

9. Do you have any assets that cumulatively total more than \$500.00? YES _____ NO _____
(Do not include car, furniture, personal belongings)

10. Have you disposed of any assets for less than Fair Market Value in the past two years? YES _____ NO _____
(*HRA use: If yes to question 8 or 9, pull out asset verification form and have applicant complete.)

DEDUCTIONS

11. A. For Families With Minor Children

Do you pay for daycare while a family member is employed or attending school? YES _____ NO _____
If yes, please provide the following information regarding your daycare provider

Name _____ Address _____ Phone _____
Cost per week \$ _____ Per month \$ _____
Do you receive any reimbursement for childcare expenses? YES _____ NO _____
If yes, from who? _____ How much? _____

11. B. For Elderly and/or Disabled Households

Do you pay for Medicare Benefits? YES _____ NO _____
Are you receiving Medical Assistance? YES _____ NO _____
Do you pay any medical insurance/hospitalization (such as Blue Cross, etc.)? YES _____ NO _____
Name of Insurance Company _____ Monthly premium you pay \$ _____
Do you have regular out of pocket medical expenses? (prescriptions, Dr. bills, etc.) YES _____ NO _____
If YES, amount paid and to whom? (you will need to provide proof of regular payments) _____

Do you have any expenses related to a handicap that are necessary for your employment? YES _____ NO _____

12. HOUSING INFORMATION

Does anyone in your household owe money to this or any other housing authority? YES _____ NO _____
Has anyone in your household ever violated a family obligation in connection with a HUD Program? YES _____ NO _____
Has anyone in your household ever lived in Public Housing anywhere before? YES _____ NO _____
Has anyone in your household ever received Section 8 Rental Assistance? YES _____ NO _____

13. Public Housing Applicants Only: YOU MUST GIVE 24 MONTHS OF RESIDENCY, OR YOUR APPLICATION WILL NOT BE PROCESSED. If additional space is needed, add a separate sheet.

Where do you live right now?

1. _____ (_____) Date Moved In _____
Current address

Are you: Renting from a landlord? Yes _____ No _____

If yes:

Name and address of the landlord: _____

If no: Are you staying with a relative or friend? Yes _____ No _____

Name of person you are staying with and their relationship to you: _____

2. Prior to your current address, where did you live?

Were you: Renting from a landlord? Yes _____ No _____
If yes: _____ (_____) (_____)
Name and address of the landlord: _____
Date Moved in – Date Moved out

If no: Were you staying with a relative or friend? Yes _____ No _____

Name of person you were staying with and their relationship to you: _____

(24 month residency continued)

3. Prior to the address above, where did you live?

(_____) (_____)
Date Moved in – Date Moved out

Were you: Renting from a landlord? Yes _____ No _____
If yes:

Name and address of the landlord: _____

If no: Were you staying with a relative or friend? Yes _____ No _____

Name of person you were staying with and their relationship to you: _____

List three **PROFESSIONAL CHARACTER REFERENCES** from professionals who have known you for at least one year, and their address & phone number: **DO NOT LIST ANY FRIENDS OR RELATIVES**

1. _____

2. _____

3. _____

I/We understand that this is not a contract and does not bind either party. I/We certify that all of the information given to the Housing and Redevelopment Authority of Duluth on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We are required to report any change in the household size within ten (10) calendar days of the occurrence. I/We understand that false statements or information is punishable under federal law. **I/We understand that false statements or information are grounds for denial of housing admission, and termination of housing assistance.**

I/We certify that the house or apartment will be my principal residence and that I/We will not obtain duplicate federal housing assistance while I/We are in this current program. I/We will not live anywhere else without notifying the HRA in writing. I/We certify that I have disclosed where I/We received any previous federal housing assistance and whether or not any money is owed. I/We certify that for any previous assistance, I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

I/We understand that the HRA must verify all information prior to offering me/us housing and that its staff may contact any agencies, offices, groups, or organizations to obtain any information or materials which it deems necessary to complete my application.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature of Head of Household Date

Signature of Other Adult Member Date

The foregoing information has been reviewed and discussed with the applicant by:

HRA Representative Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free line at 1-800-424-8590.

TENNESSEN NOTICE

The Housing and Redevelopment Authority of Duluth is asking you to provide certain information and will ask you from time to time to supply additional information. Under the Government Data Practices Act (Minnesota Statutes Section 15.1611 through 15.1692) you may know:

1. **Why the data is being collected:** The purposes and uses of this information are for one or more of the following reasons:
 - a) To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program.
 - b) To enable us to establish the level of rent you must pay in accordance with federal law.
 - c) To assist the HRA in maintaining or upgrading it's housing stock.
2. **How the data will be used by the HRA:** The information will be used by HRA staff to determine eligibility and, if you receive benefits to assist in providing you with benefits.
3. **Can you refuse to supply the data:** Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. You may refuse to give the data requested. If you do, your application cannot be processed and you may not receive benefits. If you receive benefits and later refuse to give information needed by the HRA, you may lose your benefits. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the Executive Director or his designee at the HRA.
4. **Who else has access to this information:** Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:
 - a) U.S. Department of Housing and Urban Development.
 - b) HRA employees and contractors (including those who make repairs) and HRA selected volunteer agencies serving you or your dwelling unit.
 - c) Health care and human service agencies under contract with the HRA.
 - d) St. Louis County Social Services.
 - e) School Districts.
 - f) Police Department, Fire Department and paramedics when an emergency situation or investigation requires the sharing of information.
 - g) Minnesota Power, the Duluth Water and Gas Department and Housing Inspection Department to insure that HRA rental units are maintained as required by the lease.
 - h) U.S. Census Bureau.
 - i) Health care professionals from other agencies or institutions who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing.
 - j) Any of the individuals you name as your contacts in case of emergency.
 - k) City of Duluth Department of Planning and Development and the Minnesota Housing Finance Agency.
 - l) Federal, state and local auditors.
 - m) Researchers who are granted access to the data for the purposes of preparing summary data.
 - n) Other state and federal agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with local, county, state or federal law. Information may also be shared with the appropriate judicial bodies. We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor. Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other nongovernment agencies with whom we share private information must likewise treat the information as private. When you are no longer being served by the HRA, we will keep your file only until state and federal requirements are met.

This is to acknowledge I have been given the above information.

NAME

DATE

NAME

DATE