

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

Date/Time Received: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Received by: \_\_\_\_\_ Income Limit:  30%  50%  80%  Over Limit



## PINE RIVER HOUSING AUTHORITY FULL APPLICATION FOR ADMISSION

Select Building or Program you are applying for:

- Norway Brook Apartments (Public Housing)
- Heartland Apartments (Section 8)
- Family Homes (Public Housing) (3 or 4 bedroom scattered homes)

### 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 Pine River Housing Office for assistance. If no, continue.

**Instructions:** 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 Full Name: \_\_\_\_\_

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

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

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: \_\_\_\_\_



**HOUSEHOLD COMPOSITION** (continued)

1. 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:

\_\_\_\_\_

2. Does anyone in your household require special accommodations due to a handicap or disability?  Y  N

If yes, specify requirements:

\_\_\_\_\_

3. Does any elderly or disabled household member require a live-in aid?  Y  N

**VETERAN STATUS**

Are you or anyone in the household a veteran or a surviving spouse of a veteran of the United States Armed Forces?  Yes  No

If yes, type of discharge \_\_\_\_\_

Are you or anyone in the household a current member of the United States Armed Forces?  Yes  No

If yes, which household member \_\_\_\_\_

**Assets**

1. 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			Trusts		
Insurance Settlements			Other		

2. Has any asset been given away or sold for less than fair market value in the past two years?  Y  N

If yes, What? \_\_\_\_\_

What was it's market value? \$ \_\_\_\_\_ How much did you receive? \$ \_\_\_\_\_

**INCOME AVAILBALE TO HOUSEHOLD**

List ALL income earned or received by everyone living in 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			-----	-----	-----
Self Employed ( lawn care, hair stylist, etc.)			-----	-----	-----
Seasonal work			-----	-----	-----



**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					\$

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. 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 of 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, explain \_\_\_\_\_

**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? \$ \_\_\_\_\_ Name and Address of child care provider:

Is any of the expense paid by the county or another agency?  Y  N If yes, Explain:

**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

If Yes, Explain why? \_\_\_\_\_

2. Has any household member been evicted from federally-assisted housing in the past three years?  Y  N

If yes, who and where? \_\_\_\_\_

**CRIMINAL HISTORY**

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

1. Violent criminal activity?  Y  N

If yes, provide state, county, and date: \_\_\_\_\_

2. Domestic violence, dating violence, or stalking?  Y  N

If yes, provide state, county, and date: \_\_\_\_\_

3. Criminal activity involving physical violence against a person or property?  Y  N

If yes, provide state, county, and date: \_\_\_\_\_

4. Manufacture of methamphetamines?  Y  N

If yes, provide state, county, and date: \_\_\_\_\_

5. Use, possession, sale, or distribution of illegal drugs?  Y  N

If yes, provide state/county/date/ disposition of case: \_\_\_\_\_

**CRIMINAL HISTORY (Continued)**

6. 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:

7. Has any household member participated in drug rehabilitation during the past 12 months?  Y  N

If yes, explain: \_\_\_\_\_

8. Have you or any household member ever been charged with or convicted of a felony?  Y  N

If yes, provide state, county, and date: \_\_\_\_\_

**CURRENT HOUSING INFORMATION**

Have you ever been a party to an eviction action?  Y  N

If yes, how many times? \_\_\_\_\_ Provide state, county, and date: \_\_\_\_\_

Do you own a home?  Y  N

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

**Rental History**

**Please list your last 3 years of rental history. We do not accept family as landlord references.**

Previous Landlord: \_\_\_\_\_

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

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

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Were you ever late in paying rent?  Y  N

Were you ever evicted or asked to move?  Y  N



Previous Landlord: \_\_\_\_\_

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

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

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_ Were you ever late in paying rent?  Y  N

Were you ever evicted or asked to move?  Y  N

### MISCELLANEOUS INFORMATION

Do you have a pet(s)?  Y  N Describe: \_\_\_\_\_

List all vehicles that will be parked on the Housing Authority's property:

Make	Model	Color / Year	License Plate #

### 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.

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

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

Signature of Head of Household

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

Signature of Spouse of Head of Household or Other Adult

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

Signature of Other Adult

"In accordance with Federal law and the U.S. Department of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability." (Not all prohibited bases apply to all programs.)

To File a complaint if discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Ave S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-6382 (TDD). Forms are also available at [www.hud.gov](http://www.hud.gov)



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: (Check all that apply)</b>	
<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.



**MULTIHOUSING CREDIT CONTROL**  
**10125 CROSSTOWN CIRCLE, Suite #100**  
**EDEN PRAIRIE, MINNESOTA 55344**

The following named individual has made application with:

Pine River Housing Authority Acct. number # 4871 / 4872 Phone: ( 218-587-4929 )  
 Client/Owner Name

Please **PRINT** complete legal name:

<b>Last</b>	<b>First</b>	<b>Middle</b>
Sex _____		Date of Birth _____ / _____ / _____
<b>Maiden/Former</b>	<b>Month</b>	<b>Day</b> <b>Year</b>
Drivers License _____	State _____	Social Security # _____
Address _____	City _____	State _____ Zip _____
Previous Address _____	City _____	State _____ Zip _____

I authorize Multihousing Credit Control to investigate my criminal history, residential, employment and income history, bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; county or state criminal records as follows, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

Do you have a legal right to be in the United States?

- Yes, I am a U.S. Citizen
- Yes, I have valid documentation from the U.S. Department of Immigration and Naturalization (INS) that allows me to be in the country
- No

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

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

\_\_\_\_\_  
 Date

**ADDITIONAL SERVICE REQUESTED**

1. \_\_\_\_\_  
 City                                      County                                      State
2. \_\_\_\_\_  
 City                                      County                                      State
3. \_\_\_\_\_  
 City                                      County:                                      State



## Pine River HRA Resident Selection Criteria

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

### **Preferences**

*Norway Brook Apartments:* Near Senior at least 50 years of age, Senior and/or Disabled

*Heartland Apartments:* Senior at least 62 years of age and/or Disabled

*Family Homes:* Income Eligibility

### **Income and Assets**

1. The applicant must meet household characteristics, income guidelines and provide written verification of all sources of income.
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 an employee of the Pine River HRA will be denied.

### **Rental History**

1. Applicants must have a minimum of three (3) years of 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. **Family members will not be accepted as a reference.** 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 former landlord may be denied residency in housing owned and/or managed by the Pine River HRA.

### **Criminal Background**

1. Applicants with a felony conviction of any kind within the last 10 years may be denied housing owned and/or managed by the Pine River HRA.
2. Applicants who have been cited, arrested, or convicted of the use, possession, manufacturing of, or sale of controlled substances will be denied.
3. Applicants with a pattern of criminal activity will be denied. This may include, but not 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 member has been convicted of manufacturing or producing methamphetamine in a public housing development or 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 \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_