

**SOUTHWEST MINNESOTA CONTINUUM OF CARE
EMERGENCY HOUSING VOUCHER APPLICATION FORM**

Incomplete applications will be returned

SECTION A:

COMPLETED FORMS SHOULD BE SCANNED AND EMAILED AS FOLLOWS

EMAIL TO debt@worthingtonhra.com IF YOU ARE FROM ONE OF THESE COUNTIES:
Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles or Redwood

OFFICE USE ONLY	
Date _____	_____
Time _____	_____
Bedrooms _____	_____

EMAIL TO tmanderscheid@cityofpipestone.com IF YOU ARE FROM ONE OF THESE COUNTIES:
Big Stone, Chippewa, Kandiyohi, Lac qui Parle, Meeker, McLeod, Pipestone, Renville, Swift or Yellow Medicine

SECTION B: HEAD OF HOUSEHOLD * Must NOT be declared a dependent of Parent/Guardian**

Last Name _____ First Name _____ Middle Initial _____

Social Security No. _____ Sex: Female Male

Date of Birth _____ Place of Birth _____

Race: White Black American Indian/Alaska Native Asian
Ethnicity: Hispanic Non-Hispanic

Current Address _____ Apt. _____ County _____

Home Telephone (____) _____ - _____

City/State _____ Zip _____ Cell (____) _____ - _____

Email Address: _____

If homeless: contact address and phone # (**mandatory**) _____

You are required to notify the email you submitted your application to of any change to your contact information

SECTION C: FAMILY List all additional members of your family that will be living with you.
(Use separate page if more than 6 additional family members are in your household)

Name (First & Last)	Relationship	Date of Birth	Place of Birth	Sex	Race	Social Security Number
1.						
2.						
3.						
4.						
5.						
6.						

SECTION E: HOUSEHOLD INCOME

Check all sources of income that apply to your household and indicate the **GROSS** amount you receive per month. **THIS SECTION MUST BE COMPLETED.**

If not complete the application will be returned. If none indicate "0".

<u>SOURCE OF INCOME</u>	<u>GROSS MONTHLY AMOUNT RECEIVED</u>
_____ Public Aid	\$ _____ (TANF, General Assistance, Food Support, CASH)
_____ Social Security	\$ _____ ← Who receives this benefit: _____
_____ Pension	\$ _____ ← Who receives this benefit: _____
_____ Employment	\$ _____ ← ** list employer below
_____ Child Support	\$ _____
_____ Other (please specify)\$ _____	

** If employed, list name and address of Employer: _____

APPLICATION CONTINUES ON NEXT PAGE

SECTION F: BACKGROUND	Yes	No
1. Veteran's Status?		
2. Have you ever been subsidized by any HUD program in the past? a). If yes, which Public Housing authority? _____ b). Under what program? <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Other		
3. Do you owe any money to a Public Housing Authority?		
4. Have you or anyone in your household ever been convicted or are currently being prosecuted for a crime? If yes, please explain. _____		
5. Have you ever engaged in the felonious use or possession of drugs?		
6. Do you presently have any pets?		

SECTION G: The following information is REQUIRED:

Check which of the following best applies to you. You will be asked to verify this information.

- Homeless
- At risk of homelessness
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- Recently homeless or have a high risk of housing instability
- In a transitional housing, rapid rehousing or permanent supportive housing program that I entered from homelessness

Comments: _____

 Please provide name of agency assisting you, if any: _____

2. What do you currently pay for rent? \$ _____ Do you currently have a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many bedrooms in your unit? _____
4. What utilities do you pay? <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewage <input type="checkbox"/> Trash
5. How long at your present address? _____
6. Landlord's Name: _____ Landlord's Phone #: _____

WARNING: Title 18, Section 1001 of the United State code, state 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.

I/we certify that the information given is complete and accurate. I/we hereby authorize the Worthington Housing Authority to verify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit or report. I/we declare under penalty of perjury under the laws of the United States of America and the State of Minnesota that the information contained in this statement of facts is true, correct and complete. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.

All adults 18 and over in the household must sign the application.

Signatures _____ Date _____
 Head of Household Other Adult

Other Adult Name: _____

* If non-citizen, please give Alien Identification Number _____

THIS FORM MUST BE COMPLETED

OMB Control # 2502-0581
Exp. (11/30/2015)

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.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No: Cell Phone No:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No: Cell Phone No:	
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

--	--

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.

Form HUD- 92006 (05/09)

Signature and Date Required

**NOTICE TO ALL APPLICANTS:
REASONABLE ACCOMMODATIONS FOR APPLICANTS
WITH DISABILITIES OR HANDICAPS**

The Worthington Housing Authority and Pipestone Housing Authority are public agencies that provide low rent housing to eligible families. The Housing Authorities are not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition the Housing Authorities have a legal obligation to provide “reasonable accommodations” to applicants if they or any family member have a disability or handicap.

A reasonable accommodation is some modification or change the Housing Authorities’ can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the Housing Authorities’ programs. Examples of reasonable accommodations would include:

- Making alternations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with hearing impaired member;
- Permitting a family to have a support animal necessary to assist a family member with a disability in a Housing Authority development where animal are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency assist an applicant with a disability to meet the Housing Authorities applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their unit, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability, you may request a reasonable accommodation at the time of application or after admission.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Worthington HRA or Pipestone HRA 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 Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	Current Landlord	Community Action Agencies

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 fifteen months from the date signed.*

(All household members 18 years of age and older must sign the Release of Information form)

	<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 United States as to any matter within its jurisdiction.