

FOR OFFICE USE ONLY
Applicants should not write in this section.

DATE: _____ TIME: _____ INCOME: _____ CW County Resident: _____
Court Records Check Completed: _____ Date Put on List: _____ Date Denied: _____

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

PRE-APPLICATION for the Housing Choice Voucher (HCV) Program

Please complete all areas of the application. Incomplete or unreadable forms will not be processed. All applicants 18 years of age or older must sign the application. This is a pre-application only to determine if you will be put on the waiting list. You are responsible for updating us with any changes in the information you have provided to us. Applicants will be notified by mail when at the top of the waiting list, at which time a full application will be required.

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
Your application will not be accepted if all social security numbers are not listed

PRE-APPLICATION for the Housing Choice Voucher (HCV) Program (continued)

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, CDs, Real Estate)

Household Member	Type of Asset	Location	Amount
1.			
2.			
3.			
4.			
5.			
6.			

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 If yes, how much and to which Housing Authority?

Current Housing Information:

How long have you lived at your current address: _____ Current Monthly Rent? _____

How many people live in your unit? _____ How many bedrooms in your current unit? _____

Are you under a lease now? Yes No If yes, when does your lease expire? _____

PRE-APPLICATION for the Housing Choice Voucher (HCV) Program (continued)

Criminal Information: Every applicant's criminal background information is thoroughly screened and verified through the courts.

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.

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 member of your household **EVER** been convicted for producing methamphetamine on a federally assisted housing property? YES NO

If yes, explain: _____

3. Have you or any household member **EVER** been charged with or convicted of a FELONY? YES NO

If yes, state the year(s): _____

4. 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.

All applicants 18 years of age or older must sign the application or the application will not be processed.

Head of Household _____ Date _____

Spouse or Co-Head _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

The Brainerd HRA will pre-screen waiting list applicants for criminal background and debts owed to the Brainerd HRA or other housing authorities. Applicants that are found ineligible will be contacted in writing.

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.

BRAINERD HRA RESIDENT SELECTION CRITERIA

Updated September 12, 2012

Upon receipt of a **COMPLETED** application, eligible applicants will be screened considering the following factors:

Income and Assets

1. The applicant must meet household characteristics, income guidelines and provide written verification of all sources of income and assets.
2. Applicants that refuse to comply with housing program requirements, policies and/or procedures (i.e. failure to sign and submit relevant forms, consents, releases, etc.) will be denied. Any applicant that displays threatening, abusive or violent conduct towards any employee of the Brainerd HRA will be denied.

Rental History

1. Applicants must have a minimum of two (2) years verifiable rental history or home ownership. All prospective residents must provide previous landlords' name, address, and phone number.
2. Applicants must have acceptable landlord references. Applicants with a rental history reflecting late payments of rent, non-payment of utilities, past due rent, eviction actions, damages, poor housekeeping habits, a history of disturbing the peace, or an outstanding balance due to a former landlord will be denied residency in housing owned and/or managed by the Brainerd HRA.

Criminal Background

1. Applicants with a felony conviction of any kind within the last 10 years will be denied housing owned and/or managed by the Brainerd HRA. Applicants with a felony conviction within the last 3 years will be denied for the Housing Choice Voucher (Section 8) Rental Assistance program.
2. Applicants with a felony charge pending and/or the disposition of any felony charge that has yet to be adjudicated by a court of law will be denied.
3. Applicants who have been cited, arrested, or convicted of the use, possession, manufacturing of, or sale of controlled substances will be denied.
4. Applicants with a pattern of criminal activity will be denied. This may include, but not be limited to, any crimes of physical violence to persons or property, fraud, violent or terroristic crimes, or a record of other criminal acts which may endanger the health, safety or welfare of other residents.

Other Reasons for Denial Include:

1. The applicant purposely falsified, misrepresented or withheld information or submitted inaccurate and/or incomplete information on any application.
2. Applicant has current or recent problems involving chemical or drug dependency resulting in any of the other reasons for non-selection.

Reasons for lifetime denial of housing:

1. If any family member has been convicted of manufacturing or producing methamphetamine in a public housing development or in a Section 8 assisted property; or
2. If any family member is required to register under any State sex offender registration program.

I/We have read and understand the foregoing Resident Selection Criteria.

Applicant

Date: _____

Applicant

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.	

Check this box if you choose not to provide the contact information.

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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.