



12800 Arbor Lakes Parkway, P.O. Box 1180, Maple Grove, MN 55311-6180 763-494-6000

December 1, 2014

**RE: Scattered Site Rental Housing Program
2 Bedroom Vacancy**



The City of Maple Grove will be accepting applications for a 2 bedroom unit in the Scattered Site Rental Housing Program. **APPLICATIONS WILL BE ACCEPTED MONDAY, DECEMBER 8, THROUGH FRIDAY, DECEMBER 12, 2014 BETWEEN THE HOURS OF 8:30 A.M. AND 4:00 P.M. TO BE CONSIDERED FOR THE VACANCY/WAITING LIST. Applicants are then selected on a lottery basis and placed on a waiting list.**

2 BEDROOM TWIN HOME			
RENT: \$625 per month. In addition to rent, tenant will pay gas and electric utilities and a \$500 security deposit. Renters insurance is required.			
OCCUPANCY REQUIREMENT: <u>Minimum</u> of 2 people (one of which needs to be a child) <u>Maximum</u> 4 people			
TOTAL HOUSEHOLD INCOME REQUIREMENT			
MINIMUM GROSS INCOME	MAXIMUM ANNUAL GROSS INCOME		
\$2,289 per month	2 person	3 person	4 person
\$27,468 per year	\$33,200	\$37,350	\$41,450

To see if you qualify, please review the enclosed 'Tenant Screening Standards'. If you meet all of the qualifications, you may apply for the vacancy/waiting list. You will also need to provide the following **original documents**: 1) Minnesota driver's license and/or state ID of all adults, 2) social security cards, 3) birth certificates or citizenship/immigration documents, for all household members, and 4) most recent federal tax records (including W2 forms). If your name is selected, there will be a \$25.00 fee (per adult) to do a credit and background check.

Applications will be available in the Community Development Department at the City of Maple Grove Government Center, 12800 Arbor Lakes Parkway, Maple Grove, Minnesota 55369 or online at www.maplegrovern.gov/departments/community-development/housing. **Providing false or inaccurate income, family size, incomplete, and other information on the application will result in the rejection of your application, and if applicable, is grounds for, eviction and punishable under federal law.**

If you have any questions about the application, feel free to call me at 763-494-6049.

Sincerely,


 Ginny Nysten
 Administrative Secretary/Housing Assistant
 Community Development Department

Enclosure: Application/Tenant Screening Standards

INCOME: List source and gross (before any payroll deductions) monthly income from all sources. Gross wages, including bonuses and overtime pay; self-employment income; interest and dividends; any payments received from Social Security (SSI/Disability); General Assistance; MN Supplemental Assistance; Public Assistance (such as MFIP/TANF); Alimony and Child Support payments (but not including foster child care payments); retirement programs; pensions; insurance policies; disability; unemployment or worker's compensation (but not including lump sum settlement payments).

Source _____ \$ _____ Source _____ \$ _____
 Source _____ \$ _____ Source _____ \$ _____

HOUSING AND CREDIT REFERENCES:

Present Landlord: Name: _____ Phone #: _____
 Landlord address: _____ City, State, Zip: _____
 Rented From: _____ To: _____ Rent amount: \$ _____

Previous Address: _____
 Landlord: Name: _____ Phone #: _____
 Landlord address: _____ City, State, Zip: _____
 Rented From: _____ To: _____ Rent amount: \$ _____

Previous Address: _____
 Landlord: Name: _____ Phone #: _____
 Landlord address: _____ City, State, Zip: _____
 Rented From: _____ To: _____ Rent amount: \$ _____

CREDIT: Name Company _____ Acct # _____
 Name Company _____ Acct # _____
 Name Company _____ Acct # _____

- Are you now living or have you ever lived in a government-subsidized facility? Yes No If yes, when? _____
 Name of development _____ Address _____ Phone # _____
- Has your housing assistance ever been terminated for fraud, non-payment or any other reason? Yes No If yes, explain circumstances: _____
- Have you ever filed for bankruptcy? Yes No If yes, when? _____
- Have you ever had an eviction or unlawful detainer filed against you? Yes No If yes, when? _____
- Do you have a criminal history? Yes No If yes, explain. _____

The purpose and intended use of the information is to determine if you are eligible for housing benefits from the City of Maple Grove. You are not legally obligated to supply the requested information. However, the known consequence of refusing to supply the requested information is that your request for rental property cannot be processed.

I certify that if selected to move into this development, the unit I occupy will be my only residence. I authorize the City of Maple Grove to verify all information provided on this application and to contact previous or current landlords or other sources for credit/criminal/employment/income information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. **I understand that false statements or information is grounds for rejecting the application, eviction and are punishable under Federal law.** Applicant acknowledges receipt of Tenant Screening Standards and attachments listed below by execution of this document.

Signature of Applicant: _____ Date: _____

- Attachments: Tennessen Warning
 HOME Certification Application
 Scattered Site Rental Housing Program - Tenant Screening Standards
 Lease Addendum for Crime-Free Drug-Free Housing
 Hennepin Housing Consortium Affirmative Marketing Policy
 Equal Housing Opportunity form HUD-928.1 (2/2003)

The following information is for statistical purposes:

RACE/ETHNIC GROUP OF HEAD OF HOUSEHOLD White Black/African American Indian/Alaskan Native Asian/Pacific Islander Hispanic Non Hispanic
 GENDER OF APPLICANT Male Female
 WHERE DID YOU HEAR ABOUT THIS VACANCY HousingLink Met Council Plymouth HRA CROSS City of Maple Grove Website Star Tribune
 Other, list where _____



**APPLICATION AND/OR TENANCY INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessen Warning)**

The City of Maple Grove has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your financial information and identification.*
2. The purpose and intended use of the information requested is: *To determine eligibility for the Scattered Site Rental Housing Program.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Possible rejection of the Scattered Site Rental Housing Program.*
5. The known consequences of refusing to supply the requested information is: *Your application for the Scattered Site Rental Housing Program cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *City of Maple Grove – Community Development department staff, other departments within the city, private organizations that will use this information to determine eligibility, and other organizations that provide funds for the Maple Grove Scattered Site Housing Program.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Date

Signature of Applicant

Certification Application

Equal Housing Opportunity

HOUSEHOLD ADDRESS

CURRENT Address:

City:

State:

Zip:

Daytime Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Address of property to be **RENTED** (if known):

City:

State:

Zip:

HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who are living in the unit. Give the relationship of each member to the head. Each household member 18 years and older must sign the certification.

Members full name (First, Middle, Last)	Relationship to HEAD	Date of Birth	Age	Sex M / F	Full Time Student Y / N	Social Security #
	HEAD					

The Department of Housing and Urban Development (HUD) requires that, for statistical purposes only, we report the **ethnicity AND race** of the **Head of the Household**. You are not required to answer, nor does your answer affect your eligibility for housing.

ETHNICITY of the Head of Household

Please circle **ONE**.

NON Hispanic or Latino

Hispanic or Latino

RACE of Head of Household

Please circle **ALL** that are needed to give the best representation of the **Head of the Household**.

White

Black/African
American

Asian

American
Indian/Alaska
Native

Native
Hawaiian/Other
Pacific Islander

HOUSEHOLD INCOME

For each household member age 18 or older (including family member temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated Certification. Include all full time, part time, sporadic, and/or seasonal income. If a household member has more than one source of income use a separate line for each source. **Do you Receive or Expect to Receive:**

YES NO Gross Monthly Amount

Wages, salaries (includes overtime, tips, bonuses, commissions, and self employment)?			\$
Does any member work for someone who pays them cash?			\$
Regular pay for the armed forces?			\$
Welfare or disability benefits (MFIP, GA, MSA)?			\$
Social Security payments (SS, SSI, RSDI)?			\$
Workers Compensation and/or Unemployment benefits or severance pay?			\$
Alimony and/or Child support?			\$
Education Grants, scholarships or VA student Benefits?			\$
Pensions (PERA, railroad, etc.)?			\$
Retirement Benefits payments?			\$
Death Benefits payments?			\$
Annuities or life insurance dividends?			\$
Lump sum payments?			\$
Net income from rental property?			\$
Other? (Please list)			\$
Do you anticipate an increase(s) in your income in the next twelve months?			\$

If yes, please list the anticipated amount and approximated date(s) of the increase(s): _____

For the above questions where you answered "YES", please use the table below to give us details and contact information.

HOUSEHOLD MEMBER NAME(S) <small>(Who's income is it?)</small>	SOURCE OF INCOME <small>(Company/Institution Name)</small>	STREET ADDRESS/CITY/ZIP <small>(How do we contact them?)</small>	PHONE and/or FAX NUMBER	AMOUNT <small>(Gross Monthly)</small>

HOUSEHOLD ASSETS

Do you have money held in:	YES	NO	Current Balance/Value
Checking Accounts?			\$
Savings Accounts?			\$
Stocks?			\$

Certificates of Deposits?			\$
Bonds? (Savings bonds, etc.)			\$
Trusts? Securities? Capital Investments?			\$
IRA/KEOGH Accounts?			\$
Pension / retirement funds or accounts?			\$
Money Market funds? Treasury Bills?			\$
Insurance Settlements?			\$
Other? (please list)			\$
Do you currently own Real Estate or hold a Contract for Deed?			\$
If yes, please list the location(s), number of acres owned, any expenses incurred (i.e. taxes, insurance) and any income received.			
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes (do not consider personal jewelry)?			\$
Are any assets held jointly with another person? If yes, detail in the table below.			\$

I/We hereby certify that I/We have _____ have not _____ sold or disposed of any asset(s) for less than Fair Market Value during the two year (24 months) period preceding the date of this application. The asset(s) sold or disposed of for less than Fair Market Value is:

Asset Owner	Asset & Estimated Value	Date sold/disposed of	Amount Received
			\$
			\$

For the above questions where you answered "YES", please use the table below to give us details and contact information.

HOUSEHOLD MEMBER NAME(S) (Who's Asset IsIt?)	ASSET TYPE (Checking, Savings, Stock, Bond, CD, Etc.)	WHERE IS THE ASSET HELD (Bank /Institution Name)	STREET ADDRESS/CITY/ZIP (How do we contact them?)

HOUSEHOLD EXPENSE			
Do you expect to incur any of the following expenses :	YES	NO	Monthly Cost \$
Child Care which enables you or another household member to work, go to school or seek employment?			\$
Attendant care?			\$
Medical Premiums?			\$

Other medical insurance premiums?			\$
Other? (list) _____			\$
Do you anticipate a increase(s) in your expense(s) in the next twelve months?			
If yes, please list the anticipated amount and approximated date of the increase(s): _____			

For the above questions where you answered "YES", please use the table below to give us details and contact information.

HOUSEHOLD MEMBER NAME(S) <small>(Who's Expense is it?)</small>	EXPENSE TYPE	PROVIDER NAME	STREET ADDRESS/CITY/ZIP <small>(How do we contact them?)</small>

SIGNATURES	
<p>I/We understand the information in this questionnaire will be used to determine eligibility. I/We understand that any false information may make me/us ineligible for housing/assistance. Full source verification forms will be required to complete this certification. I/We understand that false or incomplete information can result in a fine, imprisonment, and loss of housing and/or housing assistance.</p> <p>I/We certify that all of the information given in this application is true, complete and accurate.</p> <p>I/We authorize agency/management to make any and all inquiries to verify this information, directly or through information exchange now or later which may be released to appropriate and Federal, state and local agencies.</p> <p>ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW:</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p>	

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.



Scattered Site Rental Housing Program – Tenant Screening Standards

The Maple Grove SSRHP serves families with children (dependent child under 18 years of age on date of occupancy) with incomes at or below 50% of the area median household income. The SSRHP units are below market rent and participating family incomes must meet the minimum and maximum incomes listed below. When properties become available, the City of Maple Grove sends a letter to a notification list of interested families, the Metropolitan Council, HousingLink, Plymouth HRA, Christians Reaching Out in Social Service (CROSS) and Minneapolis Star Tribune, to inform them when applications will be accepted. Applicants are then selected on a lottery basis and placed on waiting list.

Minimum Annual Income					
	Rent Amount	Utility Allowance	Gross Rent	Monthly Income	Annual Income
2 bedroom twinhome	\$625	\$138	\$763	\$2,289	\$27,468
3 bedroom twinhome	\$685	\$164	\$849	\$2,547	\$30,564
3 bedroom single-family home	\$685	\$187	\$872	\$2,616	\$31,392
4 bedroom single-family home	\$750	\$226	\$976	\$2,928	\$35,136

Maximum Annual Income						
2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750

Two bedroom units rent for \$625 per month (minimum occupancy of 2 people with at least 1 child and maximum occupancy 4 people), **three bedroom units** rent for \$685 (minimum occupancy of 3 people with at least 2 children and maximum occupancy 6 people), and **four bedroom unit** rents for \$750 (minimum occupancy of 4 people with at least 3 children and maximum occupancy 8 people). The City of Maple Grove pays the water, garbage and recycling utilities. Tenants are responsible to pay for gas (which includes cost for heating), electric (which includes cost for air conditioning), phone, cable, and renters insurance with a minimum of \$100,000 liability coverage listing the City of Maple Grove as additional insured. **Pets and smoking are not permitted on the property.**

The following information is required of all applicants of the City of Maple Grove HRA Scattered Site Rental Housing Program to determine eligibility. **False information or statements made in rental application is grounds for rejecting your application.**

- IDENTIFICATION: Minnesota Driver's License/State ID** – Applicant(s) must provide a Minnesota driver's license or Minnesota State ID of all prospective tenants 18 years of age and older. Refusal to sign the application or show proper identification will cause your application to be ineligible. **Social Security Cards** – Social Security cards are required for all household members. Refusal to provide social security cards will cause your application to be ineligible. **Birth Certificates/Citizenship/Immigration Status** – Only U. S. citizens or eligible noncitizens are qualified for this program. Applicant(s) must provide, for all household members, a U. S. birth certificate, U. S. Passport or other proof of Citizenship/Immigration Status when submitting application.
- INCOME:** Income must be from all sources, including gross wages, bonuses and overtime pay (before any payroll deductions); interest and dividends; periodic payments received from social security, retirement

programs, pensions, insurance policies, disability, unemployment or worker's compensation (but not including lump sum settlement payments); public assistance (such as MFIP/TANF, Section 8, etc.); alimony and child support payments (but not including foster child care payments). **Applicant(s) must provide most recent federal tax return (including W2s).** Prior to approval, third-party verification of income, assets, etc. is required of all prospective tenants 18 years of age and older. To qualify, income of all applicant(s) 18 years of age and older must meet income requirements listed above. If an applicant has a Section 8 Housing Choice Voucher, the rental subsidy amount for the SSRHP unit shall be added as income and used for the income requirement. Failure to meet the income criteria will cause your application to be ineligible. During the term of the lease, the tenant agrees to cooperate with the required recertification of annual household income determination process and sign a release of information form.

3. **LANDLORD REFERENCE:** List present and past landlords for the last three (3) years. All applicants must have good verifiable rental history for at least (3) years. If an applicant(s) does not have a three-year verifiable rental history or ownership of property, the applicant will be considered with a qualified cosigner. The cosigner for the applicant shall be considered under the same criteria as applicant(s). If applicant(s) has an eviction, unlawful detainer, negative references or repeated criminal activity, it is grounds for rejecting the application.
4. **VERIFIABLE INCOME/EMPLOYMENT/CREDIT/CRIMINAL/RENTAL HISTORY:** If applicant(s) does not provide us with written authorization to verify applicant's income, employment, credit, criminal and rental history, it will cause your application to be ineligible. Applicant must have continuous employment for at least one year. The applicant will be considered if applicant has a qualified cosigner. The cosigner of the application shall be considered under the same criteria as applicant. Additional documents to determine custody arrangements for minors may be required. If the applicant's credit score is lower than 450 or credit report demonstrates repeated lateness in payment of debts, outstanding unpaid judgement (s), bankruptcy filing within three (3) years and/or outstanding collection items, it is grounds for rejecting the application. If we are unable to obtain verifiable income and credit records, it is grounds for rejecting the application. If applicant(s) has been convicted of a felony or crime as noted in the Lease Addendum for Crime-Free Drug-Free Housing it will cause your application to be ineligible.
5. **CRIME-FREE/DRUG-FREE HOUSING:** To become a tenant of the City of Maple Grove HRA Scattered Site Rental Housing Program, tenants must sign the Lease Addendum for Crime Free/Drug-Free Housing. Refusal to sign the Lease Addendum for Crime-Free/Drug-Free Housing will cause your application to be ineligible.

The City of Maple Grove will inspect units for maintenance/housekeeping purposes semi-annually, usually in March and October, or more often if management finds necessary.

Annual income review is required through the duration of the lease. Tenant must agree to cooperate with the required recertification of annual household income determination process and sign a release of information form. Owner may terminate the lease or refuse to renew the lease for failure to cooperate, if the tenant does not respond within thirty days of the initial notification to recertify. Tenant hereby recognizes that in order to qualify for this housing program, which is funded in part by the U. S. Department of Housing and Urban Development (HUD) HOME Investment Partnership Program, Tenant's income may not exceed 50% of the area median income as adjusted by family size. Tenant also understands if after initial occupancy, tenant's income should reach or exceed 80% of the area median income that is adjusted by family size, tenant will pay current High HOME Rent Limit for their rent, or vacate the property.

False statements or information is grounds for rejecting application, eviction and are punishable under Federal law. If the City of Maple Grove HRA rejects an applicant, the City of Maple Grove HRA will promptly notify the applicant in writing of the rejection and explain in the notice the reason for the rejection.

If you meet the above requirements, call the Community Development Department at 763-494-6040 to be placed on the notification list and a letter will be sent when applications are being accepted.

LEASE ADDENDUM FOR CRIME-FREE/DRUG-FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Resident agree as follows:

1. Resident, any members of the resident's household or a guest or other person under the resident's control shall not engage in illegal activity, including drug-related illegal activity, on or near the said premises. "Drug-related illegal activity" means the illegal manufacture, sale, distribution, purchase, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]) or possession of drug paraphernalia.
2. Resident, any member of the resident's household or a guest or other person under the resident's control shall not engage in any act intended to facilitate illegal activity, including drug-related illegal activity, on or near the said premises.
3. Resident or members of the household will not permit the dwelling to be used for, or to facilitate illegal activity, including drug-related illegal activity, regardless or whether the individual engaging in such activity is a member of the household.
4. Resident or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any locations, whether on or near the dwelling unit premises or otherwise.
5. Resident, any member of the resident's household, or a guest or other person under the resident's control shall not engage in acts of violence or threats of violence, including but not limited to the unlawful discharge of firearms, prostitution, criminal sexual conduct, criminal street gang activity, intimidation, or any other breach of the rental agreement that otherwise jeopardizes the health, safety or welfare of the landlord, his agents or tenants.
6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation and material non-compliance with the lease.

It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by the preponderance of the evidence.

7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.
8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Owner and Resident.

MANAGEMENT:

RESIDENT:

CITY OF MAPLE GROVE HRA
12800 Arbor Lakes Parkway
P. O. Box 1180
Maple Grove MN 55311-6180

by: _____

Date: _____

Date: _____

Resident(s) acknowledge receipt of this addendum by signature of this document.

HENNEPIN HOUSING CONSORTIUM AFFIRMATIVE MARKETING POLICY

It is the policy of the Hennepin Housing Consortium, which includes Hennepin County, the City of Bloomington, City of Eden Prairie, the City of Minnetonka and the City of Plymouth, to provide fair housing opportunities regardless of race, color, religion, national origin, sex, familial status, status with regard to receipt of public assistance or disability. The Affirmative Marketing Policy incorporates fair housing marketing practices as addressed in Title VIII of the Civil Rights Act of 1968.

In order to administer the HOME Program in conformity and to meet the requirements of the regulations at 24 CFR Part 92.92.351, the Hennepin Housing Consortium has established the following guidelines for HOME assisted rental and homebuyer projects:

I. Information to Owners, Tenants and Others

- A. Copies of the Affirmative Marketing Policy and a description of the existing fair housing laws shall be provided to all interested parties, including owners, their agents and tenants.
- B. All applicable fair housing laws, policies and procedures shall be discussed with and provided to owners and/or their agents to give to applicants as part of the screening process.
- C. The Equal Housing Opportunity Logo and/or equal opportunity language shall be included in all media announcements and advertisements, and conspicuously displayed in management offices or other appropriate places.
- D. Owners and/or their agents, tenants, and others shall be provided with the name and telephone number of a contact person if there are questions or concerns about the Affirmative Marketing Policy or other areas of the HOME Program. A TDD number will also be provided.
- E. Owners and/or their agents will be encouraged to keep on hand available copies of the Affirmative Marketing Policy to give to tenants or others upon request.
- F. The Equal Housing Opportunity Logo or language will be used in press releases and solicitations for owners, and written communications to fair housing and other groups.
- G. The Affirmative Marketing Policy may be published in other languages if it is deemed necessary.

II. Special Outreach

Owners and/or their agents shall be required to solicit applications for vacant units from persons in the housing market who are least likely to apply without special outreach efforts. In general, persons who are not of the race/ethnicity of the current residents in the neighborhood in which the project is located shall be considered least likely to apply. Efforts may include, but not be limited to, the use of community organizations, churches, employment centers, housing counseling or referral agencies, the local housing authorities (HRAs), brochures, leaflets, signs, personal contacts, radio, newspapers (including neighborhood, city, and minority/ethnic newspapers or newsletters), local governmental offices, and advocacy or special needs groups.

III. Record Keeping

- A. Owners, and/or their agents shall maintain records of efforts made to affirmatively market units in order to assess their impact. Hennepin County, as Lead Agency for the Consortium, will maintain records. Records shall include information concerning race, ethnicity, gender of applicants and copies of efforts undertaken by Consortium members, owners, and/or their agents to attract tenants and the results of those who apply as well as any referrals received from other sources, i.e., community organizations, radio, newspapers, etc.

- B. Owners, and/or their agents shall maintain records such as copies of advertisements, letters or contacts with organizations, interviews with organizations, the media, prospective tenants, etc., public service announcements, and all other marketing efforts undertaken to rent units. The records may be inspected at any time it is deemed necessary, but no less than annually.
- C. Owners, and/or their agents shall maintain records on tenants and prospective tenants. The records will include race, ethnicity, income level and gender of tenants and prospective tenants when possible. These records must be made available upon request, but no less than annually.
- D. All records shall be maintained for the period of affordability as specified by the agreement between the owner and the Hennepin Housing Consortium.
- E. Hennepin County shall maintain current records for HOME assisted projects. Where possible, a separate Affirmative Marketing File should be set up for each HOME assisted project.

IV. Assessment of Marketing Efforts

Marketing efforts of owners shall be monitored by the Hennepin Housing Consortium, by comparing occupancy data before and after efforts are made. Flagrant or continued noncompliance with policies or regulations may result in sanctions being imposed, such as repayment of the loan or any other corrective action deemed necessary by the Hennepin Housing Consortium.

**Certification for Receipt of the
HENNEPIN HOUSING CONSORTIUM AFFIRMATIVE MARKETING POLICY
and Fair Housing and Equal Opportunity Guidelines/Regulations, Booklets, Posters, and/or Logos**

I, Alan A. Madsen of City of Maple Grove HRA
(Name of person responsible for program) *(Name of organization receiving HOME funds)*

certify that I have received the above mentioned documents and/or materials.

Organization

By: _____
 (Authorized signature)

Title: Executive Director

Date: _____



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- | | |
|--|--|
| ■ In the sale or rental of housing or residential lots | ■ In the provision of real estate brokerage services |
| ■ In advertising the sale or rental of housing | ■ In the appraisal of housing |
| ■ In the financing of housing | ■ Blockbusting is also illegal |

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**