



Are you a United States Citizen? \_\_\_ Yes \_\_\_ No Birthplace City \_\_\_\_\_ State \_\_\_\_\_

If no, are you a Non-Citizen with eligible alien status? \_\_\_ Yes \_\_\_ No

Are you a Non-Citizen Student? \_\_\_ Yes \_\_\_ No

**Citizenship and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.**

Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments? \_\_\_ Yes \_\_\_ No If yes, please explain:

Do you or anyone else in your household qualify for housing because of a handicap or disability? \_\_\_ Yes \_\_\_ No If yes, please explain:

How many people live in your household now? \_\_\_\_\_ Will any of these people live anywhere except the unit you are applying for? \_\_\_ Yes \_\_\_ No If yes, please explain:

Will anyone else live in the unit on either a full-time or part-time basis? \_\_\_ Yes \_\_\_ No If yes, please explain:

Do you expect any of the above to change in the future? \_\_\_ Yes \_\_\_ No If yes, please explain:

Do you have sole legal and physical custody of your children? \_\_\_ Yes \_\_\_ No If yes, please explain custody arrangement:

Are you a veteran? (Form DD 214 required) Yes \_\_\_ No \_\_\_

Our properties are smoke-free with designated, outside smoking areas. Do you or any member of your family smoke? Yes \_\_\_ No \_\_\_

Will you be able to comply with our smoking restrictions? Yes \_\_\_ No \_\_\_

Are you or any member of your household subject to a lifetime sex offender registration in any state? Yes \_\_\_ No \_\_\_

**CURRENT HOUSING**

\_\_\_\_\_

Address	City	State	Zip
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Name of Landlord: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Address	City	State	Zip
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How long have you resided at your current address? From \_\_\_\_\_ To \_\_\_\_\_

Utilities provided by: \_\_\_\_\_

Are rent and utilities current? \_\_\_ Yes \_\_\_ No If no, please explain: \_\_\_\_\_

**PREVIOUS HOUSING** \_\_\_\_\_  
Address City State Zip

Name of Landlord: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Address City State Zip

Are you now living or have you lived in a government subsidized development? \_\_\_ Yes \_\_\_ No

Name of development: \_\_\_\_\_ Dates \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? \_\_\_ Yes \_\_\_ No If yes, please explain:  
\_\_\_\_\_

**HOUSEHOLD INCOME**

**ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

**For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time or seasonal. If a household member has more than one source of income, use a separate line for each source.**

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	MONTHLY AMOUNT
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, unemployment)?			\$ _____
2. Does any member work for someone who pays them cash?			\$ _____
3. Regular pay for a member of the armed forces?			\$ _____
4. Welfare or disability benefits (AFDC, SSI, GA)?			\$ _____
5. Worker's compensation?			\$ _____

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	MONTHLY AMOUNT
6. Unemployment benefits or severance pay?			\$
7. Child Support?			\$
8. Alimony?			\$
9. Education grants, scholarships or VA student benefits?			\$
10. Social Security payments?			\$
11. Pensions (PERA, railroad, etc.)?			\$
12. Retirement benefits?			\$
13. Death Benefits?			\$
14. Annuities or life insurance dividends?			\$
15. Lump sum payments (includes inheritance, insurance settlement, lottery winnings capital gains)?			\$
16. Net income from rental property?			\$
17. Regular cash contributions or gifts from individuals not living in the unit?			\$
18. Other (list)? _____			\$

**HOUSEHOLD ASSETS**

**ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

DO YOU HAVE MONEY HELD IN:	Yes	No	Current Balance
1 Checking Accounts?			\$
2 Savings Accounts?			\$
3 Stocks?			\$
4 Capital investments?			\$
5 Bonds?			\$
6 Trusts?			\$
7 Securities?			\$
8 IRA/KEOGH Accounts?			\$
9 Certificates of Deposit?			\$
10 Pensions/retirement funds?			\$
11 Money Market Funds?			\$
12 Treasury Bills?			\$
13 Safety Deposit Box?			\$
14 Insurance Settlements?			\$
15 Other? (list)			\$
	Yes	No	Current Value
Do you currently hold a contract for deed?			\$
Do you currently own real estate?			\$

If yes, please give the location(s), number of acres owned, any expenses incurred (i.e., taxes insurance) and any income received.

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Are any assets held jointly with another person?  Yes  No If yes, list the person's name and the asset(s) held jointly: \_\_\_\_\_

I/We hereby certify that I/we have \_\_\_ have not \_\_\_ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below:

Relationship to Head of Household	Asset & Estimated Value	Date sold/disposed of	Amount Received
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**HOUSEHOLD ALLOWANCE INFORMATION**

**ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY**

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of assistive devices cost of attendant care, and any other medical and dental costs NOT covered by an outside source: e.g. insurance Medicare, state agency, or charitable organization.

**EXPECTED MONTHLY EXPENSES:**

YES NO AMOUNT

1. Child care which enables you or another household member to work, go to school or to seek employment? \_\_\_\_\_

2. Attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school? \_\_\_\_\_

3. Medicare premiums? \_\_\_\_\_

4. Other medical insurance premiums? \_\_\_\_\_

5. Outstanding medical bills on which you are currently paying? \_\_\_\_\_

6. Cost of assistive devices for a handicapped or disabled household member? \_\_\_\_\_

7. Do you receive medical assistance through the Public Assistance Programs? \_\_\_\_\_

8. Do you expect to have any additional medical expenses during the next 12 months?  
If yes, explain: \_\_\_\_\_

**MISCELLANEOUS**

**The following questions pertain to yourself and each member of your household who will occupy the unit:**

Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Do you or any member of your household use an illegal drug or other illegal controlled substance? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you or any member of your household ever used different names from the names given in this application? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you or any member of your household ever used social security numbers different from those listed in this application? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Have you or any member of your household lived in any other state? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

**SIGNATURES**

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household' composition.

All household members age 18 or older sign below:

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

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

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

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

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.**

**HOUSING AND REDEVELOPMENT AUTHORITY  
OF CROSBY, MN  
300 3<sup>RD</sup> Ave NE  
Crosby, MN 56441  
Phone 218-546-5088 Fax 218-546-5041  
Email [Mallory@crosbyhra.org](mailto:Mallory@crosbyhra.org)**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State or Local Agency Organization, business or individual to release to the Housing and Redevelopment Authority of Crosby, 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 information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I will authorize the giving of information to, receiving of, and the exchange of information among the agencies/programs/individuals listed below. I understand the contact person listed may change; therefore, I give permission for release of information to the current contact person.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquires that may be requested, include but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Credit and Criminal Activity	Employment, Income and Assets
Residence and Rental Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the 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 requirement) include but are not limited to:

Previous Landlord (including Public Housing agencies)	Past and Present Employers
Utility Companies	Welfare Agencies
Court and Post Offices	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Retirement Systems	Veterans Administration
Credit providers and Credit Bureaus	Bank and other Federal Institutions
Legal Aid	



**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 the 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: Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies.

I understand this form may not be used after a twelve-month period from the signed date.  
I know I may stop this consent with written notice at any time.

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Signature of Head of Household (print name) Date

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Signature of Spouse (print name) Date

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Signature of Adult member (print name) Date

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:</b> (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	
<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.