

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, Jackson, Murray, Cottonwood, Lincoln, Lyon 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 1-2019

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? _____ 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?		

SECTION G: The following information is REQUIRED:

1. Are you homeless: Yes No *If yes, this information must be verified.*
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 _____

THIS FORM MUST BE COMPLETED

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Signature and Date Required

Form HUD- 92006 (05/09)