

**FOR OFFICE USE ONLY:**

Eligibility Determination Date/Time: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_ Initial Eligibility:  Y  N Received by: \_\_\_\_\_Interview Date: \_\_\_\_\_ Final Eligibility:  Y  N Denial Date: \_\_\_\_\_

Crow Wing County Resident: YES NO

**HOUSING CHOICE VOUCHER WAITINGLIST APPLICATION****Limited English Proficiency:**Do you require oral and/or written information in any language other than English?  Y  N

If yes, which language? \_\_\_\_\_ Please contact the HCV Office for assistance. If no, continue.

**Instructions:** Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security Card. In order to process your application, Social Security Numbers are required for ALL household members. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

**Applicant Head of Household**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FAMILY COMPOSITION:** List yourself and the complete names of all who live with you.Social Security numbers **MUST** be listed for all members. Contact the Social Security office immediately to obtain a corrected card with your current legal name

Member 1

Member 2

Member 3

Member 4

Member 5

Member 6

	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6
Name First and last						
Relation to You	Self					
Ethnicity/Race						
Birth Date						
Age						
Sex						
Full-Time High-School Student						
Post-High School Student						
Person with a Disability						
Social Security Number						

Are all household members United States Citizens? \_\_\_\_\_ yes \_\_\_\_\_ No If no, Please indicate non-citizen household members: \_\_\_\_\_

**If you are not a citizen by birth you will need to supply documentation with your INH# on it at the time of briefing.**

As a person with a disability, do you require a specific request for a reasonable accommodation to fully utilize the Housing Choice Voucher Program? If so, contact the HCV Program at 218-824-3433.

**INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living the household regardless of age. List monthly gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
					\$
Wages or Earnings					\$
MFIP					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$
					\$
Regular Contributions or Gifts					\$
					\$
Self Employed (lawn care, hair stylist, etc.)					\$
					\$
Temp. / Sporadic Income					\$
					\$
Cyclical or Seasonal Work					\$
					\$
Lump Sum Payments					\$
					\$
Veterans Administration					\$
					\$
Student Financial Assistance					\$

**STATEMENT OF ASSETS**

I understand that the value of equity in real property, stock, bonds, and other forms of capital investment are considered assets and that all income from assets such as interest, dividends, net income from the operation of a business must be reported.

As the Head of Household, I state that I or any members of my household have no ownership, in full or in part, of any assets other than those identified below, the value of which I have listed on this form.

Check "yes" or "no" on each line. If "yes", provide all additional information.

	<u>YES</u>	<u>NO</u>	<u>ACCOUNT #/NAME</u>	<u>BANK</u>	<u>AMOUNT/VALUE</u>	<u>INTEREST RATE/ DIVIDEND</u>
Cash on hand over \$100.00	_____	_____	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____	_____	_____
Certificate of Deposit	_____	_____	_____	_____	_____	_____
Money Market Funds	_____	_____	_____	_____	_____	_____
IRA Account	_____	_____	_____	_____	_____	_____
Cash Management Accounts	_____	_____	_____	_____	_____	_____
Annuities	_____	_____	_____	_____	_____	_____
Stocks/Bonds/Mutual Funds	_____	_____	_____	_____	_____	_____
U.S. Savings Bonds	_____	_____	_____	_____	_____	_____
BUSINESS	_____	_____	_____	_____	_____	_____
CONTRACT FOR DEED	_____	_____	_____	_____	_____	_____
REAL ESTATE	_____	_____	_____	_____	_____	_____

1. Does anyone outside of the household help with bills on a regular basis?  Y  N

If yes, list name of each person or agency that assists with bills:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Is any household member age 18 or older employed in a job training program?  Y  N

If yes, list his/her name and the specific job training program: \_\_\_\_\_

3. Has anyone in your household applied for any benefits which are in the process of being approved?

Y  N If yes, explain: \_\_\_\_\_

4. Are you entitled to: Child Support  Y \$ \_\_\_\_\_  N Alimony  Y \$ \_\_\_\_\_  N

**MEDICAL & DISABILITY ASSISTANCE (Complete only if head of household or spouse is disabled or is 62 years of age or older.)**

List all medical expenses the family anticipates paying during the next 12 months that will not be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

Type of Expense	Amount	Type of Expense	Amount
Medical Insurance(s)	\$	Doctor Visits	\$
Prescription Medicine(s)	\$		\$
	\$		\$
	\$		\$

ARE YOU ON MEDICAL ASSISTANCE? \_\_\_ Yes \_\_\_ No      SPENDDOWN? \_\_\_ Yes \_\_\_ No

If you are on a spenddown, give monthly amount: \_\_\_\_\_

Do you pay for Medicare? \_\_\_ Yes \_\_\_ No      Is your Medicare paid by another source? \_\_\_ Yes \_\_\_ No

Do you pay for medical/dental or hospital insurance (other than Medicare)? \_\_\_ Yes \_\_\_ No

Name and Address of Insurance Company \_\_\_\_\_

Monthly premium amount \_\_\_\_\_

Are you enrolled in a Medicare approved drug plan? \_\_\_ Yes \_\_\_ No      Monthly Amount \$ \_\_\_\_\_

Do you pay for prescription drugs? \_\_\_ Yes \_\_\_ No      Monthly \$ amount in co-pays? \$ \_\_\_\_\_

**CHILD CARE**

- Do you pay for child care for children age 12 or younger while you work, attend school, or seek employment?  Y  N If yes, to whom are expenses paid? \_\_\_\_\_
- How much per month? \_\_\_\_\_
- Address of child care provider: \_\_\_\_\_  
Do you get child care assistance?  Y  N Source: \_\_\_\_\_  
What amount is reimbursed? \$ \_\_\_\_\_

**PREVIOUS HOUSING ASSISTANCE**

- Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?  Y  N  
If yes, under what name? \_\_\_\_\_  
Housing Agency/City: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Lease in Name of: \_\_\_\_\_  
Were you evicted or asked to move?  Y  N
- Has any household member been evicted from federally-assisted housing in the past three years?  
 Y     N    If yes, who and where? \_\_\_\_\_

**CURRENT HOUSING**

Current Landlord: \_\_\_\_\_

Are you currently in a lease?  Y  N How many people live in your unit? \_\_\_\_\_

How many bedrooms in your unit? \_\_\_\_\_ Do you pay for utilities? \_\_\_\_\_

**CRIMINAL HISTORY**

Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following?

Violent criminal activity?  Y  N If yes, provide state, county, and date:  
\_\_\_\_\_

Domestic violence, dating violence, or stalking?  Y  N If yes, provide state, county, and date:  
\_\_\_\_\_

Criminal activity involving physical violence against a person or property?  Y  N  
If yes, provide state, county, and date:  
\_\_\_\_\_

Manufacture of methamphetamines?  Y  N If yes, provide state, county, and date:  
\_\_\_\_\_

Use, possession, sale, or distribution of illegal drugs?  Y  N  
If yes, provide state/county/date/ disposition of case:  
\_\_\_\_\_

List name of any household member required to register as a sex offender: \_\_\_\_\_  
If required to report, list name and phone number of probation/parole officer:  
\_\_\_\_\_

Has any household member participated in drug rehabilitation during the past 12 months?  Y  N  
If yes, explain  
\_\_\_\_\_

Have you or any household member ever been charged with or convicted of a felony?  Y  N  
If yes, provide state, county, and date:  
\_\_\_\_\_

## APPLICATION CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form for completeness and accuracy.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

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Signature of Head of Household

Date

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Signature of Spouse of Head of Household or Other Adult

Date

---

Signature of Other Adult

Date

---

Signature of Other Adult

Date

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Signature of Other Adult

Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777**

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.





**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: \_\_\_\_\_



**AUTHORIZATION  
for Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Brainerd HRA any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on 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:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Child Care Providers	Utility Companies
	Medical and Pharmacy Providers	Crow Wing County Social Services

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority 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 a right to notification of any adverse information found and a chance to disprove that information. HUD 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 photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

**Warning!** Section 1001 of 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 United States as to any matter within its jurisdiction.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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

