

**APPLICATIONS ARE ACCEPTED AT THE EXACT TIME AND DATE THEY ARE EMAILED
OR DATE STAMPED IF YOU APPLY IN PERSON OR SEND BY MAIL.**

TENNESSEN WARNING

THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

NOTE: You must read the following information and click that you have read the information at the bottom of this page to accept this Tennessee Warning before proceeding to the application.

Adeegyada tarjumaada oo lacag la'aan ah ayaad helaysoo. Fadlan weydii qofka fahiya miiska soo dhoweynta. 320-252-0880-Somali

Tenemos a su disposición servicios de intérpretes gratuitos. Si está interesado, por favor solicitele ayuda a la recepcionista. 320-252-0880-Spanish

Under the Minnesota Government Practices Act (M.S. 13), you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE HRA COLLECTS?

Within the context of the HRA's low rent public housing, Section 8 Programs, MHFA Rehab Loan Program, and CDBG Home Improvement Programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used, and disseminated for the administration and management of legally authorized programs. The information we collect from and about you is classified under Minnesota law as: 1) public-anyone can see the information; or 2) Private-only you and those authorized by law or by you can see the information; or 3) Confidential-you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of the information are for one or more of the following reasons:

1. 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.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the HRA in maintaining or upgrading the housing stock.
4. To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

B. YOUR RIGHTS 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 assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Responsible Authority.

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, and federal law, the information we maintain may be shared with:

1. US Department of Housing and Urban Development (HUD).
2. HRA employees and contractors and HRA selected volunteer agencies serving you or your dwelling unit.
3. Health care and human services under contract with the HRA; area social service agencies; and school districts. Health care professionals from other agencies who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing and eligibility on other housing programs.
4. Fire departments and paramedics when an emergency situation or investigation requires the sharing of information.
5. Utility companies to assure rental units are maintained as required by the lease.
6. U.S. Census Bureau.
7. City of St. Cloud and its employees.
8. Federal, state, and/or local auditors; other state and federal agencies as may be required by law.

PLEASE READ THIS FORM BEFORE COMPLETING APPLICATION FORMS

If you have limited English proficiency (LEP) and need language assistance, please contact the receptionist to schedule an appointment to complete the application.

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To begin the application process you will only need to complete the attached forms and submit them to the HRA for processing. All applications will be date and time stamped as they are turned in at the frontdesk or sent online. As you complete the application forms, please:

- 1) Fill out the forms supplying all requested information as completely and accurately as possible;
- 2) Sign each of the forms as provided.

Basically, there are two types of rental assistance available:

Public Housing Program: Under Public Housing, available rental units are apartments, houses or townhomes owned by the HRA and located in the city limits of St. Cloud. Rent is based on 30% of your adjusted monthly income.

Empire, Wilson, Grace McDowall & Germain Towers Apartments are all one bedroom units.

Two-, three- and four-bedroom units are houses and townhomes scattered throughout the St. Cloud city limits.

Section 8 Housing Choice Voucher Program: Under Section 8, rental units include apartments, duplexes, townhomes, houses or mobile homes owned by private property owners. Basically, the voucher is tied to the tenant, allowing them to choose where they will live. Rent is based on a minimum of 30% and a maximum of 40% of your adjusted monthly income.

NOTE: There are restrictions on the port-out or transfer of a voucher from our jurisdiction if, as an applicant, you are not a current resident in the city of St. Cloud, Benton, Sherburne or Wright Counties.

A number of our vouchers are allocated as **Project-Based Assistance** vouchers and, as such, are available within certain developments; for example, Westwood and Swisshelm Villages here in St. Cloud. As opposed to the regular voucher, this assistance is tied to the development.

In order to be eligible for public housing or Section 8 Housing Choice Voucher, college students living outside their parents homes must have established a separate household for at least one year prior to applying to the housing programs.



Your household's gross annual income as well as your family size determines which programs you will qualify for at this time. Acknowledging that the HRA makes this final determination, please indicate the programs you would like to apply for:

Public Housing Program - check the waiting list(s) you are applying for.

- _____ Empire Hi-Rise (1 bedroom)
- _____ Wilson Hi-Rise (one-bedroom)
- _____ Grace McDowall Hi-Rise (1 bedroom)
- _____ Germain Towers Hi-Rise (1 bedroom)
- _____ Scattered Sites (two-, three-, four- or five-bedrooms)
- _____ Northway Townhomes (2 & 3 bedrooms)
- _____ PBA Westwood Village (2 bedroom)
- _____ PBA Swisshelm Village (2 & 3 bedrooms)
- _____ PBA Eastwood (1 & 2 bedroom)
- _____ PBA The Highlands (2 & 3 bedroom)

Section 8 waiting list is closed. You will need to apply after the waiting list re-opens.

PRINT YOUR NAME: _____

Have you disposed of an asset, within the last two years, for less than it was worth? Yes _____ No _____
If yes, please explain: _____

E. Have you or a member of your household, engaged in drug-related criminal activity or violent criminal activity?

Yes _____ No _____

Are you a citizen of the United States by birth, a naturalized citizen or a national of the United States?

Yes _____ No _____

If no, do you have eligible immigration status? Yes _____ No _____

F. CURRENT HOUSING STATUS:

1) Has your unit been declared unfit for habitation by an agency or unit of the government? YES _____ NO _____

2) Are you displaced due to a natural disaster such as a flood or fire? _____

3) Are you displaced due to urban renewal or government action? _____

4) Are you displaced because of action by a landlord?
If yes, provide reason. _____

5) Are you and your child(ren) currently residing in a shelter for victims of domestic abuse for more than 30 continuous days due to domestic abuse from another residing family member? _____

6) Are you now living, or have you ever lived, in a government subsidized unit?

If yes, WHEN: _____

Development Name: _____

Address: _____

7) Has your housing assistance ever been terminated for fraud, non-payment of responsibilities or for any other reason?
If yes, explain the circumstances: _____

G. LANDLORD REFERENCES (Start with most recent)

Current Address: _____	Previous Address: _____
Dates of Occupancy: From: _____ To: _____	Dates of Occupancy From: _____ To: _____
Landlord Name: _____	Landlord Name: _____
Landlord Address: _____	Landlord Address: _____
Landlord Phone/Fax #'s: _____	Landlord Phone/Fax #'s: _____
Current Address: _____	Previous Address: _____
Dates of Occupancy: From: _____ To: _____	Dates of Occupancy From: _____ To: _____
Landlord Name: _____	Landlord Name: _____
Landlord Address: _____	Landlord Address: _____
Landlord Phone/Fax #'s: _____	Landlord Phone/Fax #'s: _____

H. APPLICANT CERTIFICATION:

I hereby certify that all the information I have provided on this application is correct and complete to the best of my knowledge and belief. I understand it is illegal to provide false information and that waiting list placement could be denied/terminated, rent assistance could be denied/terminated and prosecution for fraud could occur as a result, as stated in Section 1001 of Title 18 of the U.S. Code.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

WARNING

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

Request for Interpreter
Xav Tau Ib Tug Neeg Txhais Lus
Solicitud de intérprete
CodsiTarjubaan

Attention! If you do not understand, speak, or read English, please return this form to us by faxing it to 320-252-0889 OR mail it to: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Hmong
Nyob Zoo! Yog koj tsis to taub, hais lus, lossis nyeem lus Aaskiv, thov xa tsab ntawv no rov tuaj rau peb xws li muab fax tuaj rau 320-252-0889 LOSSIS muab xa tuaj rau qhov chaw nyob no:
1225 W. Saint Germain St.
St. Cloud, MN 56301

Spanish
¡Atención! Si Usted no puede entender, hablar o leer el ingles, por favor mándenos esta hoja por fax al 320-252-0889 O envíela por correo a:
1225 W. Saint Germain St.
St. Cloud, MN 56301

Somali
Wargelin! Haddii aadan fahmin, ku hadlin ama aadan akhriin afka Ingiriisiga, fadlan soo celi foomkan adiga oo ku soo diraya faxka lambarkiisu yahay 320-252-0889 ama kunsoo dir boostada cinwaankeedu yahay:
1225 W. Saint Germain St.
St. Cloud, MN 56301

Vietnamese
Xin lru y! Nếu quý vị không hiểu, nói, hoặc đọc được tiếng Anh, xin gửi trả mẫu này lại cho chúng tôi bằng cách gửi bằng máy fax qua số 320-252-0889 HOẶC qua bưu điện về địa chỉ:
1225 W. Saint Germain St.
St. Cloud, MN 56301

Name: _____ SSN: _____
Lub rpe, Nombre Magaca Tên

No interpreter requested: _____

Language Requested: _____
Hom lus Idioma Luqadda (Afka) Ngón ngữ yêu cầu

Phone Number: _____
Xov tooj Numero de teléfono Lambarka Telefoonka Số điện thoại

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Phone: (320) 252-0880 • Fax: (320) 252-0889

www.stcloudhra.com

Equal Opportunity Housing & Equal Opportunity Employment

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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 solving 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.