



PRELIMINARY APPLICATION FOR SECTION 8 RENTAL ASSISTANCE

For HRA use only: Date Received Time a.m./p.m.



Equal Housing Opportunity

Description for Section 8: Find your own rental unit in the community from a private landlord. Tenants generally pay 30-40% of HRA history at the time your name comes to the top of the list.

You may be eligible for a local residency preference based on one of the following. Please check any of the following situations that apply to an adult member of the household.

Currently Living in Duluth HRA Jurisdiction
Promised employment in Duluth HRA Jurisdiction

Currently Working in Duluth HRA Jurisdiction
Displaced by disaster or Government action as defined by a Government agency
Maiden Name

Name
Address

City State Zip Phone

Contact Person Name Phone

Family Composition (List all persons, including yourself, who will be part of the household. If you need additional space, please attach another sheet)

Table with columns: Last Name, First Name, MI, Relationship to Head of Household, Social Security Number, Sex M/F, Place of Birth (City/State), Date of Birth (mm/dd/yyyy), Age, Race Ethnicity, Vet

Do you expect any changes in the number of people in your household? YES NO Explain

INCOME-List all sources of household income (anywhere or anyone you get money from), including but not limited to: MFIP; GA; MSA; Social Security; SSI; Pension; Disability Compensation; Daycare; Alimony; Child Support; Dividends; Income from Rental Property; Armed Forces Reserves; and Business Income; Tribal Payments; Plasma Donations; and Wages from all full and/or part-time employment, friends, family.

Table with columns: Household Member, Source of Income (List name and address of employer on separate sheet if applicable), Gross Earnings (\$ Per)

Assets (List all assets cumulatively OVER \$500 for all household members—examples: Checking, Savings, Stocks, and Bonds)

Table with columns: Household Member, Type of Asset, Location, Amount

Household Eligibility

Is anyone in the household enrolled in a school higher than high school level? If yes, and under 24 years old, please attach gross income and number of dependants for both parents.

Has anyone in your household: Ever violated a family obligation in connection with a HUD Program? Ever engaged in ANY criminal activity? Ever lived in Public Housing before? Ever received Section 8 Rental Assistance? Currently owe money to any Housing Authority?

If you answered "YES" to any of these, please attach an explanation and description to your application

WARNING: 18 U.S.C. 1001 makes it a criminal offense to misrepresent or to willfully make false statements to any department or agency of the U.S. as to any matter within its jurisdiction.

I/We do hereby certify that all information I/We have provided is true, complete and accurate and authorize the HRA to verify and make inquires on any of the information listed. All adults must sign application.

Signature of Head of Household Date

Signature of Other Adult Member Date

Signature of Other Adult Member Date

PLEASE READ AND SIGN BACK ALSO

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) The Building Director if you are in a multi-unit building.
- k) Any of the three individuals you name as your contacts in case of emergency.
- l) City of Duluth Department of Planning and Development and the Minnesota Housing Finance Agency.
- m) Federal, state and local auditors.
- n) Researchers who are granted access to the data for the purposes of preparing summary data.
- o) 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 accesses 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 nongovernmental 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