

For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility: Y N
Received by: _____ Interview Date: _____ Final Eligibility: Y N
Denial Date: _____

**FULL APPLICATION FOR ADMISSION
Brainerd HRA
Brainerd South Apartments**

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 Brainerd South Housing 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: _____

Head of Household Social Security Information

Is your current legal name different than the name on your Social Security Card? Y N
If yes, contact the Social Security Office immediately to obtain a corrected card with your current legal name.
Have you or any other adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? Y N
If yes, explain: _____



(Continues on opposite side.)

I. HOUSEHOLD COMPOSITION (List all persons who will stay in the rental unit.)

***Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the applicants disclose being disabled.**

Adults (Age 18 and older)		Social Security #	Relation to Head	Sex	Race and Ethnicity	Birthdate	Age	Disabled* Yes/No
Name								
Last			HEAD					
First	MI							
Last								
First	MI							
Last								
First	MI							

Minors (Under Age 18)		Social Security #	Relation to Head	Sex	Race and Ethnicity	Birthdate	Age	Disabled* Yes/No	Name/Address of Absent Parent (if applicable)
Name									
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								

Additional Family Members

Name		Social Security #	Relation to Head	Sex	Race/Ethnicity	Birthdate	Age	Disabled* Yes/No	Name/Address of Absent Parent (if applicable)
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								
Last									
First	MI								

I. HOUSEHOLD COMPOSITION (continued)

1. Do you expect any changes in the number of people in your household)? Y N
If yes, explain: _____
2. Is any household member over the age 18 a full-time student (other than head of household or spouse of head of household)? Y N
If yes, list name and school attended: _____
3. Does anyone in your household require special accommodations due to a handicap or disability?
 Y N If yes, specify requirements: _____
4. Does any elderly or disabled household member require a live-in aid? Y N

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living the household regardless of age. List **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					\$



II. INCOME AVAILABLE TO HOUSEHOLD (continued)

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

Income Source	Yes	No	Family Member	Source	Amount
Student Financial Assistance (such as):					
> Scholarships					\$
> Grants					\$
> Work Study					\$
Lump Sum Payments					\$
Veterans Administration					\$

- 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. _____
- 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: _____
- Has anyone in your household applied for any benefits which are in the process of being approved?
 Y N If yes, explain: _____
- Are you entitled to: Child Support Y \$ _____ N
Alimony Y \$ _____ N

III. ASSETS

- Does any household member listed have assets or receive income from assets? Check all that apply.

Type of Asset	Yes	No	Type of Asset	Yes	No
Real Estate			Checking Account		
Stocks			Savings Account		
Bonds			Certificate(s) of Deposit		
Company Retirement or Pension Fund			Trusts		
Insurance Settlements			Other		

- Has any asset been given away or sold for less than its fair market value in the past two years?
 Y N If yes, what? _____
What was its market value? \$ _____ How much did you receive? \$ _____



(Continues on opposite side.)

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

1. 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)	\$		\$
	\$		\$
	\$		\$

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? Y N

If yes, itemize:

- a. _____
- b. _____
- c. _____

V. CHILD CARE

- 1. 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? _____
- 2. Address of child care provider: _____
- 3. What amount is reimbursed? _____ Source: _____

VI. PREVIOUS HOUSING ASSISTANCE

- 1. 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
- 2. Has any household member been evicted from federally-assisted housing in the past three years?
 Y N If yes, who and where? _____

VII. CRIMINAL HISTORY

- 1. 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: _____



VII. CRIMINAL HISTORY (Continued)

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: _____

- 2. Has any household member participated in drug rehabilitation during the past 12 months? Y N
If yes, explain: _____
- 3. Have you or any household member ever been charged with or convicted of a felony? Y N
If yes, provide state, county, and date: _____

VIII. CURRENT HOUSING INFORMATION

- 1. Have you ever been a party to an eviction action? Y N If yes, how many times? _____ Provide
state, county, and date: _____
- 2. Do you own a home? Y N
- 3. Current Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work #: _____ Cell #: _____
Email Address: _____
Dates of Occupancy: From _____ To _____
Address of Rental Property: _____
City: _____ State: _____ Zip: _____
Are you currently in a lease? Y N How many people live in your unit? _____
Were you ever late in paying rent? Y N Were you asked to move? Y N
- 4. Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Were you ever late in paying rent? Y N
Were you ever evicted or asked to move? Y N



(Continues on opposite side.)

X. MISCELLANEOUS INFORMATION

1. List all vehicles that will be parked on Public Housing property:

Make	Model	Color	License Plate #

2. Do you have a pet? Y N

Describe: _____

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.

APPLICATION CERTIFICATION (continued)

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.

Signature of Head of Household Date

Signature of Spouse of Head of Household or Other Adult Date

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.



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 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	Community Support Providers

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: _____
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 U.S. as to any matter within its jurisdiction.