

SECTION 8 (HCV) RESIDENT SELECTION CRITERIA

An application including a criminal report must be processed on all prospective family members 18 years of age or older.

ALHRA will adhere to the Fair Housing Act as amended, prohibiting discrimination in housing based on race, color, religion, sex, national origin, familial status or disability.

Please review this information before completing the application. Falsification of information on the application will result in denial of residency and grounds for future eviction.

Each applicant 18 years or older must provide a social security card, copy of a valid local, state or federal government issued photo identification or other ID approved by the PHA. The PHA also requires a copy of social security cards and birth certificates (or equivalent) for all household members under 18.

Applicant or Occupant will be denied for the following:

Applicant or household member is subject to a lifetime registration requirement under a state sex-offender registration program. Any household member has ever been convicted of production or manufacture of methamphetamine on the premises of federally assisted housing. Applicant or household member has been engaged within the past five years in drug-related or violent criminal activity or Criminal Sexual Conduct.

Income Limit

- Applicant(s) must meet the required income guidelines set forth for Freeborn County, Minnesota by the Department of Housing and Urban Development (HUD).

Applicants may be denied for the following:

- Adverse information received during the interview process related to eligibility, received on the application and/or Background check.
- The applicant does not meet the requirements of the Housing Choice Voucher Program (Section 8) Administrative Plan.
- Anyone having been and/or in the process of being terminated/evicted from any other public housing authority assistance program(s).
- Falsification, misrepresentation or withholding of information or submission of inaccurate and/or incomplete information on any application or during the

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- interview related to eligibility, award of preference for admission, family composition, or rent.
- Refusal to comply with housing program requirements, policies, and/or procedures.

The following is the characteristics/number of occupants per household:

0 Bedroom(efficiency)	1 occupant
1 Bedroom	1-2 occupants
2 Bedrooms	2-4 occupants
3 Bedrooms	3-6 occupants
4 Bedrooms	4-8 occupants
5 Bedrooms	6-10 occupants
6 Bedrooms	8-12 occupants

I/We Hereby Consent to allow the ALHRA to obtain and verify my (our) credit, criminal, and related information for the purpose of determining whether or not to lease to me (us) an apartment or house.

I understand that should I lease an apartment or house, the ALHRA, its employees or agents shall have a continuing right to review my credit information, payment history and occupancy history for account review purposes and for improving application methods.

I/WE HAVE READ UNDERSTOOD AND AGREE TO THE ABOVE TERMS AND CONDITIONS THEREOF FROM WHICH MY/OUR APPLICATION WILL BE PROCESSED.

All adults applying must sign:

_____ Date _____

Albert Lea Housing and Redevelopment Authority

800 4th Avenue South

Albert Lea, MN 56007

Application for Section 8 (HCV)

OFFICE USE- ALHRA
 Household certifying for the following program: Section 8 (HCV)

Date/Time Received: ___/___/___, ___ am/pm

Complete: _____ Incomplete: _____ Missing: _____

Notes: Approved Bedroom size: _____
 Entered in System _____ Date _____
 Background Check _____ Date _____
 PIC Check _____ Date _____

Household Composition

Applicant(s) complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. Each household member age 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	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
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.

Household Information

Street Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Alternate Phone # _____

Email _____

Emergency Contact _____ Phone # _____

Racial and Ethnic Group Identification (Optional)

(Please check one from each category for Head of Household)

1. White ___ 2. American Indian/Alaskan Native ___ 3. Hawaiian/Pacific Islander ___ 4. Black ___ 5. Asian ___
6. Mixed ___
1. Hispanic or Latino ___ 2. Not Hispanic or Latino ___

Check the following as applicable for either the Head, Spouse, or Co-Head

___ Working (20+ hrs./week), Elderly (62+), or Disabled (as defined by Federal Government)

___ Resident of Freeborn County

___ Veteran (honorably discharged) ___ Victim of Domestic Violence (additional information required)



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

List every state that each **applicant as an adult** has lived: _____

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

Have you or any adult in the household ever been arrested, charged with or convicted of a criminal offense or other unlawful act? No Yes, explain: _____

Has any adult previously been assisted by Public Housing or Section 8? No Yes, If so, where/When? _____

Do you owe money to the housing authority or landlord? No Yes, explain _____

Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date. **Include all full time, part time, or seasonal income even if completing this application in the off season.**

****By completing this application, you are consenting to release all wage matching data****

DOES ANY MEMBER RECEIVE OR EXPECT to RECEIVE:

(Check YES or NO to each item, as applicable, and include **gross monthly amount**. List sources on page 3.):

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	\$
		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 HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:

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)	\$



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	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 a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, (if necessary).

Item Number	Household Member	Name and address of income or asset source	Contact name and phone/fax

Deductions and Allowances

YES	NO	Amount
Day Care		
	Do you have child-care 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 paid by another person or agency? If yes, name of provider:	\$
	Do you pay for a Care Attendant or any equipment for a handicapped 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 paid by another person or agency? If yes, name of provider:	\$
Medical- Complete ONLY if the head of household, co-head or spouse 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 \$



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	Do you receive medical assistance? If yes, do you have a monthly spend down?	\$
	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 member of the household. 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 moving in or out) during the next 12 months?
		Will any household member, 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 member of the household 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/disposed	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/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident 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: _____



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RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION

Top portion to be completed by the Resident.

Name: _____ Phone: _____

Address: _____

Name of household member with a disability: _____

I am requesting the following accommodation (exception to the usual rules, policies or change in the physical structure of the home) so that the person named above can access the program or home successfully: *Please check the applicable accommodation needed*

_____ A change in my apartment or other part of the housing complex.

_____ A change in a rule or the way things are done by the Housing Authority.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes ___ No ___ I don't know ___
The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.
2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her housing community? Yes ___ No ___
4. If yes, please describe how this accommodation will enable the resident to use or enjoy this housing community. _____

Signature of Medical Professional*

Date

Print Name of Medical Professional

Phone

**By signing this form you are indicating that the information provided is true to the best of your professional knowledge. Further, if called upon to do so, you would testify to the information you have provided in a court of law.*

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
 - Permanent residence under §249 of INA; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA; or
 - Parole status under §§212(d)(5) of the INA; or
 - Threat to life or freedom under §243(h) of the INA; or
 - Amnesty under §245 of the INA.

(Signature of Family Member)

(Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1 **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2 **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3 **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

4 **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5 **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6 **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

7 **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

8 **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

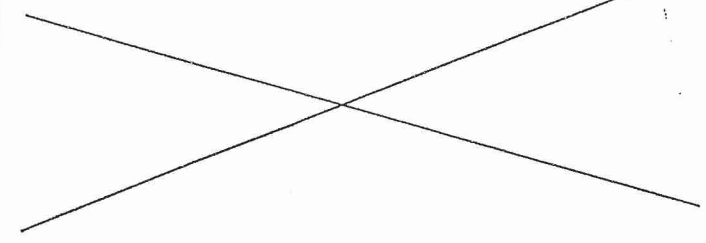
OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Albert Lea Housing and Redevelopment Authority
800 Fourth Ave. South
Albert Lea, MN 56007

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

TENNESSEN NOTICE

The Albert Lea Housing and Redevelopment Authority 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 15.161.1 through 15.1692) you may know:

1. **Why this 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 its 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/her 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 (HUD) and,
 - (a) HRA employees and contractors (including those who make repairs) and HRA selected volunteer agencies serving you or your dwelling unit.
 - (b) Health care and human service agencies under contract with the HRA.
 - (c) Freeborn County Health and Human Services.
 - (d) School districts.
 - (e) Law enforcement agencies (Federal, State, City, County, etc.), fire department and paramedics when an emergency situation or investigation requires the sharing of information.
 - (f) Alliant energy, the utilities office for the City of Albert Lea, the City Building Inspections and Planning and Zoning departments and other utility or property inspection services to ensure that the HRA complies with the lease and all applicable laws and ordinances.
 - (g) U.S. Census Bureau.
 - (h) 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.
 - (i) Any individuals you name as your contacts in the case of an emergency.
 - (j) Federal, state and local auditors.
 - (k) Researchers who are granted access to the data for purposes or preparing summary data.
 - (l) Other state and federal agencies as may be required by law.
 - (m) Judicial bodies (local courts systems at all levels; federal, state, district, etc).

We may deny parental access to private data when a minor, who is the subject of the data, requests that we deny 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 access and shall be signed by the minor. Unless otherwise authorized by statute or federal law, government agencies with which we share private information must also treat the information as private. Other non-government agencies with which 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 that I have been given the above information:

Applicant

Date

Other Adult

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.

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.	

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.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:
 Albert Lea Housing & Redevelopment Authority
 800 4th Ave, South
 Albert Lea, MN 56007

**I hereby acknowledge that the PHA provided me with the
 Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

RENTAL APPLICATION

PERSONAL	Applicant's Name (Last, First)		Social Security Number				Date of Birth		Driver's License # & State		
	Spouse's full name										
	Additional Occupants:	1					3				
		2					4				

RESIDENCE HISTORY	Current address (check one): <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:						
	Address		City	State	Zip code	Move in date	Home Phone
	Landlord/Community		Monthly Payment		Apt #	Move out date	Landlord Phone
	Previous address (check one): <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:						
Address		City	State	Zip code	Move in date	Home Phone	
Landlord/Community		Monthly Payment		Apt #	Move out date	Landlord Phone	

EMPLOYMENT HISTORY	Current Employer		Address		City	State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$	
	Previous Employer		Address		City	State	Phone #	
	Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$	
	Co-Applicant	Employer		Address		City	State	Phone #
		Supervisor's name		Supervisor's Phone #		Employment dates Start: End:		Monthly income \$
Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be induced for qualification. Additional Income; Source: _____ Amount: _____ Per: _____								

AUTO	Year, Make, Model		Color	License plate number	State
	Year, Make, Model		Color	License plate number	State

CONTACT	In case of emergency; please provide us with the following information:				
	Nearest relative		Address	Phone	Relationship
	Emergency Contact		Address	Phone	Relationship

Miscellaneous:		For Office Use Only:	
Have you ever been EVICTED from any residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # _____	Term Of Lease _____
Have you ever been convicted of a FELONY offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rent \$ _____	Move In Date _____
Does the applicant or any occupant listed above have any pending criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Security Deposit \$ _____	Application Fee \$ _____
Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize the holder of the application to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agents deem necessary in determining the status of this application.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____ Leasing Agent _____ Date _____



This management office does not discriminate against any person based on race, color, religion, sexual orientation, national origin, familial status, or disability.

**ALBERT LEA HRA
800 FOURTH AVENUE SOUTH
ALBERT LEA, MN 56007**

CONSENT TO RELEASE INFORMATION

I hereby give authorization to release any and all information and documentation necessary to determine pre-eligibility, eligibility and continued eligibility for housing assistance through the Albert Lea HRA. Information requested includes but may not be limited to:

1. **Income:** Including employment, pension, regular gifts, Social Security benefits, MFIP, Unemployment, Military Pay, Workman's compensation benefits, alimony, child support, etc.
2. **Assets:** Including banking and savings accounts of record (including IRA's and CD's, stocks, bonds, financial institutions, homes, mobile homes and items of value (excluding vehicles).
3. **Law Enforcement Agencies:** Information including criminal history, pending criminal charges, and civil matters in which I may have been involved in.
4. **Utility Companies:** Information regarding my performance records as a customer.
5. **References:** Landlord history or related history that would indicate my ability to abide by a lease and/or live independently.
6. **Medical Expenses:** Information concerning past medical expenses for use only in determining family's eligibility and rent (if eligible).
7. **Educational Institutions:** Information providing proof of attendance, class load, and full-time status.
8. **INS:** Information regarding citizenship and the family's eligibility to receive benefits.
9. **Medical Information:** Only when a resident "Request for a Reasonable Accommodation" form is attached. Information to be received will be limited to medical documentation that the "Request for Reasonable Accommodation" is medically necessary.

A photo or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

This consent form expires fifteen months (15) after it is signed.

I have read the above and do understand and agree to the release of this information.

Signature (Head of Household)

Date

Signature (Spouse)

Date

Signature (Other Adult)

Date

RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION

Top portion to be completed by the Resident.

Name: _____ Phone: _____

Address: _____

Name of household member with a disability: _____

I am requesting the following accommodation (exception to the usual rules, policies or change in the physical structure of the home) so that the person named above can access the program or home successfully: *Please check the applicable accommodation needed*

_____ A change in my apartment or other part of the housing complex.

_____ A change in a rule or the way things are done by the Housing Authority.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes _____ No _____ I don't know _____
The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.

2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her housing community? Yes _____ No _____

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this housing community. _____

Signature of Medical Professional*

Date

Print Name of Medical Professional

Phone

**By signing this form you are indicating that the information provided is true to the best of your professional knowledge. Further, if called upon to do so, you would testify to the information you have provided in a court of law.*