

ST. CLOUD HOUSING AND REDEVELOPMENT AUTHORITY  
1225 WEST ST. GERMAIN STREET  
ST. CLOUD, MN 56301  
(320) 252-0880 Fax: (320) 252-0889

**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 check that you have read the information at the bottom of this page to accept this Tennessee Warning before proceeding to the application.**

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

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

**Tenemos a su disposición servicios de intérpretes gratuitos. Si está interesado, por favor solicítele 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.



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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.

Once your application forms are reviewed by HRA staff, you will be sent a letter confirming that your application has been received and which indicates the anticipated length of waiting time you will experience before your name reaches the top of the waiting list. **This letter will be mailed to you in approximately three to four weeks.**

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.

One-bedroom units are located in Empire Apartments, Wilson Apartments, Grace McDowall Apartments and Germain Towers Apartments.

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 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 establishehd 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 for which programs you will qualify at this application time. Acknowledging that the HRA makes this final determination, please indicate those programs for which you would like to apply:

**Public Housing Program**

- \_\_\_\_\_ Empire Hi-Rise (one -bedroom)
- \_\_\_\_\_ Wilson Hi-Rise (one-bedroom)
- \_\_\_\_\_ Grace McDowall Hi-Rise (one-bedroom)
- \_\_\_\_\_ Germain Towers Hi-Rise (one-bedroom)
- \_\_\_\_\_ Scattered Sites (two-, three-, four- or five-bedrooms)
- \_\_\_\_\_ Northway Townhomes (two-, three-bedrooms)

**Section 8 Housing Choice Voucher Program**

**Project-based Assistance Voucher Program**

**Print your name:** \_\_\_\_\_

**PRE-APPLICATION FOR TENANT ELIGIBILITY**

**A. APPLICANT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Building # and Street Apt # City/State Zip Code

County: Stearns Benton Sherburne Wright Other: \_\_\_\_\_  
(CIRCLE ONE)

Will you require an interpreter for HRA appointments? \_\_\_ Yes \_\_\_ No If yes, language: \_\_\_\_\_

*The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.*

Race of Head of Household \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black  
 \_\_\_\_\_ Native Hawaiian/Other \_\_\_\_\_ White

Ethnicity of Head of Household \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

*You are not required to answer the next question, however the information provided could affect your rental calculations.*

Are you handicapped or disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If there is a handicapped/disabled family member(s) in your household, identify any special housing needs or accommodations which are required to help you fully utilize the services provided by the housing program.\*

**B. HOUSEHOLD COMPOSITION:** List the head of household and all other persons who live in the rental unit.

Full Name of Household Members (First, Middle and Last Name)	Relationship to Head	Sex	Date of Birth	Age	Social Security #	Place of Birth	Name of Absent Parent
1	HEAD						
2							
3							
4							
5							
6							
7							

Do you plan to have anyone move into or out of your household during the next 12 months (including but not limited to an unborn child) who is not listed above? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Address of Absent Parent: \_\_\_\_\_  
Building # and Street Apt # City/State Zip Code

**C. HOUSEHOLD INCOME:** List all money earned or received by everyone in your household. This includes money from wages, self-employment, child support, regular gifts of money, Social Security disability payments, Workman's Compensation, retirement benefits, MFIP, DWP, GA, MSA, Veterans benefits, alimony, tips, pensions, rental property income, caretaking, stock dividends, income from bank accounts, and all other sources. Please indicate dollar amounts below.

HOUSEHOLD MEMBER	EMPLOYER	GROSS WAGES WEEKLY	MFIP/DWP GA/MSA MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY MONTHLY	UNEMPLOYMENT WEEKLY BENEFITS	ALL OTHER INCOME MONTHLY

**D. VALUE OF TOTAL ASSETS:**

Checking	\$	Real Estate	\$
Savings	\$	Other:	\$

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:**

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

REVISED:

2/97, 12/98, 6/99, 6/00

3/01, 10/06, 05/09

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