



800 4th Avenue South
Albert Lea, MN 56007

The Albert Lea Housing and Redevelopment Authority (ALHRA) owns and manages 126 apartment units (Shady Oaks, One-bedroom apartments); and 50-scattered site houses (20-Two Bedroom Units, 25-Three Bedroom Units, 5-Four Bedroom Units). Tenants pay 30% of their adjusted income toward housing costs. There is a minimum rent of \$50 and a maximum flat or ceiling rent payment for those tenants who would pay more than fair market rent using the 30% formula. A rental application, credit and criminal background report must be processed on all prospective residents 18 years of age or older. To be eligible for the Public Housing program, applicant income must be at or below 80% of the Area Median Income, meeting HUD's Low-Income limits, based on the number of individuals in the household. All Public Housing applicants must meet suitability requirements, which include, but are not limited to acceptable landlord history, criminal background assessment, ability to have utilities billed to the household (two, three, and four bedrooms only), and must not owe money to any federally assisted housing program. Since appointments are usually scheduled via mail, the current and correct address must be on file. Failure to respond to a request for a scheduled appointment may be cause for the applicant to be removed from the waiting list.

INSTRUCTIONS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Social Security cards (copies) must be provided for all applicants. Birth certificates (copies) for all minor children must be provided.
3. You must complete the HUD-9886-A Form - Authorization for the Release of Information/Privacy Act Notice & HUD-52675 Form - Debts Owed to Public Housing Agencies and Terminations. All adults, 18 years & older, must sign a separate form. Contact the office for additional forms.
4. Optional – You have the right to include as part of your application the name, address, telephone number & other relevant information of a family member, friend or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care or service you may require as a tenant.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED IF ANY OF THE FOLLOWING APPLY:

5. **ILLEGIBLE APPLICATIONS:** If the Albert Lea Housing & Redevelopment Authority cannot read your application, it will be returned to you to be completed again legibly.
6. **INCOMPLETE APPLICATIONS:** The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
7. **SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES:** Failure to provide copies of Social Security cards for each applicant and birth certificates for all minor children listed on the application may be a reason for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call 507-377-4375 for assistance.

8. **OVER-INCOME:** You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
9. **MONEY OWED:** If you have an outstanding debt with the Albert Lea Housing & Redevelopment Authority, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
10. **CUSTODY OF DEPENDENTS:** If you are including a dependent as part of your household who is a member of another household assisted by the Albert Lea Housing & Redevelopment Authority, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
11. **UNDER 18 YEARS OF AGE:** Minors are generally not eligible to submit applications for assistance and must wait until their 18th birthday.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT: The Albert Lea Housing & Redevelopment Authority will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Minnesota prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder. ALHRA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs.

VAWA STATEMENT: The Violence Against Women Reauthorization Act of 2013 provides protections for victims of domestic violence. An applicant who is or has been the victim of domestic violence, dating violence, sexual assault or stalking is not an appropriate basis on which to deny program assistance or for denial of admission if the applicant otherwise qualifies for assistance or admission.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by the Albert Lea Housing and Redevelopment Authority will be subject to denial of his/her application or the termination of assistance. The ALHRA is required by federal law to investigate all allegations of fraud. ALHRA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.

Application for ALHRA Public Housing

Applicant Information	
Name: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Mailing Address (if different from above):	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Primary Phone #: _____ Alternate Phone #: _____	
Email Address: _____	
Emergency Contact: _____ Phone #: _____	

Household Composition					
List all individuals who will be living in the unit. Give the relationship of everyone listed to the applicant. Each applicant 18 years or older must disclose income and assets and sign and date this application.					
	Household Member's Name (include middle initial)	Relationship	Date of Birth/Age	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		APPLICANT			
2		CO-APPLICANT			
3					
4					
5					
6					

*Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Racial and Ethnic Group Identification (Optional)	
(Please check one from each category for the Applicant)	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Check the following as applicable for either the Applicant or Co-Applicant	
<input type="checkbox"/> Yes <input type="checkbox"/> No Working (20+ hrs./week) <input type="checkbox"/> Yes <input type="checkbox"/> No Elderly (62+), or Disabled (as defined by Federal Government) <input type="checkbox"/> Yes <input type="checkbox"/> No Resident of Freeborn County <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran (honorably discharged)	

☐ Yes ☐ No Victim of Domestic Violence (additional information required)

☐ Yes ☐ No Is at least one adult a U.S. Citizen or eligible Immigrant?

List every state that each **applicant or co-applicant** has lived as an adult _____

☐ Yes ☐ No Are you or anyone in the household subject to a lifetime sex offender registration requirement in any state? If yes, who/where? _____

☐ Yes ☐ No Have you or any adult applicant ever been arrested, charged with or convicted of a criminal offense or other unlawful act? If yes, explain: _____

☐ Yes ☐ No Have you or any adult applicant been previously assisted by Public Housing or Section 8? If yes, where/when? _____

☐ Yes ☐ No Do you or any adult applicant owe money to the housing authority or landlord? If yes, explain: _____

Provide 5-Year Housing History:

Current Housing: ☐ Rent ☐ Homeowner From: _____ To: _____

Current landlord/mortgage company contact information: _____

Previous Housing: ☐ Rent ☐ Homeowner From: _____ To: _____

Previous landlord/mortgage company contact information: _____

Previous Housing: ☐ Rent ☐ Homeowner From: _____ To: _____

Previous landlord/mortgage company contact information: _____

Previous Housing: ☐ Rent ☐ Homeowner From: _____ To: _____

Previous landlord/mortgage company contact information: _____

Previous Housing: ☐ Rent ☐ Homeowner From: _____ To: _____

Previous landlord/mortgage company contact information: _____

Household Income			
List current and anticipated income for the twelve-month period. Include ALL full time, part time, or seasonal income even if completing this application in the off season. <small>**By completing this application, you are consenting to release all wage matching data**</small>			
DOES ANY APPLICANT RECEIVE OR EXPECT to RECEIVE:			
(Check YES or NO to each item, as applicable, and include gross monthly amount.)			
YES	NO	Gross Monthly Amount (before any taxes are taken out)	
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed?	\$

		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA)	\$
		5. Workers' compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount)	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (include unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property-Contract for Deed	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

Household Assets			
DOES ANY APPLICANT, INCLUDING CO-APPLICANT AND MINOR CHILDREN HAVE MONEY HELD IN THE FOLLOWING:			
YES	NO		Current Balance
		21. Checking Account(s)	\$
		22. Savings Account(s)	\$
		23. Cash cards used to receive government benefits or other income	\$
		24. Capital Investments (Business)	\$
		25. Bonds	\$
		26. Trusts (include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death). If you are unsure, list the account and it will be verified?	\$
		27. Securities	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
		29. 401K	\$
		30. IRA/KEOGH Accounts	\$
		31. Certificates of Deposit	\$
		32. Pension/Retirement/Annuity accounts	\$
		33. Money Market Funds	\$
		34. Treasury Bills	\$
		35. Stocks	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom?	
		38. Other _____	\$
			Value
		39. Do you own a home or other real estate? If yes, list address _____	\$
		40. Do you receive payments for a home you sold by contract for deed?	\$
		41. Do you have any coin collections, antique cars, gems/jewelry, or other items held as an investment?	\$
		42. Are any assets held jointly with another person? List person and asset(s) _____	

DO NOT LEAVE THIS SECTION BLANK.

From **1-42, income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If an applicant has more than one source of income and/or asset, use a separate line for each source. **Use additional sheets**, (if necessary).)

Item Number	Applicant Co-Applicant Minor Child(ren)	Name and address of income or asset source	Contact name and phone/fax

Deductions and Allowances

YES	NO		Amount
Day Care			
		Do you have childcare expenses for child/ren under age 12 because you work, are actively seeking employment or attending school? If yes, name of provider:	
		Is any portion of your childcare expenses paid by another person or agency? If yes, name of provider:	\$
		Do you pay for a care attendant expenses or any equipment for a handicapped or disabled member of the household necessary to permit that person or someone else in the household to work? If yes, name of provider:	
		Is any portion of your care attendant expenses paid by another person or agency? If yes, name of provider:	\$
Medical- Complete ONLY if the Applicant or Co-Applicant are at least 62 years old, handicapped or disabled.			
		Do you receive Medicare Benefits?	\$
		Do you have any other kind of insurance? (Blue Cross, AARP, etc.) If yes, name of insurer: Monthly premium \$	\$
		Do you receive medical assistance? If yes, do you have a monthly spenddown?	\$
		Do you pay for prescription medication? If yes, name of pharmacy:	\$
		Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	\$
		Do you have any outstanding medical bills on which you are paying? If yes, indicate where owed:	\$
		Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, where can this be verified?	\$

Additional Information

The following questions pertain to every applicant. Check either YES or NO in response to each question. Add an explanation below for all items checked YES.

Yes	No	
		Do you anticipate any change in your household (someone is moving in or out) during the next 12 months?
		Will any applicant, including children, live in the unit on a less than full time basis?
		Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments?
		Does any adult applicant/co-applicant have zero income? How are bills paid? Explain ALL that apply-cell phone, cable, utilities, car payment/gas/insurance, food, clothing, personal care etc.,

I/We hereby certify that I/We ☐ Have ☐ Have not sold or given away any assets for less than Fair Market Value during the two-year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/dispensed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SIGNATURES

I/We certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the ALHRA to make inquiries to verify the statements herein. I/We further understand that any false statements are grounds for termination of housing assistance. I/We agree to immediately notify the ALHRA of any changes.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

If you believe you have been discriminated against and wish to file a formal complaint, contact the Department of Housing and Urban Development (HUD) at 1-800-669-9777 or at www.hud.gov/complaints.

This applicant/resident required assistance in completing the Household Questionnaire due to: _____

Assistance was provided by: _____ Date: _____

INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION (incomplete applications may be denied for processing).

<ul style="list-style-type: none">• COPIES OF SOCIAL SECURITY CARDS FOR ALL APPLICANTS• COPIES OF BIRTH CERTIFICATES FOR ALL MINOR APPLICANTS• COPIES OF I.D./DRIVER’S LICENSE FOR ALL ADULT APPLICANTS	<p>MUST COMPLETE AND SIGN THE ENCLOSED DOCUMENTS:</p> <ul style="list-style-type: none">• HUD-9886-A, AUTHORITY FOR RELEASE OF INFORMATION/PRIVACY ACT NOTICES FOR EACH ADULT APPLICANT• HUD-52675-DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS FOR EACH ADULT APPLICANT• HUD 92006-SUPPLEMENTAL TO APPLICATION FOR FEDERALLY ASSISTED HOUSING• TENNESSEN NOTICE FOR EACH ADULT APPLICANT• DECLARATION OF CITIZENSHIP/ELIGIBLE IMMIGRANT STATUS FOR ALL APPLICANTS• ONLINE RENTAL APPLICATION FOR ALL ADULT APPLICANTS• ALHRA CONSENT FOR RELEASE OF INFORMATION
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