



Are all household members United State Citizens?  YES  NO If no, please indicate non-citizen household member: \_\_\_\_\_

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: \_\_\_\_\_

Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?  Yes  No If yes, please explain: \_\_\_\_\_

How many people live in your household now? \_\_\_\_\_ Will any of these people live anywhere except the unit you are applying for?  Yes  No If yes, please explain: \_\_\_\_\_

Will anyone else live in the unit on either a full-time or part-time basis?  Yes  No If yes, please explain: \_\_\_\_\_

Do you expect any of the above to change in the future?  Yes  No If yes, please explain: \_\_\_\_\_

Do you have legal and physical custody of your children?  Yes  No If no, please explain custody arrangement: \_\_\_\_\_

**CURRENT HOUSING** \_\_\_\_\_

Address City State Zip

Name of Landlord: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Address City State Zip

How long have you resided at your current address? From \_\_\_\_\_ To \_\_\_\_\_

Current Rent: \_\_\_\_\_ Are rent and utilities current?  Yes  No If no, please explain: \_\_\_\_\_

Have you been asked to vacate the unit/Has your lease been terminated?  Yes  No

**PREVIOUS HOUSING** \_\_\_\_\_

Address City State Zip

Name of Landlord: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Address City State Zip

Are you now living or have you ever lived in a government subsidized development?  Yes  No If yes, what City/State? \_\_\_\_\_ Dates \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been a party to an eviction action?  Yes  No If yes, how many times? \_\_\_\_\_ In what City/State? \_\_\_\_\_ In what year(s)? \_\_\_\_\_

**HOUSEHOLD INCOME****ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time or seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	MONTHLY AMOUNT
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, unemployment)?			\$
2. Does any member work for someone who pays them cash?			\$
3. Regular pay for a member of the armed forces?			\$
4. Welfare or disability benefits (AFDC, SSI, GA)?			\$
5. Worker's compensation?			\$
6. Unemployment benefits or severance pay?			\$
7. Child Support?			\$
8. Alimony?			\$
9. Education grants, scholarships or VA student benefits?			\$
10. Social Security payments?			\$
11. Pensions (PERA, railroad, etc.)?			\$
12. Retirement benefits?			\$
13. Death Benefits?			\$
14. Annuities or life insurance dividends?			\$
15. Lump sum payments (includes inheritance, insurance settlement, lottery winnings capital gains)?			\$
16. Regular cash contributions or gifts from individuals not living with you?			\$
17. Other (list)? _____			\$

**HOUSEHOLD ASSETS**

DO YOU HAVE MONEY HELD IN:	Yes	No	Current Balance
1 Checking Accounts?			\$
2 Savings Accounts?			\$
3 Stocks/Bonds?			\$
4 Bonds?			\$
5 Trusts?			\$
6 Securities?			\$
7 IRA/KEOGH Accounts?			\$
8 Certificates of Deposit?			\$
9 Pensions/retirement funds?			\$
10 Money Market Funds?			\$
11 Treasury Bills?			\$
12 Safety Deposit Box?			\$
13 Insurance Settlements?			\$
14 Other? (list)			\$

	Yes	No	Current Value
Do you currently hold a contract for deed?			\$
Do you currently own real estate?			\$

If yes, please give the location(s), number of acres owned, any expenses incurred (i.e., taxes insurance) and any income received.

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Are any assets held jointly with another person?  Yes  No If yes, list the person's name and the asset(s) held jointly: \_\_\_\_\_

**HOUSEHOLD ALLOWANCE INFORMATION**

**ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

All or part of your household's expenses may be allowable as a deduction from your annual income, such as child care expenses. **If you are 62 years of age or older, or have a disability** payments made on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by an outside source: e.g. insurance, Medicare, state agency, or charitable organization may be deductible.

**EXPECTED MONTHLY EXPENSES:** YES NO AMOUNT

1. Child care which enables you or another household member to work, go to school or to seek employment?
2. Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school?
3. Medicare premiums?
4. Other medical insurance premiums?
5. Outstanding medical bills on which you are currently paying?
6. Cost of assistive devices for a handicapped or disabled household member?
7. Do you receive medical assistance through the Public Assistance Programs?

**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, explain: \_\_\_\_\_
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, explain: \_\_\_\_\_

**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

All household members age 18 or older sign below:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.**

**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 of any kind within the last 10 years will be denied housing owned and/or managed by the Brainerd HRA. Applicants with a felony of any kind 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.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant

\_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant

**AUTHORIZATION  
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Brainerd Housing and Redevelopment Authority 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	Medical and Child Care Providers	Utility Companies
	Social Service Agencies	

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.

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<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Applicant: _____	Date: _____
Applicant: _____	Date: _____
Applicant: _____	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 U.S. 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.