

Application for Section 8 Rent Assistance and/or Public Housing

Name _____

Current Address _____
Street/P.O. 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	* Race	** Eth	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 _____

? 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, MFIR, 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			\$	\$
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.

Have you or any household member been involved in any drug related criminal activity in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any household member been involved in any violent criminal activity in the last 3 years?	<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

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

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 duplexes in Fosston (Fosston Homes). This requires a separate application. Contact our office if interested.

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 stacy@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