

PRELIMINARY APPLICATION

South Central MN Multi-County HRA

PLEASE COMPLETE THIS FORM AND RETURN TO:

360 Pierce Ave, Suite 106, North Mankato, MN 56003

Office Use Only

Received/ Revised	Unit Size	Preference
_____	_____	T P1 P2 P3 P4 P5 P6 P7
_____	_____	T P1 P2 P3 P4 P5 P6 P7
_____	_____	T P1 P2 P3 P4 P5 P6 P7

Applicant Name _____

Legal address if different from mailing address _____

Address _____

City, State, Zip Code _____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number _____

Date of Birth _____

Sex ☐ Female ☐ Male

Are you willing to move when offered assistance ☐ Yes ☐ No

Are you Disabled ☐ Yes ☐ No

Home Telephone _____

Other Telephone _____

Other Telephone Type ☐ Work ☐ Other Specify: _____

- Race (Check One Box)
- ☐ White
 - ☐ Black/African American
 - ☐ American Indian/Alaska Native
 - ☐ Asian
 - ☐ Native Hawaiian/Other Pacific Islander
- Ethnicity (Check One Box)
- ☐ Hispanic
 - ☐ Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

- ☐ You have been or will be displaced by governmental action, or your dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.
- ☐ Your family lacks a regular nighttime residence, lives in a shelter, or other nonresidential place.
- ☐ You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program during the past three years.
- ☐ You currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing.

Do you have a disability that requires special accommodations by/from our office/staff? YES NO

What is the date in which you moved into your CURRENT place of residence? _____

What is the current monthly rent amount for which you are responsible to pay? _____

What is the amount of utility costs per month that you pay (heat, lights, water, sewer, trash only)? _____

Do you plan to receive rental assistance at your CURRENT place of residence? YES NO

Circle the county you are applying for: MARTIN NICOLLET SIBLEY WASECA WATONWAN

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date

Are You Eligible for a Preference on the Waiting List?

Please "print" your name here: _____

PLEASE REVIEW ALL PREFERENCES AND CIRCLE YES OR NO.

■ Local Residency Preference (circle one):

Yes **No** Has the head of your household (the applicant) lived within one of the following counties for the past 90 days or longer?

Martin, Nicollet, Sibley, Waseca, Watonwan, Blue Earth, Brown, Le Sueur, Faribault

Yes **No** Does the head of your household (the applicant) live in permanent housing? Permanent housing DOES NOT include shelters, halfway houses or any place that you are living or staying temporarily)

IMPORTANT: If you answered YES to both questions, submit documentation identifying your current permanent address and length of residency for at least 90 days. Examples of documentation: Copy of current lease; Dated pay stub with permanent address; Copy of utility bill in your name; School records indicating permanent address; Dated credit card bill showing permanent address; etc.

■ Homeless Preference (circle one):

Yes **No** Is the head of your household (the applicant) temporarily staying in a homeless shelter or welfare hotel in Martin, Nicollet, Sibley, Waseca, Watonwan or Blue Earth county?

IMPORTANT: If you answered YES, submit documentation that you are a resident at a shelter. If you are staying at a battered women's shelter, submit documentation identifying the victim and alleged abuser, which is signed by the shelter's Program Manager.

■ Disabled Preference (circle one):

Yes **No** Are any household members disabled?

IMPORTANT: If you answered YES, submit proof of disability.

■ Elderly Preference (circle one):

Yes **No** Are any household members age 62 or older?

IMPORTANT: If you answered YES, note their birth date on the application under "Part 2: Household Information" section.

■ Veteran Preference (circle one):

Yes **No** Are any household members a military Veteran or a spouse of a military Veteran?

IMPORTANT: If you answered YES, submit proof of Veteran status.

■ Lease in Place Preference (circle one):

Yes **No** Does the head of your household (the applicant) want to receive rental assistance in the rental unit where they are currently living?

IMPORTANT: If you answered YES, submit a copy of your current lease.

Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

SCMMCHRA
360 Pierce Ave, Suite 106
North Mankato, MN 56003

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies