

Aitkin County
Housing & Redevelopment Authority
APPLICATION FOR ADMISSION & RECERTIFICATION

Applying For: Section 8 Rental Assistance Low Rent Public Housing

APPLICANT INFORMATION:

Date/Time of Application: _____ Race: ___ White ___ Black ___ Asian/Pacific Islander
 Full Name: _____ American Indian/Alaska Native ___ Other
 Mailing Address: _____
 City/State: _____ Zip: _____ Friend/Relative to contact if we are unable to reach you:
 Name: _____ Phone: (____) _____
 Phone: Home (____) _____ Work (____) _____
 Present Rent Amount: \$ _____ Present # of Bedrooms in Rental Unit: _____

HOUSEHOLD COMPOSITION: List the head of household and all other persons who will live in the rental unit.
 Indicate (under Relationship to Head) if any member is a full-time student or foster child.

First Name, Middle, Last	Relationship to Head	Date of Birth	Birth Place (City & State)	Age/Sex	Social Security Number
	HEAD				

INCOME: List all income from household members. Include full and part time employment, unemployment benefits, Social Security, SSI, pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, welfare, Armed Forces Reserves income, scholarships and/or grants, net income from operation of a business, etc.

Household Member	Source of Income (Complete Name & Address)	Gross Income
		PER:
		PER:
		PER:
		PER:
		PER:

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

	YES	NO	Bank Name & Complete Address	Balance/Value
Cash on Hand over \$100				
Checking Accounts				
Cash Management Accounts				
Savings Account				
Savings Account				
Certificate of Deposit				
Certificate of Deposit				
Certificate of Deposit				
Annuities				
Money Market Fund				
IRA Accounts				
Stocks/Bonds/Mutual Funds				
U.S. Savings Bond				
Contract for Deed				
Real Estate				
Business Assets				
Other:				

Have you disposed of any assets for less than Fair Market Value in the last two years? YES _____ NO _____
 If "yes", please describe:

Date of Disposal: _____ Amount Received: _____ Market Value at disposal: _____

RENTAL HISTORY: List the following information on your last two rental units. (Most recent first)

Address of Unit	Owner's Name & Telephone #	Owner's Complete Address	From	To

Have you had utility service in your name at a previous address? Yes _____ No _____
 If "Yes" please describe type of service: _____
 Have you or any member in your household lived in subsidized housing in the past?
 If "Yes", list: Address: _____
 Period of Time: From: _____ To: _____

Yes	No

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

	Yes	No
Do you receive Medicare Benefits?		
Do you receive Medical Assistance through Welfare?		
Do you pay for additional medical insurance (ie. Blue Cross, AARP, etc.)?		
Are all of your medical expenses covered by insurance or outside sources? If "No", indicate expenses paid by you: Prescription Drugs: Pharmacy: _____ Outstanding Medical Bills _____ Other: _____		
Do you have a "Spend Down" for Medical Assistance? List Amount: _____		
Do you have any expenses for attendant care or special apparatus for a disabled or handicapped member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursement from outside sources).		

CHILDCARE EXPENSE: If you pay for childcare for children 12 years old or younger while a family member is employed or going to school, please list the child care providers name, complete address, telephone number and amount of payment.

Name & Complete Address	Telephone Number	Cost per week/month	Child(ren)'s Name

CRIMINAL HISTORY: Please answer the following questions:

Have you or anyone in your household ever been convicted of any crime other than traffic violations? If "Yes", list:
 Violation: _____
 Period of Time: From: _____ To: _____
 Location: City: _____ State: _____

Are you or anyone in your household "subject to a lifetime registration requirement under a State Sex Offender Program?"
 Location: City: _____ State: _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing?

Yes	No

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Do you require a specific accommodation to fully utilize our services? (Such as information printed in Braille, a language other than English, Sign Language/Interpreter, etc?) Yes _____ No _____

APPLICANT(S)/TENANT(S) STATEMENT:
 I/We certify that the information given to the Aitkin County Housing & Redevelopment Authority on household composition, income, family assets and 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.

Signature of Head of Household _____

Date _____

Signature of Spouse or Other Adult _____

Date _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8590. After verification by this Housing Agency, the information will be submitted to the Department of Housing & Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form. See the Federal Privacy Act Statement for more information about its use.

All areas of this form must be properly completed and signed or the form will be returned for completion. Waiting lists for assistance are based on the date and time of application. Incomplete applications may delay your name being added to the waiting list.