

**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.)

**PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS ON THE FORM.**

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

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

OFFICE USE ONLY
Date _____
Time _____
Bedrooms _____

**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: \_\_\_\_\_

<b>SECTION F: BACKGROUND</b>	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? _____ b). Under what program? <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> 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?		

<b>SECTION G: The following information is REQUIRED:</b>
1. Are you homeless: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many bedrooms in your unit? _____
4. What utilities do you pay? <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewage <input type="checkbox"/> 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 \_\_\_\_\_