

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: _____ How did you hear about us: _____
 City/State: _____ Zip: _____ Friend/Relative to contact if we are unable to reach you:
 Phone: Home (____) _____ Work (____) _____ Name: _____ Phone: (____) _____
 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: _____

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.

	Yes	No
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?		

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 _____
 Do you wish to claim the VA Preference for U.S. Veterans? Yes _____ No _____ (Public Housing ONLY)

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.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Aitkin County HRA any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

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

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	_____ Date: _____
Spouse:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____
Adult Member:	_____	_____ Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specialist _____

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.

**HOUSING & REDEVELOPMENT AUTHORITY
OF
AITKIN COUNTY
STATEMENT FOR DRUG-RELATED CRIMINAL ACTIVITIES
AND VIOLENT CRIMINAL ACTIVITIES**

Have you or anyone in your household ever manufactured a controlled substance (illegal drugs)?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household sold or distributed a controlled substance (illegal drug)?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household manufactured a controlled substance (illegal drug) to sell or distribute to other people?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household used physical force against another person or a person's property?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household ever been convicted of a drug-related criminal activity?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household ever been convicted of violent criminal activity?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household been addicted to a controlled substance (illegal drugs), recovered from the addiction and are not currently using any controlled substance (illegal drugs)?
YES ___ NO ___ If yes, explain: _____

Have you or anyone in your household EVER been evicted from a Federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal activity?
YES ___ NO ___ If yes, explain: _____

I understand that the information given to the Housing & Redevelopment Authority of Aitkin County regarding the above is accurate and complete. I understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature

Date

Aitkin
(218) 927-2151

Hill City
(218) 697-2348

McGregor
(218) 768-2005

FAX (218) 927-4159

TENNESSEN WARNING NOTICE

The Housing & Redevelopment Authority of Aitkin County is asking you to provide certain information and will ask you from time to time to supply additional information. Under the Government Data Practices Act (Minnesota Statutes Section 15.1611 through 15.1692) you may know:

1. **Why the data is being collected:** The purposes and uses of the information are for one or more of the following reasons:
 - a) To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program for which you have applied.
 - b) To enable us to establish the level of rent you must pay in accordance with federal law.
 - c) To assist the HRA in maintaining or upgrading the housing stock.
 - d) To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

2. **How the data will be used by the HRA:** The information will be used by HRA staff to determine eligibility and, if you receive benefits to assist in providing you with benefits.

3. **Your right when supplying information (M.S. 13.04):** The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the HRA may not be able to provide you with housing assistance³. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the Executive Director or his/her designee at the HRA.

4. **Who has access to the private information we collect about you?:**
 - a) U.S. Department of Housing and Urban Development.
 - b) HRA employees and contractors (including those who make repairs) and HRA selected volunteer agencies serving you or your dwelling unit.
 - c) Health care and human service agencies under contract with the HRA.
 - d) Area social service agencies.
 - e) School districts.
 - f) Police Department, Fire Department and paramedics when an emergency situation or investigation requires the sharing of information.
 - g) Public Utilities, Mille Lacs Energy Cooperation and Lake Country Power to insure that RA rental units are maintained as required by the lease.
 - h) U.S. Census Bureau.
 - i) Health care professionals from other agencies or institutions who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing.
 - j) City of Aitkin, McGregor and Hill City and its employees.
 - k) Federal, state or local auditors.
 - l) Researchers who are granted access to the data for the purposes of preparing summary data.
 - m) Minnesota Housing Finance Agency.
 - n) Other state and Federal agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with local, county, state or federal law. Information may also be shared with the appropriate judicial bodies. We may deny parental access to private data when the minor, who is the subject of the data, requires that we deny such access. We may require the minor to submit a written request that the data be withheld. A written request shall set forth the reasons for denying parental access and shall be signed by the minor. Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other nongovernment agencies with whom we share private information must likewise treat the information as private. When you are no longer being served by the HRA, we will keep your file only until state and federal requirements are met.

This is to acknowledge I have been given the above information.

Name

Date

Name

Date

**HOUSING & REDEVELOPMENT AUTHORITY
OF
AITKIN COUNTY**

TERESA L. SMUDE
Executive Director
teresa@aitkinhra.org

215 – 3rd St. SE
Aitkin, MN 56431
Phone: (218) 927-2151
Fax: (218) 927-4159

Upon approval of housing application, HRA Staff will notify applicant(s) and they will have the opportunity to pick out a unit. A \$75.00 fee to hold the housing unit is due and payable at the time the unit is offered.

The \$75.00 will be applied towards the Security Deposit. If applicant(s) do not move into an Aitkin County HRA property the \$75.00 is non-refundable.



If my Public Housing application is approved I agree to pay the Aitkin County HRA the amount of \$75.00 to hold a housing unit for me. I understand that if I do not move into an Aitkin County HRA property the \$75.00 is non-refundable.

Applicant

Applicant

Date

AITKIN COUNTY HRA
RESIDENT SELECTION CRITERIA

Upon receipt of a **COMPLETED** application, eligible applicants will be screened considering the following factors:

Income and Assets

1. The applicant must meet household characteristics, income guidelines and provide written verification of all sources of income and assets.
2. Applicants that refuse to comply with housing program requirements, policies and/or procedures (i.e. failure to sign and submit relevant forms, consents, releases, etc.) will be denied. Any applicant that displays threatening, abusive or violent conduct towards any employee of the Aitkin County HRA will be denied.

Rental History

1. Applicants must have a minimum of two (2) years verifiable rental history or home ownership. All prospective residents must provide previous landlords' name, address, and phone number.
2. Applicants must have acceptable landlord references. Applicants with a rental history reflecting late payments of rent, non-payment of utilities, past due rent, eviction actions, damages, poor housekeeping habits, a history of disturbing the peace, or an outstanding balance due to a former landlord will be denied residency in housing owned and/or managed by the Aitkin County HRA.

Criminal Background

1. Applicants with a felony of any kind within the last 10 years will be denied housing owned and/or managed by the Aitkin County HRA. Applicants with a felony of any kind within the last 3 years will be denied for the Housing Choice Voucher (Section 8) Rental Assistance program.
2. Applicants with a felony charge pending and/or the disposition of any felony charge that has yet to be adjudicated by a court of law will be denied.
3. Applicants who have been cited, arrested, or convicted of the use, possession, manufacturing of, or sale of controlled substances will be denied.
4. Applicants with a pattern of criminal activity will be denied. This may include, but not be limited to, any crimes of physical violence to persons or property, fraud, violent or terroristic crimes, or a record of other criminal acts which may endanger the health, safety or welfare of other residents.

Other Reasons for Denial Include:

1. The applicant purposely falsified, misrepresented or withheld information or submitted inaccurate and/or incomplete information on any application.
2. Applicant has current or recent problems involving chemical or drug dependency resulting in any of the other reasons for non-selection.

Reasons for lifetime denial of housing:

1. If any family member has been convicted of manufacturing or producing methamphetamine in a public housing development or in a Section 8 assisted property; or
2. If any family member is required to register under any State sex offender registration program.

I/We have read and understand the foregoing Resident Selection Criteria.

Applicant

Date: _____

Applicant

Date: _____