

FOR OFFICE USE ONLY: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INCOME: \_\_\_\_\_  
 Bedroom size: \_\_\_\_\_ Handicap accessible: \_\_\_\_\_ Brainerd South \_\_\_\_\_  
 Valley Trail \_\_\_\_\_ Scattered Sites \_\_\_\_\_ North Star \_\_\_\_\_ Housing Choice Voucher (Section 8) \_\_\_\_\_  
 Court Records Check Completed \_\_\_\_\_

Brainerd Housing and Redevelopment Authority  
 324 East River Road  
 Brainerd, MN 56401  
 PHONE: (218) 828-3705  
 FAX: (218) 828-8817

**PRE-APPLICATION for Public Housing and Housing Choice Voucher Program (HCV)**

Full Legal Name \_\_\_\_\_ Maiden/Former Last Name(s) \_\_\_\_\_  
 (First, Middle, Last)  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Other contact # \_\_\_\_\_  
 Do you speak English? \_\_\_\_\_ If No, what language do you speak? \_\_\_\_\_

Use the numbers below for race and ethnicity on the application for each household member. This information is required for statistical purposes so the Department of Housing and Urban Development may determine the degree to which its programs are utilized by minority families.

- RACE CODE
  - 1. White
  - 2. Black
  - 3. Asian
  - 4. American Indian/Alaskan Native
  - 5. Native Hawaiian/Pacific Islander
- ETHNICITY CODE
  - 1. Hispanic
  - 2. Non-Hispanic

Household Members (last name, first name, middle initial)	Social Security Number	Relationship to Family Head	Sex	Date of Birth	Age	Handicapped or Disabled	RACE	Ethnicity 1. 2.
1.		SELF						
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**IN ORDER TO PROCESS YOUR APPLICATION, ALL SOCIAL SECURITY NUMBERS ARE REQUIRED**

Are all household members United State Citizens? If no, please indicate non-citizen household member: \_\_\_\_\_  
 Do you expect any changes in the number of people in your household? YES  NO  If, yes, explain \_\_\_\_\_  
 Have you applied for housing with the Brainerd HRA within the last 5 years? YES  NO   
 If yes, was your application denied? YES  NO  If yes, please state the reason(s) for the denial: \_\_\_\_\_

**Income** (List all sources of household income-examples MFIP, wages, Social Security, Child Support, MSA,GA)

Household Member	Source of Income	Gross Earnings	(per hour, per month, etc.)	Hours Per Week
1.		\$	per	
2.		\$	per	
3.		\$	per	

**Assets** (List all assets of household members-examples: Checking, Savings, Stocks, Bonds)

Household Member	Type of Asset	Location	Amount
1.			
2.			
3.			

Do you need a unit that is accessible to persons with mobility impairments? (wheelchair access, etc) Yes  No   
 As a person with a disability, do you require a specific request for a reasonable accommodation to fully utilize the Public Housing and/or Housing Choice Voucher Programs? Yes  No  If yes, please explain \_\_\_\_\_  
 Is anyone in the household under 24 years enrolled in a school higher than high school level? Yes  No   
 How did you hear about our programs and developments? \_\_\_\_\_

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? \_\_\_\_\_ What year(s) \_\_\_\_\_

Do you owe any money to another Housing Authority? Yes  No

**Current Housing Information:**

How long have you lived at the above address: \_\_\_\_\_ Current Monthly Rent? \_\_\_\_\_

How many people live in your unit? \_\_\_\_\_

Are you under a lease now? Yes  No  Are you currently being evicted? Yes  No  If yes, explain why \_\_\_\_\_

\_\_\_\_\_

Have you EVER been a party to an eviction action? Yes  No  If yes, how many times? \_\_\_\_\_

What year(s)? \_\_\_\_\_ What County/State? \_\_\_\_\_

Do you own your own home? Yes  No

**Criminal Information: All of the following questions MUST be answered TRUTHFULLY, or your application will be denied for all programs on the basis of supplying false information. Every applicant's criminal background information is thoroughly screened and verified through the courts.**

1. Have you or any household member **EVER** been **ARRESTED** or **CHARGED** with a crime? (include any and all charges, regardless of level)  
YES  NO  If yes, explain: \_\_\_\_\_
2. Have you or any household member **EVER** been **CHARGED**, **ARRESTED** for OR **CONVICTED** of any criminal activity involving physical violence against a person or property?  
YES  NO  If yes, explain: \_\_\_\_\_
3. Have you or any household member **EVER** been **CHARGED**, **ARRESTED** for OR **CONVICTED** of any criminal activity related to the use, sale, distribution or manufacture of a controlled substance (illegal drugs)?  
YES  NO  If yes, explain: \_\_\_\_\_
4. Have you or any member of your household **EVER** been convicted for producing methamphetamine on a federally assisted housing property?  
YES  NO  If yes, explain: \_\_\_\_\_
5. Have you or any household member **EVER** been charged with or convicted of a **FELONY**.  
YES  NO  If yes, state the year(s) \_\_\_\_\_
6. Are you or any member of your household a fugitive, felon, parole violator or a person fleeing to avoid prosecution or confinement after charge, arrest or conviction of a felony level crime?  
YES  NO  If yes, explain: \_\_\_\_\_
7. Have you or any household member **EVER** been **EVICTED** from a Federally subsidized housing program OR **FOUND INELIGIBLE** for rent assistance by another housing authority because of violent or drug- related criminal activity?  
YES  NO  If yes, explain: \_\_\_\_\_
8. Are you or is any member of your household **REQUIRED TO REGISTER** under any state's **SEX OFFENDER REGISTRATION** program?  
YES  NO  If yes, list name of household member and state: \_\_\_\_\_

I/We certify that the information on this application is correct and complete to the best of my/our knowledge and belief. I/We understand that such information will be verified and false statements made on this application will cause me/us to be disqualified for admission. I/we also understand that false statements of information are punishable under Federal Law.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Co-Head \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**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.