



**HOUSING AND REDEVELOPMENT AUTHORITY
OF DULUTH, MINNESOTA**
222 EAST SECOND STREET
P.O. BOX 16900 • DULUTH, MINNESOTA 55816-0900
PHONE 218/529-6300 • FAX 218/529-6344 • MN Relay 711 or 1-800-627-3529



**THE FOLLOWING PROGRAMS ARE ADMINISTERED BY THE
HOUSING AND REDEVELOPMENT AUTHORITY OF DULUTH, MN**

Housing Owned by HRA of Duluth

- Tenants pay 30% of their adjusted income
- Hi-Rise 1 & 2 bedroom units- Low Rent Public Housing or Project Based Rental Assistance
- Scattered Site 2, 3, 4, & 5 bedroom units- Project Based Vouchers or Low Rent Public Housing

Section 8 Housing Choice Voucher (HCV) Program

- Application through HRA. HCV program provides rental assistance in Duluth, Southern St. Louis, Lake and Cook Counties.
- Participants pay a minimum of 30% of their adjusted annual income for rent and utilities.

Project Based Rental Assistance (not restricted to Homeless applicants)

- Tenants will pay 30% of their adjusted annual income for rent.
 - Matterhorn: Application through DW Jones at (218) 547-3307. Referrals will then be made to HRA of Duluth by DW Jones

Veterans Affairs Supportive Housing (VASH) Program

- Assistance to eliminate homelessness among Veterans.
- Screening for this program is conducted through the Veterans' Administration at 1-877-424-3838

The following programs are referred through local service providers and administered by the HRA of Duluth. Applicants must be homeless and referred from the Coordinated Entry wait list. In order to obtain placement on the Coordinated Entry wait list you must contact 2-1-1 and request a VI-SPDAT assessment. They will schedule an appointment for you with a local service provider.

SRO (Single Room Occupancy)

- Shared kitchen
- Shared bath

Bridges

- Applicant must have a diagnosis of mental illness.
- Limited rental subsidy until applicant's name reaches the top of the Section 8 waiting list.

Shelter Plus Care

- Low income rental assistance for homeless persons.
- Applicant pays 30% of their adjusted annual income for rent to their landlord.
- Applicants must have case management.

Project Based Rental Assistance for Homeless applicants

- Tenants will pay 30% of their adjusted annual income for rent.
 - Sheila's Place
 - Gimaajii
 - Alicia's Place
 - San Marco
 - Hillside Apartments Duluth, LLLP (Steve O'Neil Apartments)
 - Lincoln Park School
 - Harbor Highlands
 - Gateway Towers
- Once an application has been completed at these agencies, a referral will be made to the HRA.

HOME/TBRA (Tenant Based Rental Assistance) Program

- Low income rental assistance for homeless or persons completing homeless transitional housing programs.
- Participant generally pays a minimum of 30% of their income for rent and utilities.
- Rental Assistance Coupon is only valid in the City of Duluth.

***If you are experiencing homelessness, call 2-1-1 and request a VI-SPDAT Assessment.**



Preliminary Application for Duluth HRA Housing Programs



- ☐ I want to apply for housing owned by HRA of Duluth (Public Housing)
- ☐ I want to apply for North Pointe Apartments (King Manor and Tri Towers)
- ☐ I want to apply for Blue Water Apartments (Community based housing)
- ☐ I want to apply for Section 8 (Housing Choice Voucher)

For **HRA** use only:

Equal Housing Opportunity

Date Received _____

Time _____ a.m. / p.m.

Please complete the entire application. Applications that are incomplete will be returned. HRA will verify all information contained in the application when your name comes to the top of the list. At that time a background check will be conducted to verify eligibility. All correspondence will be conducted by mail. If you have any changes in household composition, income or address, please update your application in writing. Please make sure that all information contained in the application is updated timely as it may affect your placement on the wait list.

Head of Household Name _____ Maiden Name/AKA _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Phone _____

How did you hear about us? _____ Email _____

By providing your email address, you are giving your consent to receive email notifications in regards to interviews scheduled for your household to determine eligibility status.



FAMILY COMPOSITION

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

Last Name, First Name	MI	Relationship to Head of Household	Social Security Number	Sex (M/F)	Date of Birth	Race Ethnicity	Age
		HEAD					

Do you expect any changes in the number of people in your household? YES ☐ NO ☐ If Yes - Explain: _____



Total Income for all Household Members (Gross Earnings Per Year) \$ _____



-Does anyone in your household currently owe money to ANY Housing Authority? YES ☐ NO ☐

-Have you been displaced by Federal Disaster or Government Action? YES ☐ NO ☐

For Section 8 Applicants only:

-Are you or anyone in your household non-elderly (under 62 years old) and disabled? YES ☐ NO ☐

-Are you or anyone in your household homeless, at risk of becoming homeless, at serious risk of institutionalization, or transitioning out of institutional or other segregated settings YES ☐ NO ☐

For Low Rent Public Housing Applicants only:

-Do you require an reasonable accommodation / accessible unit? YES ☐ NO ☐



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services or need consideration under the Violence Against Women Act please contact the housing authority. All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

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 _____

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