

WORTHINGTON HOUSING AND REDEVELOPMENT AUTHORITY

INITIAL APPLICATION

819 Tenth Street, Worthington, MN 56187

Atrium/ Family Housing (507) 376-3655

Section 8 Housing (507) 376-9123

SECTION A: YOU MUST CHECK WHAT YOU ARE APPLYING FOR.

(You may apply for more than one.)

OFFICE USE ONLY

PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS ON THE FORM.

Date _____

USE LEGAL NAMES ONLY. ** *Incomplete applications will be returned.*

Time _____

Atrium (1 bedroom) (Worthington only) **SMOKE FREE**

Bedrooms _____

Family Housing (Rental housing available in Worthington only) **SMOKE FREE**

Section 8 Housing Choice Voucher (*Rental assistance in **Local Jurisdiction** of Nobles, Cottonwood Lincoln, Lyon, Murray, Jackson and Redwood Counties*) *See SECTION C: PREFERENCES

SECTION B: HEAD OF HOUSEHOLD * Must NOT be declared a dependent of Parent/Guardian**

Last Name _____ First Name _____ Middle Initial _____

Social Security No. _____ Sex: Female Male

Date of Birth _____ Place of Birth _____

Race: White Black American Indian/Alaska Native Asian

Ethnicity: Hispanic Non-Hispanic

Current Address _____ Apt. _____ County _____

Home Telephone (____) _____ - _____

City/State _____ Zip _____ Cell (____) _____ - _____

Email Address: _____

If homeless: contact address and phone # (**mandatory**) _____

Note: You are required to notify the Housing Authority in writing of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

SECTION C: PREFERENCES (*) applies only to Section 8 * Local Jurisdiction * Dependent Child(ren)

Are you or other adult family member: Near Elderly (55 or older) Elderly (62 or older) Handicapped/Disabled

If so, who? _____

SECTION D: FAMILY List **all** additional members of your family that will be living with you.

(Use separate page if more than 6 additional family members are in your household)

Name (First & Last)	Relationship	Date of Birth	Place of Birth	Sex	Race	Social Security Number
1.						
2.						

3.									
4.									
5.									
6.									

(CONTINUED ON BACK)

Revised 1-2020

SECTION E: HOUSEHOLD INCOME

Check all sources of income that apply to your household and indicate the **GROSS** amount you receive per month. **THIS SECTION MUST BE COMPLETED.**

If not complete the application will be returned. If none indicate "0".

<u>SOURCE OF INCOME</u>	<u>GROSS MONTHLY AMOUNT RECEIVED</u>
Public Aid	\$ _____ (TANF, General Assistance, Food Support, CASH)
Social Security	\$ _____ ← Who receives this benefit: _____
Pension	\$ _____ ← Who receives this benefit: _____
Employment	\$ _____ ← ** list employer below
Child Support	\$ _____
Other (please specify)	\$ _____

** If employed, list name and address of Employer: _____

SECTION F: BACKGROUND

	Yes	No
1. Veteran's Status?		
2. Have you ever been subsidized by any HUD program in the past? a. If yes, which Public Housing authority? <input type="checkbox"/> _____ <input type="checkbox"/> _____ b. Under what program? Section 8 Public Housing Other		
3. Do you owe any money to a Public Housing Authority		
4. Have you or anyone in your household ever been convicted or are currently being prosecuted for a crime? If yes, please explain. _____		
5. Have you ever engaged in the felonious use or possession of drugs?		
6. Do you presently have any pets?		

SECTION G: The following information is REQUIRED:

1. Are you homeless: Yes No <i>If yes, this information must be verified.</i> If yes, please explain: _____ Please provide name of agency assisting you, if any: _____
2. What do you currently pay for rent? \$ _____ Do you currently have a lease? Yes No
3. How many bedrooms in your unit? _____
4. What utilities do you pay? Heat Electric Water Sewage Trash
5. How long at your present address? _____
6. Landlord's Name: _____ Landlord's Phone Number _____

WARNING: Title 18, Section 1001 of the United State code, state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.									
I/we certify that the information given is complete and accurate. I/we hereby authorize the Worthington Housing Authority to verify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit or report. I/we declare under penalty of perjury under the laws of the United States of America and the State of Minnesota that the information contained in this statement of facts is true, correct and complete. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.									
All adults 18 and over in the household must sign the application.									
Signatures _____					Date _____				
Head of Household					Other Adult				
Other Adult _____									
* If non-citizen, please give Alien Identification Number _____									