

Todd County HRA
 300 Linden Ave
 Browerville, MN 56438
 Phone (320)594-6388

Email toddcountyhra@yahoo.com

Please check which program you are applying for

Sunrose Courts Apartments _____
 Housing Choice Voucher (Section 8) _____
 Hillside Apartments (Project Based Vouchers)

THIS FORM MUST BE COMPLETE. USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST AGREE TO THE TERMS OF THIS APPLICATION.

APPLICANT: _____

FIRST MIDDLE LAST

CO-APPLICANT: _____

FIRST MIDDLE LAST

CURRENT ADDRESS: _____

HOME PHONE EMAIL ADDRESS CELL PHONE

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.

Check One for _____ White _____ Black or African American _____ Asian

Head of Household: _____ American Indian or Alaskan Native
 _____ Native Hawaiian or Other Pacific Islander
 _____ Hispanic or Latino _____ Not-Hispanic or Latino

HOUSEHOLD COMPOSITION: LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL LIVE IN THE RENTAL UNIT WHILE YOU ARE ON THE PROGRAM.

Names of Household Members			Relationship	Birth Date (m/d/year)	Sex	Social Security Number	US Citizen
Last	First	MI					
1.			Head				Y/N
2.							Y/N
3.							Y/N
4.							Y/N
5.							Y/N
6.							Y/N

**IN ORDER TO PROCESS YOUR APPLICATION
ALL SOCIAL SECURITY NUMBERS & COPIES OF CARDS ARE REQUIRED**

Is the head of household or spouse disabled? _____ yes _____ no (For program and unit eligibility purposes only).

Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? _____ yes _____ no If yes, please explain:

How did you hear about our programs and developments? _____

Have you applied for housing with the Todd County HRA within the last five years? ____ yes ____ no

If yes, was your application denied? ____ yes ____ no. If yes, please state the reason(s) for the denial:

Do you plan to have anyone living with you in the future who is not listed above: yes no If yes, please explain: _____

All family members 18 or over listed as full-time students must provide the following information:

School Name and Address: _____

School Name and Address: _____

Does anyone live with you now who is not listed above: yes no If yes, please explain: _____

THIS SECTION MUST BE COMPLETED – INCLUDE ALL HOUSEHOLD INCOME

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. This includes money from wages, self-employment, child support, regular gifts of money, social security, disability payments, workman's compensation, retirement benefits, MFIP, veteran benefits, alimony, tips, pensions, rental property income, caretaking, stock dividends, income from bank accounts and all other sources.

EARNED INCOME FOR ALL HOUSEHOLD MEMBERS (list both full and part-time employment)

Household Member	Employer Name and Address	Monthly Gross Earnings
		\$
		\$
		\$

OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS (example: MFIP, GA, Social Security, SSI, disability, alimony, child support, dividends, pensions, trust funds, income from rental property, and armed forces reserves)

Household Member	Source	Monthly Gross Income
		\$
		\$
		\$

ASSET INFORMATION: List all savings and checking accounts, savings certificates, credit union shares, money market funds, stocks, bonds, IRA accounts, etc.

Household Member	Type of Account	Bank Name and Address	Account Number	Current Balance
				\$
				\$
				\$
				\$

Have you sold or given away any assets for less than their fair market value in the past two years? yes no. If yes, describe the asset, its fair market value, the amount you received, and the date of disposal. _____

Do you own any personal property which is held for investment purposed? (Examples: gems, jewelry, antiques, silver, gold, coin/stamp/gun collection, etc.) yes no. If yes, describe it and give the current appraisal value. Descriptions: _____

Current Appraisal Value: _____

DEDUCTIONS:

Do you pay for childcare while a family member is employed or attending school?

_____ yes _____ no

Name of family member employed or attending school: _____

List child care provider's name: _____

Address and zip code: _____

Telephone Number _____ Cost \$ _____ per _____

Are you receiving any assistance with childcare costs? _____ yes _____ no. If yes, list the source and amount of assistance: _____

Does your household incur expenses related to a handicap or disability that allows a family member to work? _____ yes _____ no. If yes, explain: _____

MEDICAL DEDUCTIONS:

Do you pay for Health Insurance? _____ Yes _____ No if so what is the monthly amount? _____ and who is it thru _____

Do you pay for prescriptions? _____ Yes _____ no If so where do you get them at? _____ What is your monthly amount? _____

Do you have any unpaid Physician, Hospital, Eye or Dentist bills? If so with who and how much _____

Do you have driver costs associated with trips to Doctor Appointments? _____ Yes _____ no

OTHER INFORMATION: (ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED)

Have you or any household member EVER been arrested? _____ yes _____ no. If yes, explain: _____

Where did the arrest(s) occur? City _____ County _____ State _____

Have you or any household member EVER been convicted of a crime (include all levels of conviction)? _____ yes _____ no. If yes, explain and list ALL conviction dates: _____

Was the conviction related to an act of physical violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? _____ yes _____ no. Where did the conviction(s) occur? City _____ County _____ State _____

Are you currently on probation/parole due to a conviction for a criminal offense or other unlawful act? _____ yes _____ no. If yes, state the name and address of your probation/parole officer: _____

Are you or any member of your household required to register under any state's sex offender registration program? _____ yes _____ no. If yes, explain: _____

Have you or any household member been convicted of a fraudulent activity against another government agency? _____ yes _____ no. If yes, explain: _____

Are you or any household member CURRENTLY under investigation for fraudulent activity against another government agency? _____ yes _____ no. If yes, explain: _____

Current Rental History

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Current Housing Status Information:

Address: Street _____ Apt. # _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____

Current monthly rent? _____

How many people live in your unit? _____

Do you own your home? _____

Are you under a lease now? ___ yes ___ no

Are you currently being evicted? ___ yes ___ no. If yes, explain why _____

Have you ever been evicted? ___ yes ___ no. If yes, how many times, and what year(s)? _____

Are you now living in a government-subsidized unit (example: Public Housing, Housing Tax Credit, Section 236, or Section 221(d)(3) subsidized project)? ___ yes ___ no

Have you ever lived in Public Housing? ___ yes ___ no. If yes, where? _____

Approximate dates _____

Have you ever participated in a Section 8 Rental Assistance Program? ___ yes ___ no. If yes, where? _____

Approximate dates _____

IF YOU RENT:

LANDLORD REFERENCE:

Present Landlord's Name: _____ Telephone #: _____

Landlord's Address: Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

CHARACTER REFERENCES:

List three personal references we could contact for a character reference. (Example: employers, clergymen, social workers, etc.)

Name	Address	Relationship	Phone

By signing this application, I/We certify that the information given to the Todd County HRA on household composition, income, net family assets and deductions is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I understand that this information will be used in assessing my eligibility for a housing unit and that the Todd County HRA may not be able to provide me with housing if I do not permit landlord and personal reference checks.

Head of Household _____ Date: _____

Spouse or Co-Head _____ Date: _____

Other Adult _____ Date: _____

<p>WARNING Section 1001 of Title 18 of the US 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.</p>
