

Northwest Minnesota Multi-County Housing & Redevelopment Authority
 PO Box 128 Mentor, MN 56736 • Tel: 218-637-2431 • Fax 218-637-2433 • www.nwmnhra.org

Application for Section 8 Rent Assistance and/or Public Housing

Name _____ E-mail _____

Current Address _____
Street/PO Box City County State Zip

If temporary, list last permanent address _____

Phone _____ ~ _____ ~ _____
Home Telephone Number Work Telephone Number Contact Person Name & Telephone Number

Present Rent \$ _____ /month Present Utilities \$ _____ /month Number of bedrooms _____

FAMILY COMPOSITION: (List all household members who live in the unit, including yourself as the head of household. Only minor children who live in the unit a **minimum of 51% of the time** may be listed). **No one except those listed on this form may live in the unit.**

Names of Household Members Last First MI	M / F	Birth Date	Dis-abled Y/N	Mar-ried? Y/N	*	**	Social Security # Or Alien Reg #	Place of Birth City, State, Country
1 (head)								
2								
3								
4								
5								
6								

*Race: 1=White 2=Black 3=Amer. Indian/Alaskan 4=Asian 5=Native Hawaiian/Pacific Islander ** Hispanic/Ethnicity: 1= Hispanic 2= Non-Hispanic

NOTICE: You will be REQUIRED to submit a copy of all Social Security cards for ALL family members.

Do you expect **changes** in the number of persons in your **household**? No Yes, please explain _____

Does anyone in the household require a reasonable accommodation? No Yes, please explain _____

? Is anyone listed above taking one or more class(es) at an "institution of higher education"? Yes No
 If yes, please list name of household member(s): _____

INCOME for ALL household members: (Include wages, unemployment, Social Security, SSI, MSA, GA, MFIP, child support, pensions, self employment and any other monies received.)

Family #	Source of Income	Gross Income Amount	Circle One
		\$	Per: Week 2-weeks Month Year
		\$	Per: Week 2-weeks Month Year
		\$	Per: Week 2-weeks Month Year
		\$	Per: Week 2-weeks Month Year

ASSETS: Check "yes" or "no" on all of the following lines. If "yes", enter the amount / value and the current income from the asset.

Asset	Yes	No	Amount/Value	Interest Rate/ Dividend
Cash on hand over \$100			\$	\$
Checking Accounts			\$	\$
Savings Account			\$	\$
Certificate of Deposit			\$	\$
Money Market Funds			\$	\$
Annuities/IRA Accounts			\$	\$
Stocks/Bonds/Mutual Funds			\$	\$
U.S. Savings Bonds			\$	\$
Contract for Deed or Real Estate			\$	\$
Business Asset				

Have you disposed of any assets for less than Fair Market Value in the past two years? Yes No
 If you answered yes: Date of disposal? _____ Amount received \$ _____
 Market Value at time of disposal _____

Have you ever received rent assistance before? Yes No If yes, where? _____
 Do you owe money to any Housing Authority? Yes No If yes, where? _____

BACKGROUND INFORMATION: This section must be completed or your application will be returned to you.

Has any household member been involved in any drug related criminal activity in the last <u>3 years</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any household member been involved in any violent criminal activity in the last <u>3 years</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone in the household a convicted sex-offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you pay for childcare while a family member is employed or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving any assistance with childcare costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL EXPENSES: Complete this section only if head of household or spouse is elderly, disabled, or handicapped.

Do you receive Medicare benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Medical Assistance through Welfare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for additional medical insurance? (Blue Cross, Etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require special accommodations to meet specific disability needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC HOUSING: ONLY complete this section if you are interested in one or more of the following units listed below that are owned by the HRA. All these units are designated as 'smoke free'.

Please check the locations you are interested in, if any.

One bedroom apartments in:

- Badger—Badger Creek Apts Fertile—Sunshine Court Apts Fisher—Prairie View Apts
 Fosston—Evergreen Apts Middle River—Royal Manor Apts

Three bedroom houses in:

- Lancaster Newfolden Hallock St. Hilaire Oslo
 Climax Lake Bronson Erskine Kennedy Fertile

The HRA also owns duplex apartments in Fosston (Fosston Homes) and one bedroom units at Maplewood Apartments in Mentor, These requires a separate application. Contact our office or see our web-site if interested.

PROJECT BASED UNITS: Complete this section if you are interested in any of the following units that are rent assisted.

- Roseau Court Townhomes, Roseau, MN - two bedroom units

APPLICANT(S) TENANT(S) STATEMENT:

* I/We certify that the information given to the NW MN Multi-County HRA on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

* I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

* I/We authorize NW MN Multi-County HRA to conduct a criminal background check for adult household members (18 yrs of age and older) listed on this application. **All adults must sign below.**

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

- **NOTE: YOU ARE RESPONSIBLE TO NOTIFY OUR OFFICE OF ANY CHANGE IN ADDRESS OR PHONE NUMBER. If there are any changes you need to make to your application or if you have any questions, please call our office at 218-637-2431 or e-mail barbara@nwmnhra.org.**
- *If you believe you have been discriminated against, you may call the Fair Housing and Equal opportunity National Toll-Free Hot Line at 800-424-8590 .*
- *After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form, or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.*

PLEASE MAIL TO:

Northwest MN Multi-County HRA
P.O. Box 128
Mentor, MN 56736



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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