



800 4th Avenue South
Albert Lea, MN 56007

The Housing Choice Voucher (Section 8) Program is a federal rental assistance program administered by Albert Lea Public Housing Authority. The program helps eligible low-income households pay a portion of their rent in privately owned housing. Assistance is subject to eligibility, program requirements, and funding availability.

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 HCV (Section 8) Program

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)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Hawaiian/Pacific Islander

☐ White ☐ Other (specify) _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check the following as applicable for either the Applicant or Co-Applicant

☐ Yes ☐ No Working (20+ hrs./week)

☐ Yes ☐ No Elderly (62+), or Disabled (as defined by Federal Government)

☐ Yes ☐ No Resident of Freeborn County

☐ Yes ☐ 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: _____

Household Income		
List current and anticipated income for the twelve-month period. Include <u>ALL</u> 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 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) _____	\$ _____
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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 <input type="checkbox"/> Have <input type="checkbox"/> 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 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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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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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 record keeping 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 06/30/2026.

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:

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

Signature

Date

Printed Name

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Albert Lea Housing Authority
800 4th Ave South
Albert Lea, MN 56007

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 1966. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Albert Lea Housing & Redevelopment Authority
 800 4th Ave South
 Albert Lea, MN 56007
 Phone: (507) 377-4375 Fax: (507) 373-991

CONSENT FOR BACKGROUND CHECK

As an applicant(s) for the rental or lease of housing, I/We understand that a background check will be submitted for my personal information to ONLINE Rental Exchange. (All adults 18 years or older please fill out the following information):

Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been evicted from any residence?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony offense?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any criminal charges pending?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? If yes, please describe:					

Co-Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been evicted from any residence?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony offense?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any criminal charges pending?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? If yes, please describe:					

Other Adult Applicant Name	Maiden, Alias, or Former Name	Middle Name	Social Security Number	Date of Birth	Driver's License & State
Current Address	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Move-in Date	Move-out Date	Landlord/Mortgage Company Name	Landlord/Mortgage Company Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been evicted from any residence?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony offense?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any criminal charges pending?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? If yes, please describe:					

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CONSENT FOR BACKGROUND CHECK

Upon signing, the applicant(s) recognizes that an investigative report will 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.

☐ I/We hereby acknowledge and give permission to the Albert Lea Housing and Redevelopment Authority to submit a background check for my information to ONLINE Rental Exchange. This authorization is valid for one year from the date of my/our signature. I/We may withdraw this authorization at any time by providing the Albert Lea Housing and Redevelopment Authority with written notice of my/our intent to withdraw consent for a background check.

Signature of Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.

Signature of Co-Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.

Signature of Other Adult Applicant: _____

Date: _____

The expiration of this authorization shall be one year from the date of my signature.



Albert Lea Housing & Redevelopment Authority
800 4th Ave South
Albert Lea, MN 56007
Phone: (507) 377-4375 Fax: (507) 373-0991

AUTHORIZATION FOR THE RELEASE OF 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:

Previous Landlords	Past and Present Employers	Utility Companies
Court and Post Offices	Welfare Agencies	Medical Providers
Veterans Administration	Retirement Systems	State Unemployment Agencies
Credit Providers	Credit Bureaus	Social Security Administration
Law Enforcement Agencies	Support & Alimony Providers	Banks and other Financial Institutions
Criminal Background Record Information	Housing Authorities	Federal INS
Educational Institutions		

I hereby give you permission to release this information to the Albert Lea Housing and Redevelopment Authority. I would appreciate your prompt attention in supplying this information requested to the Housing Authority within five (5) days of receipt of this request.

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 authorization is valid for a period of fifteen months (15) after it is signed.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

TENNESSEN NOTICE

The Albert Lea Housing and Redevelopment Authority (HRA) 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 15.1611 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).
- (b) HRA employees and contractors (including those who make repairs) and HRA selected volunteer agencies serving you or your dwelling unit.
- (c) Health care and human service agencies under contract with the HRA.
- (d) Freeborn County Health and Human Services.
- (e) School districts.
- (f) Law enforcement agencies (Federal, State, City, County, etc.), fire department and paramedics when an emergency situation or investigation requires the sharing of information.

- (g) 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.
- (h) U.S. Census Bureau.
- (i) 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.
- (j) Any individuals you name as your contacts in the case of an emergency.
- (k) Federal, state and local auditors.
- (l) Researchers who are granted access to the data for purposes or preparing summary data.
- (m) Other state and federal agencies as may be required by law.
- (n) 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 accesses 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

Co -Applicant

Date

Other Adult

Date



Albert Lea Housing & Redevelopment Authority
800 4th Ave South
Albert Lea, MN 56007
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DECLARATION OF CITIZENSHIP SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign it and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under the penalty of perjury, that: (Check appropriate box)

☐ I am a U.S. Citizen, a naturalized citizen of the United States, or a national of the United States.

☐ I am not a citizen or a national of the United States, and I do not have eligible immigration status.

✓ If you checked this block and you are 62 years of age or older, you need to submit a proof of age document together with this format, and sign below.

☐ I have eligible immigration status as defined in the Immigration and Nationality Act (INA) of 1952, and I am providing the following documents as evidence of the following status: (please see page 2 for more information)

☐ Immigrant status [INA Sections 101(a)(15) or 101(a)(20)]

☐ Permanent residence status [INA Section 249]

☐ Refugee, asylum or conditional entry status [INA Sections 207, 208, or 203]

☐ Parole status [INA Section 212(d)(5)]

☐ Threat of life or freedom status [INA Section 243(h)]

☐ Amnesty status [INA Section 249A]

Signature of Applicant/Tenant

Date

☐ Check box if signature is of adult applicant/tenant who is responsible for child named on statement above.

WARNING: 18 U.S.C. §1001 provides 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 or imprisoned for not more than five years, or both.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

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

1. 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.
2. Immigrant status under 101(a)(15) or 101 (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 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.
3. 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].
4. 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 or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
5. 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].
6. 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].
7. 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 "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact the Albert Lea Housing and Redevelopment Authority (ALHRA)-800 4th Ave South, Albert Lea, MN 56007, 507-377-4375. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. ~~You (or a household member) are a victim of VAWA violence/abuse;~~
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact the **Albert Lea Housing and Redevelopment Authority (ALHRA)-800 4th Ave South, Albert Lea, MN 56007, 507-377-4375**. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact the **Albert Lea Housing and Redevelopment Authority (ALHRA)**-800 4th Ave South, Albert Lea, MN 56007, 507-377-4375. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting the **U.S. Department of Housing and Urban Development, Minneapolis Field office at 612-370-3000**. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate,
- Freeborn County Crime Victims Crisis Center (CVCC). Although CVCC is part of the Department of Human Services, it is located in the Government Center. Please call 507-377-5460 during regular business hours to speak with a staff advocate. 24-hour crisis line can be reached by calling 507-377-5460. If there is a life-threatening emergency, please call 911.
- National Domestic Violence Hotline 24/7 (800) 799-7233.
- *Notice 504B.321 subd. 1a(a): You have the right to seek legal help. If you can't afford a lawyer, free legal help may be available. Contact Legal Aid or visit www.LawHelpMN.org to know your rights and find your local Legal Aid office. To apply for financial help, contact your local county or Tribal social services office, apply online at MNBenefits.mn.gov or call the United Way toll-free information line by dialing 2-1-1 or 800-543-7709.*

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected and cannot be asked or required to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is one of your available options for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, and (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact the Albert Lea Housing and Redevelopment Authority-800 4th Ave South, Albert Lea, MN 56007, 507-377-4375. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact

- Freeborn County Crime Victims Crisis Center (CVCC). Although CVCC is part of the Department of Human Services, it is located in the Government Center. Please call **507-377-5460** during regular business hours to speak with a staff advocate. 24-hour crisis line can be reached by calling **507-377-5460**. If there is a life-threatening emergency, please call 911.
- National Domestic Violence Hotline 24/7 (800) 799-7233.
- *Notice 504B.321 subd. 1a(a): You have the right to seek legal help. If you can't afford a lawyer, free legal help may be available. Contact Legal Aid or visit www.LawHelpMN.org to know your rights and find your local Legal Aid office. To apply for financial help, contact your local county or Tribal social services office, apply online at MNBenefits.mn.gov or call the United Way toll-free information line by dialing 2-1-1 or 800-543-7709.*

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Name(s) of victim(s): _____
2. Your name (if different from victim's): _____
3. Name(s) of other member(s) of the household: _____
4. Name of the perpetrator (if known and can be safely disclosed): _____
5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: _____

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: _____

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: _____

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: _____

6. Anything else your housing provider should know to safely communicate with you?

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others or
- (2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature

Date

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

ALBERT LEA HRA
800 FOURTH AVE SOUTH
ALBERT LEA, MN 56007

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.

1. The following information is required to be provided to the public in accordance with the Access to Information Act (ATIA) and the Access to Information Regulations (AIR):