



## SouthCentral Minnesota Multi-County H.R.A.

360 Pierce Avenue • Suite 106 • North Mankato, MN 56003  
Local 507-345-1977 • FAX 507-345-5908

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*Providing Affordable Housing in Martin, Nicollet, Sibley, Waseca & Watonwan Counties*

Dear Applicant,

Attached to this cover letter is a pre-application for the Housing Choice Voucher Rental Assistance Program waiting list. **PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE ALL OF THE ENCLOSED FORMS.**

To be placed on the waiting list, you must complete the enclosed forms and return them to our office. Incomplete applications will be returned and ineligible applicants will be notified.

**EFFECTIVE IMMEDIATELY: Our Section 8 waiting list is open to preferences only. To receive the residency preference you must live, work, be hired to work or attend school full-time in our service area. Please note that you will need to provide proof of residence with your application.**

Applications received will be placed on the waiting list according to the date and time of application and preference eligibility.

**WHAT TO DO:**

1. Fill out the pre-application completely. **You must list your GROSS income (total income before taxes or other deductions).**
2. **ALL HOUSEHOLD MEMBERS OVER 18 MUST SIGN AND DATE ALL OTHER ENCLOSED FORMS.**
3. **Return the completed application with proof of preference to the South Central HRA office** in the envelope provided.
4. Incomplete or unsigned forms will be returned and cannot be placed on the waiting list.
5. **ORIGINAL COMPLETED FORMS ONLY MUST BE RETURNED. FAX COPIES ARE NOT ACCEPTABLE.**

**When your name comes to the top of the waiting list, you will be contacted by letter. Therefore, it is important to notify our office of all address changes. Failure to provide address changes will result in the removal of your name from the waiting list.**

For a list of participating landlords, payment standards, and additional program information please log onto our website at [www.scommchra.org](http://www.scommchra.org).

On the back of this form are information and eligibility requirements, as well as the most often asked questions regarding the Housing Choice Voucher Program. Please read this information and contact us if you have any questions.

Thank you for your interest in the Housing Choice Voucher Program.

South Central HRA

## WHAT IS THE HOUSING CHOICE VOUCHER PROGRAM?

Formerly referred to as "Section 8", the Housing Choice Voucher Program is a program designed to help low-income families and individuals to pay rent in private market-rate housing. Assistance is provided through Housing Choice Vouchers. Eligible participants may choose housing of any type including apartments, duplexes, mobile homes or single-family homes, provided the unit meets federal inspection standards and the participant is not renting from a relative (exceptions may be made for persons with disabilities).

South Central HRA serves the following five counties of South Central Minnesota: Martin, Nicollet, Sibley, Waseca and Watonwan. This means that in order to participate in the South Central HRA Housing Choice Voucher Program, you **MUST** choose to use a Voucher to live within one of these five counties. **Blue Earth County, which includes the city of Mankato, is not part of our service area.**

## HOW DO I QUALIFY FOR THIS PROGRAM?

A household's gross annual income must be approximately within the following limits (limits vary by county):

1 person	\$22,110	4 person	\$31,600	7 person	\$39,170
2 person	\$25,280	5 person	\$34,120	8 person	\$41,700
3 person	\$28,440	6 person	\$36,650		

Single individuals and all family sizes may apply.

## ARE YOU ELIGIBLE FOR A RESIDENCY PREFERENCE FOR PLACEMENT ON THE WAITING LIST?

(The SCMMCHRA service area includes the following counties: Martin, Nicollet, Sibley, Waseca and Watonwan counties.)

If your household meets one of the following criteria, your pre-application will receive a residency preference over others on the waiting list:

- **Local** (You will be required to provide proof that you are living in our service area. Proof may include a copy of a lease, utility bill, etc.)
- **Work** (You will be required to provide proof that you are working in our service area. Proof may include a copy of your most recent pay stub.)
- **Full-Time Student** (You will be required to provide proof that you are currently enrolled in Higher Education in our service area. Proof may include a copy of your registration form.)

If you receive any preference on the waiting list, your preference will be reevaluated at the time your name reaches the top of the waiting list. If it is found at that time that you no longer qualify for the preference, your pre-application will be placed back on the waiting list according to the date and time it was originally received in our office. **If you do not qualify for a preference at the time you submit the pre-application, you must wait to apply once the waiting list opens to the general public.**

## HOW SOON WILL I RECEIVE ASSISTANCE?

South Central HRA maintains a waiting list of applicants who have been determined to meet preliminary eligibility requirements. The estimated waiting time to be selected is one month to three years depending upon your eligibility for the preferences indicated above. From the time that you are selected and have located a unit where you would like to receive assistance, it will be 30 to 60 days before any assistance begins (provided that the unit passes inspection and the proper income documentation is received).

## WHAT ARE THE RENT LIMITS FOR THE PROGRAM?

These limits vary depending upon your income and the county and will change periodically. You will receive the current limits at the time your name is selected from the waiting list.

## HOW MUCH RENT WILL I PAY?

With the Housing Choice Voucher Program, South Central HRA calculates the total amount of rent subsidy you can receive, based on your income and a standard rent for the bedroom size for which you qualify. South Central HRA pays this subsidy directly to the owner and you pay the remaining amount to the owner.

## MUST I MOVE TO PARTICIPATE IN THE PROGRAM?

If you are already living in a unit that meets the guidelines you may be able to stay in the unit and receive the assistance. **HOWEVER**, the unit must be in one of the service areas mentioned above. When your name reaches the top of the waiting list, South Central HRA will determine whether you are eligible to receive assistance in the selected unit based on your household income and other factors.

# 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 Full 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

Social Security Number \_\_\_\_\_

Ethnicity  
(Check One Box)

- Hispanic  
 Not Hispanic

Date of Birth \_\_\_\_\_

Sex  Female  Male

Race  
(Check All That Apply)

- White  
 Black/African American  
 American Indian/  
Alaska Native  
 Asian  
 Native Hawaiian/Other  
Pacific Islander

Home Telephone \_\_\_\_\_

Other Telephone \_\_\_\_\_

Other Telephone Type  Work  Other Specify: \_\_\_\_\_

E-mail Address \_\_\_\_\_

I would like to receive correspondence via e-mail.

Racial and ethnic data for statistical purposes only.

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

## 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	_____
_____	_____	_____	_____	_____	<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

SCMMCHRA's service area includes: Martin, Nicollet, Sibley, Waseca, and Watonwan counties.

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

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to the Residency Preference when placed on the program's waiting list. Check each box that applies to your current status. IF YOU ARE ELIGIBLE TO RECEIVE A PREFERENCE, YOU MUST SUBMIT PROOF. (See attached Cover Letter for examples of proof).

- Head/co-head of household is a permanent resident within the HRA's service area. (Permanent housing DOES NOT include shelters, half way house or any place that you are staying temporarily).
  - Head/co-head of household works or is hired to work within the HRA's service area.
  - Head/co-head of household attends school of higher-education (full-time) within the HRA's service area.
- Check any of the following that apply:
- 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 or any member of your household currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing.
  - Check here if you are a student enrolled in Higher Education.
- Do any household members have a disability that requires special accommodations by/from our office/staff? YES NO  
If so, specify type of special accommodation needed: .....

### 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 \_\_\_\_\_

# Authorization for the Release of Information

Tenant ID

PHA requesting release of information:

**South Central MN Multi-County HRA**  
 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
_____	_____	_____
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

Supplement 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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 chose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>

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. 3501-3526). 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.