkbox"/>	<input type="checkbox"/>	24. Online or app accounts such as GoFundMe, Kickstarter, Fundly, local bank, Venmo, CashApp, etc.	\$
	<input type="checkbox"/>	<input type="checkbox"/>	25. US Savings Bonds	\$
	<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
	<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
	<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
	<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
	<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
	<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity.	\$
	<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market or Mutual Funds	\$
	<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
	<input type="checkbox"/>	<input type="checkbox"/>	35. Stocks	\$
	<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
	<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
	<input type="checkbox"/>	<input type="checkbox"/>	38. Other (include cash on hand) _____	\$

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

	YES	NO	QUESTION	Value
	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? If yes, list address(es): _____	\$
	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed?	\$
	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$
	<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person (e.g., real estate, coin collections, etc.)? List person, asset(s) and percentage of ownership. _____	

DO NOT LEAVE THIS SECTION BLANK.

From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email
		See next attached page.	

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

From 1-42, income and assets above.

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact Name & Phone/Fax Number
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Household Questionnaire

Deductions and Allowances For Section 8/236 HUD programs only

A. Day Care Amount

Do you have childcare expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? Yes No \$ _____

If yes, name and address of provider _____

\$ _____ paid per month. Is any portion paid by another person or agency? Yes No

If yes, name and address of provider _____

Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work? Yes No \$ _____

If yes, name and address of provider _____

\$ _____ paid per month. Is any portion paid by another person or agency? Yes No

If yes, name and address of provider _____

B. Medical – Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.

Do you have Medicare? Yes No \$ _____

Do you have any other kind of medical insurance? Yes No \$ _____

If yes, name and address of insurer _____

Do you receive medical assistance? If yes, do you have a monthly spend-down? Yes No \$ _____

Do you pay for prescription medication? Yes No \$ _____

Name and address of pharmacy: _____

Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)? Yes No \$ _____

Do you have any outstanding medical bills on which you are paying? Yes No \$ _____

If yes, indicate the types of bills owed: _____

Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense: _____

Name and facility where this can be verified: _____

Doctor's name and address: _____

Please bring receipts for your non-prescription medication.

Household Questionnaire

I/We hereby certify that I/We Have Have not sold or given away any assets for **less than Fair Market Value** during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____ _____		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ **Date:** _____



ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)


This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
Property Name _____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked,  no further information is needed. Sign and date below.*
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. _____ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- | | | |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated,  the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

BACKGROUND CHECK CONSENT AND RELEASE OF INFORMATION

ADDRESS/COMMUNITY APPLYING FOR: _____

I authorize Nellie Francis Court, LP to do a complete investigation and verification of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Information from Public Agencies, Income Verification Rental History References, Personal Interviews with references, and other information relevant to this application for residential tenancy. Background check completed by: Yardi Resident Screening, 400 5th Ave., Suite 120, Waltham, MN 02451, RS_applicationinformation@yardi.com, (800)-736-8476.

**All applicants over the age of 18 must sign this consent and release form*

_____ Applicant #1 Name	XXX-XX-_____ Social Security #	_____ Date of Birth
_____ Applicant #1 Signature		_____ Today's Date

_____ Applicant #2 Name	XXX-XX-_____ Social Security #	_____ Date of Birth
_____ Applicant #2 Signature		_____ Today's Date

_____ Applicant #3 Name	XXX-XX-_____ Social Security #	_____ Date of Birth
_____ Applicant #3 Signature		_____ Today's Date

_____ Applicant #4 Name	XXX-XX-_____ Social Security #	_____ Date of Birth
_____ Applicant #4 Signature		_____ Today's Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

NELLIE FRANCIS COURT, LP RENTAL APPLICATION

Applicant Name	D/O/B	SSN#	Relationship
Current Address (Street, Apt. #, City, State, Zip Code)			
Driver License Number	State Issued	Phone #	Email Address
Co-Applicant Name			
	D/O/B	SSN#	Relationship
Current Address (Street, Apt. #, City, State, Zip Code)			
Driver License Number	State Issued	Phone #	Email Address

Additional Family Members

Name	D/O/B	SSN#	Relationship to HEAD
Name	D/O/B	SSN#	Relationship to HEAD
Name	D/O/B	SSN#	Relationship to HEAD
Name	D/O/B	SSN#	Relationship to HEAD

Emergency Contact (not living in unit)

Name	Phone
Address	

Rental History (at least 2 years)

1. Move in Date	Move out Date	Rent Amount
Current Address		
	City	State Zip
Landlord's Name		Phone
2. Move in Date	Move out Date	Rent Amount
Previous Address		
	City	State Zip
Landlord's Name		Phone

Employment/Income Information (for the past year)

Current Employer or Income Source	Monthly Amount
Address	
Supervisor's Name	Phone

Bank or Credit Reference

Name of Bank or Credit	Account#
Name of Bank or Credit	Account#

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain _____

Have you or anyone in your household been convicted of sexual charges? Yes _____ No _____

If yes, please explain _____

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes _____ No _____

If yes, please explain _____

Have you ever lived in any other state besides MN? Yes _____ No _____

If yes, which state _____ what Year(s) _____

Signature (please read and understand)

I certify that to the best of my knowledge the information given above is true and correct. I also understand that by signing this application I AM GIVING PERMISSION FOR NELLIE FRANCIS COURT, LP TO INVESTIGATE, ON MY BEHALF, MY CREDIT, CRIMINAL AND RENTAL HISTORY.	
Signed _____	Date _____
Signed _____	Date _____

Nellie Francis Court, LP Notice of Privacy Practices

(Revised June 1, 2018)

This Notice describes how Nellie Francis Court, LP may use and disclose information about you that is private under state law, and how you can obtain this information. Please review it carefully. You have the right to either a paper or an electronic copy of this notice.

Why do we ask for information about you?

We ask for this information to:

- Work with you to meet your goals
- Decide if you are eligible for Nellie Francis Court, LP services and/or housing
- Refer and/or help you obtain other services or benefits
- Receive grants, funding and collect payment for services
- Make reports, do research, do audits and evaluate our services

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you intentionally give us wrong or misleading information you could be investigated and charged with fraud.

With whom may we share information?

In most cases, we will not release information about you without your written consent. We will ask for this consent annually. You can stop the consent any time, but it will not change information we have already given with your consent.

Can Nellie Francis Court, LP share my information without a release?

The law permits or requires us to share information without a release to the following:

- Employees, contractors, volunteers, or others who are working with us to provide services
- In response to a subpoena or court order
- Auditors, investigators and others who do quality of care reviews or for legal actions related to managing human services programs or other legal issues
- When an individual's health or safety is in danger
- Reporting abuse or neglect of a child or vulnerable adult
- When you are sharing information within the welfare system as part of providing service for the Individual
- Personnel of programs that pay for your services
- Guardians, conservators or persons with power of attorney
- Courts, credit bureaus, creditors or collection agencies if you do not pay fees or rent you owe to us
- Anyone else to whom state or federal statutes and regulations says we must or can give the information

What are your rights regarding the information we have about you?

You and persons you have given permission to may see and copy information we have about you. You may have to pay for copies of the information.

You may question if the information we have about you is correct. Tell us in writing why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will respond to you in writing about our decision to amend or not amend your records. We will attach your explanation any time information is shared with another agency.

You have the right to get a record of some of the people or organizations with whom we have shared your information in the last seven years.

We will protect the privacy of your information according to the terms of this notice. We will follow the terms of this notice, but we reserve the right to change this notice or may change our privacy policy from time to time.

What if you believe Nellie Francis Court, LP has violated your privacy rights?

Nellie Francis Court, LP has a Grievance Procedure if you have a concern or question about a Nellie Francis Court, LP decision, how you have been treated, or feel your privacy rights have been violated. You cannot be denied service or be made the subject of retaliation because you have made a complaint. If you believe that Nellie Francis Court, LP has violated your privacy rights, you can contact:

Nellie Francis Court, LP Privacy Official – Chief Financial Officer
1035 E Franklin Ave, Minneapolis, MN 55404
612-455-5100

I acknowledge that I have received this *Notice of Privacy Practices* and been made aware of Nellie Francis Court’s *Grievance Procedure*. I have had the opportunity to review them and ask questions.

Participant Name (signature): _____ Date: _____

Participant Name (print): _____

Minors (under 18 years) who are also covered under this **Notice of Privacy Practices:**

Minor Name (print): _____

Minor Name (print): _____

Minor Name (print): _____

Minor Name (print): _____

Minor Name (print): _____