

**ALBERT LEA HOUSING & REDEVELOPMENT AGENCY**  
**(ALHRA) PRE-APPLICATION**  
**HOUSING CHOICE VOUCHER/SECTION 8 ASSISTANCE**

PHONE: (507) 377-4375 \* FAX: (507) 373-0991 \* EMAIL: [alhra@albertleahra.com](mailto:alhra@albertleahra.com)

FOR ALHRA OFFICE USE ONLY  
DATE APPLICATION RECEIVED  
BY ALHRA:

PLEASE NOTE: If you or any member of your household requires any assistance with this application, please inform the ALHRA office. All areas must be filled in or marked "not applicable" (N/A). Incomplete applications will NOT be accepted or placed on the waiting list. Your application date for the waiting list will be the date this completed application is RECEIVED by the ALHRA office.

**HOUSEHOLD COMPOSITION:**

(List all members of your household who will be living in the assisted unit, INCLUDING AN UNBORN CHILD.)  
Race and Ethnicity information is optional for statistical purposes and will not be used to determine eligibility.  
Please circle all that apply for each household member.

# Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino

## Race: (1) White (2) Black/African American (3) American Indian/Alaskan Native (4) Asian  
(5) Native Hawaiian/Pacific

Legal Name (as shown on Social Security card)	Sex	Relation to Head	Date of Birth	Social Security # (Full Social Security number or N/A)	*Ethnicity	**Race
1.		SELF			1 2	1 2 3 4 5
2.					1 2	1 2 3 4 5
3.					1 2	1 2 3 4 5
4.					1 2	1 2 3 4 5
5.					1 2	1 2 3 4 5
6.					1 2	1 2 3 4 5

**ADDRESS:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from street address above):

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

Email address: \_\_\_\_\_

**ALL CORRESPONDENCE WILL BE MAILED TO MOST RECENT ADDRESS PROVIDED ON ANY ALHRA APPLICATION. Please make sure to notify us in writing of any address changes.**

## PREFERENCES:

Are you OR any member of your household: (Please check all that apply)

- ☐ A “working” family, where the head, spouse, cohead, or sole member is employed at least 20 hours per week.
- ☐ A family where head or spouse is a person age 62 or older, or is a person with disabilities.
- ☐ A Veteran who have completed requirements honorably. (Please provide copy of VA/Military Card)
- ☐ A resident of Freeborn County.
- ☐ A victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking. (Please provide copy of Order for Protection or Domestic Violence No Contact Order)

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**HOUSEHOLD INCOME:** List all income, wages or benefits received by members of your household.

Name (Household member receiving income)	Income Source (Employment, TANF, Social Security, SSI, MFIP, Child Support, General Assistance, Investment Income, etc.)	Gross Monthly Income (before taxes/withholdings)

**This pre-application is for placement on the waiting list only.** Final eligibility will be verified and determined at the time your family reaches the top of the waiting list. Eligibility criteria are outlined in the HCV/Section 8 Administrative Plan.

I/We certify that ALL the information provided on this pre-application is true and complete to the best of my knowledge. I understand that giving false or misleading information on this application can result in the determination that I am ineligible for rental assistance. I understand that it is my responsibility to notify the ALHRA, **IN WRITING**, if I have a change in address or family composition and that failure to reply to any correspondence, requests for updated information or appointments by given deadlines may result in my application being made inactive on the HCV/Section 8 Assistance Waiting List.

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Signature of Head of Household

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Date

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Signature of Co-Head or Spouse

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Date

The Albert Lea HRA does not discriminate on the basis of race, color, national origin, religion, sex, familial status, or physical or mental disability. The person responsible for insuring compliance with civil rights, and Section 504 regulations is the Executive Director of the Albert Lea HRA. She may be reached at (507) 377-4375.