

ST. CLOUD HOUSING AND REDEVELOPMENT AUTHORITY

1225 WEST ST. GERMAIN STREET

ST CLOUD MN 56301

(320)252-0880-Phone

(320)252-0889 Fax

Check all that apply:

- Brownstones Town Homes Creeks Town Homes Westwood Apartments
 Eastwood Apartments Swisshelm Apartments Riverside Apartments
 1-bedroom 2-bedroom 3-bedroom

Applicant Name: _____
Current Address: _____ Zip: _____
Home Phone: _____ Cell Phone : _____
Other: _____

Co-Applicant Name: _____
Current Address: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Other: _____

Do you own your home? Yes No

Are you being evicted? Yes No

If yes, explain: _____

Are you currently under a lease? Yes No

Are you currently living in government subsidized housing? Yes No

Have you ever lived in Public Housing? Yes No

If yes, where? _____ Date: _____

Have you ever participated in the Section 8 Rental Assistance Program? Yes No

If yes, where? _____ Date: _____

Have you or any household member ever been arrested? Yes No

If yes, explain: _____

Have you or any household member ever been convicted of a crime? Yes No

If yes, explain: _____

Have you or any household member ever been convicted of fraudulent activity against another government agency? Yes No

If yes, explain: _____

Are you or any household member CURRENTLY under investigation for fraudulent activity against a government agency? Yes No

If yes, explain: _____

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? (failure to respond to this question, may jeopardize the approval of your application) Yes No

If yes, where? _____

This information is required for statistical purposes so the Department of HUD

Check one for Head of Household:

- White Black
 American Indian or Alaskan Native
 Asian Pacific Islander

Check one for Head of Household:

- Hispanic Non Hispanic

LANDLORD REFERENCES (Start with most recent)

<i>Landlord name:</i>
Landlord address:
Landlord Phone:
Rental Address:
Dates of occupancy

<i>Landlord name:</i>
Landlord address:
Landlord Phone:
Rental Address:
Dates of occupancy

CHARACTER REFERENCES

*List personal references we can contact for a character reference.
Do not list relatives or personal friends.*

NAME	ADDRESS	RELATIONSHIP	PHONE

OTHER INFORMATION

*List names, addresses, and phone numbers of two relatives or friends
who generally know how to contact you.*

NAME	ADDRESS	PHONE NUMBER

A person with a disability may request reasonable accommodation at any time during the application process, participation in a program and/or during the grievance procedure.

I hereby give the St. Cloud HRA permission to obtain information from my previous landlords regarding my tenancy, complaints, damages, and housekeeping; request personal references for those persons that I have listed on my application.

I understand that this information will be used in assessing my eligibility for a housing unit and the HRA may not be able to provide me with housing if I do not permit landlord, personal reference and/or credit checks.

I certify that the information given to the St. Cloud HRA on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I acknowledge that all of the above information is relevant to the qualification under federal income tax law for low the income housing tax credit. I consent to the disclosure of such information for the housing credit agency or authorized agent thereof and any authorized agent of the Treasury Department or Internal Revenue Service.

Signature

Date

Signature

Date

Signature

Date

Where did you hear about us? Newspaper _____ Apartment Guide
Web-Site Friend/family Other _____

Warning: Section 1001 of the 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 U.S. as to any matter within its jurisdiction. **Applicants:** If you believe that you have been discriminated against, you may call the Fair Housing and Equal opportunity National Toll Free Hot Line at 1-800-424-8590.

Request for Interpreter Notice (June 2009) was mailed with this correspondence.
_____ (initial)

HOUSEHOLD QUESTIONNAIRE

Certification Effective Date: _____

Household certifying for the following Program(s):

- Move-in _____
- Initial Cert _____
- Recertification _____
- Add a Member _____

- Section 8
- Housing Tax Credit
- HOME
- Section 236
- Other _____

Date & Time Rec'd: _____
 Rent Amount: \$ _____

Property Name _____

Bldg/Unit # _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.

Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO	SOCIAL SECURITY NUMBER
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

HOUSEHOLD INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

	YES	NO		Gross Monthly Amount
			1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
			2. Does any member work for someone who pays them in cash or is self-employed.	\$
			3. Regular pay for a member of the armed forces	\$
			4. Public Assistance (MFIP, GA)	\$
			5. Worker's compensation	\$
			6. Unemployment benefits or severance pay	\$
			7. Student financial assistance (public or private, not including student loans)	\$
			8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
			9. Alimony/Spousal Maintenance	\$
			10. Social Security income (including unearned income of minor children)	\$
			11. Disability benefits including social security disability	\$
			12. Regular payments from pensions (PERA, railroad, etc.)	\$
			13. Regular payments from retirement benefits	\$
			14. Death Benefits	\$
			15. Regular payments from annuities or life insurance dividends	\$
			16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
			17. Net income from rental property	\$
			18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
			19. Other (list) _____	\$
			20. Other (list) _____	\$

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL INFORMATION

The following questions pertain to every member of the household.
Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____		

SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____

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 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.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to ST. CLOUD HRA/TENANT PI any information or materials needed to complete and verify my application for housing, verify my income to qualify for housing and continued qualification under:

*Conventional Housing Programs
Low Income Tax Credits
Rent Supplement*

*Rental Assistance Payment (RAP)
Section 234
Section B Housing Assistance Payment Program*

I give my consent for the releases also for the minor children in my care, who live with me or not. I understand and agree that this authorization of information obtained with its use may be given to and used by ST. CLOUD HRA/TENANT PI to administer and enforce program rules and all policies.

INFORMATION COVERED

I understand that depending on the 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:

*Identify & Marital Status
Medical or Child Care Allowances*

*Employment, Income & Assets
Residences and Rental Activity*

*Credit and Criminal Activity
Social Security Numbers*

I understand that this information cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the rental of housing.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups/individuals that may be asked to release the information (depending on the program requirements) include, but are limited to:

*Current and/or Previous Landlords
(Includes Public Housing Agencies)
Banks & Financial Institutions
Veterans Administration
State Unemployment Agencies
Law Enforcement Agencies*

*Past and Present Employers
Welfare Agencies
Schools & Colleges
Medical & Child Care Providers
Utility Companies*

*Support and Alimony Providers
Courts and Post Offices
Credit Providers & Credit Bureaus
Retirement Systems
Social Security Administration*

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that TENANT PI 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 the right to notification of any adverse information found, and a chance to disprove that information. TENANT PI 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 photo or a duplicate copy of this original authorization may be used for the purposes stated above. This authorization will stay in effect for 365 days from the date signed.

I give my permission to the Owner/Management, Agent and Assignee(s) listed on this form to give and receive information about me/us to and from any county or government human service agency. I know my records are protected by State and Federal privacy laws. I must give written consent before records can be released or disclosed, unless the law allows it. I know I do not have to consent to this release.

Printed FULL Name of Applicant

Applicant's Signature

Date

Applicant's Social Security Number

Management/Agent's Signature

Date

Printed FULL Name of Co-Applicant

Co-Applicant's Signature

Date

Co-Applicant's Social Security Number

Management/Agent's Signature

Date

CRIMINAL BACKGROUND CHECK CONSENT FORM

HRA

1225 W St Germain St., St. Cloud, MN 56301
Phone: 320-252-0880 Fax: 320-252-0889

Applicant: _____
(PLEASE PRINT)

A local records check of the St. Cloud Police Department/Stearns County sheriff's Department and a search of the Minnesota State Criminal Records and or the Federal Bureau of Investigations Criminal Justice Information files will be preformed on you, pursuant with the lease agreement of the apartment complex to which you are applying. By signing this form, you are allowing the St. Cloud Police Department to release the criminal data maintained in those files, which applies under Statues & Ordinance.

1. You have the right to be informed that HRA is requesting Criminal Background Check to determine if you have been convicted of a Crime.
2. You have the right to be informed by HRA of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from St. Cloud Police Department/Stearns Sheriff's Department and or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub. 4.
5. You have the right to be informed by HRA if your application for acceptance has been denied because of the results of this Background Check.

Application Information - PLEASE PRINT CLEARLY

Last Name First Name Middle Name

Have you ever been known by another name? Maiden, Aliases

Date of Birth _____ Gender: Male _____ Female _____ Race: _____

Driver Lic.# _____ State: _____ Social Security # _____

Current Address Apt # City State & Zip County

Have you lived in Minnesota for at least the past 10 years? Yes _____ No _____ Please list complete

Prior Address Apt # City State & Zip County

This Release shall be effective for ONE (1) year from date signed.

Applicant Signature Date

Subscribed and sworn before me on this
_____ day of _____ 20__

Notary Public

