

PLEASE READ THIS FORM BEFORE COMPLETING APPLICATION FORMS

If you have limited English proficiency (LEP) and need language assistance, please contact the receptionist (320-252-0880) to schedule an appointment to complete the application.

Adeegyada tarjumaada oo lacag la'aan ah ayaad helaysaa. Fadlan weydii qofka fahiya miiska soo dhoweynta. 320-252-0880 - Somali

Tenemos a su disposición servicios de intérpretes gratuitos. Si está interesado, por favor solicítele ayuda a la recepcionista. 320-252-0880 - Spanish

To begin the application process you will only need to complete the attached forms and submit them to the HRA for processing. All applications will be date and time stamped as they are turned in at the frontdesk or sent online. As you complete the application forms, please:

- 1) Fill out the forms supplying all requested information as completely and accurately as possible;
2) Sign each of the forms as provided.

Basically, there are two types of rental assistance available:

Public Housing Program: Under Public Housing, available rental units are apartments, houses or townhomes owned by the HRA and located in the city limits of St. Cloud. Rent is based on 30% of your adjusted monthly income.

Empire, Wilson , Grace McDowall & Germain Towers Apartments are all one bedroom units.

Two-, three- and four-bedroom units are houses and townhomes scattered throughout the St. Cloud city limits.

Section 8 Housing Choice Voucher Program: Under Section 8, rental units include apartments, duplexes, townhomes, houses or mobile homes owned by private property owners. Basically, the voucher is tied to the tenant, allowing them to choose where they will live. Rent is based on a minimum of 30% and a maximum of 40% of your adjusted monthly income.

NOTE: There are restrictions on the port-out or transfer of a voucher from our jurisdiction if, as an applicant, you are not a current resident in the city of St. Cloud, Benton, Sherburne or Wright Counties.

A number of our vouchers are allocated as Project-Based Assistance vouchers and, as such, are available within certain developments; for example, Westwood and Swisshelm Villages here in St. Cloud. As opposed to the regular voucher, this assistance is tied to the development.

In order to be eligible for public housing or Section 8 Housing Choice Voucher, college students living outside their parents homes must have established a separate household for at least one year prior to applying to the housing programs.

To qualify for non-subsidized housing your annual income must be between \$13,320 and \$47,750. Rents are listed below and are the same for everyone. None of the set amount is paid for you. Eastwood/Riverside allow 1-person households; all others require 2 or more. Your household's gross annual income as well as your family size determines which programs you will qualify for at this time.

Acknowledging that the HRA makes this final determination, please indicate the programs you would like to apply for:

Table with 2 columns: Check the waiting list(s) you are applying for. and Non-Subsidized. Lists various housing options like Empire Hi-Rise, Eastwood Apts, Riverside Apts, etc. with checkboxes.

PRE-APPLICATION FOR TENANT ELIGIBILITY

A. APPLICANT

Name: _____ Date: _____
 First Name Middle Name Last Name

Address: _____
 Building # and Street Apt # City/State Zip Code

County: Stearns Benton Sherburne Wright Other: _____
 (CIRCLE ONE)

Will you require an interpreter for HRA appointments? Yes No If yes, language: _____

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.

Race of Head of Household American Indian or Alaskan Native Asian Black
 Native Hawaiian/Other White

Ethnicity of Head of Household Hispanic Non-Hispanic

You are not required to answer the next question, however the information provided could affect your rental calculations.

Are you or anyone in your household handicapped or disabled? Yes No If yes, identify and list any special housing needs or accommodations required to help you fully utilize the services provided by the housing program.

B. HOUSEHOLD COMPOSITION: List the head of household and all other persons who live in the rental unit.

Name of Household Members (First, Middle and Last Name)	Relationship to Head	Sex	Date of Birth	Age	Social Security #	Place of Birth	Name of Absent Parent	Veteran Y/N	Student Y/N
1	HEAD								
2									
3									
4									
5									
6									
7									

Do you plan to have anyone move into or out of your household during the next 12 months (including but not limited to an unborn child who is not listed above)? Yes No If yes, please explain: _____

Address of Absent Parent: _____

Building # and Street Apt # City/State Zip Code

C. HOUSEHOLD INCOME: List all money earned or received by everyone in your household. This includes money from wage, self-employment, child support, regular gifts of money, Social Security disability payments, Workman's Compensation, retirement benefits, MFIP, DWP, GA, MSA, Veterans benefits, alimony, tips, pensions, rental property income, caretaking, stock dividends, income from bank accounts, and all other sources. Please indicate dollar amounts below.

NAME OF HOUSEHOLD MEMBER	NAME OF EMPLOYER	GROSS WAGES WEEKLY	MFIP/DWP GA/MSA MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY MONTHLY	UNEMPLOYMENT WEEKLY BENEFITS	ALL OTHER INCOME MONTHLY

D. VALUE OF TOTAL ASSETS:

Checking	\$ _____	Real Estate	\$ _____
Savings	\$ _____	Other:	\$ _____

Have you disposed of an asset, within the last two years, for less than it was worth? Yes No
 If yes, please explain: _____

E. Have you or a member of your household, engaged in drug-related criminal activity or violent criminal activity?

Yes _____ No _____

Are you or any member of your household subject to a lifetime state sex offender registration program in any State?

YES _____ NO _____ If Yes, What State? _____

Are you a citizen of the United States by birth, a naturalized citizen or a national of the United States?

Yes _____ No _____

If no, do you have eligible immigration status? Yes _____ No _____

F. **CURRENT HOUSING STATUS:**

YES **NO**

1) Has your unit been declared unfit for habitation by an agency or unit of the government? _____

2) Are you displaced due to a natural disaster such as a flood or fire? _____

3) Are you displaced due to urban renewal or government action? _____

4) Are you displaced because of action by a landlord?
If yes, provide reason. _____

5) Are you and your child(ren) currently residing in a shelter for victims of domestic abuse for more than 30 continuous days due to domestic abuse from another residing family member? _____

6) Are you now living, or have you ever lived, in a government subsidized unit?
If yes, WHEN: _____
Development Name: _____
Address: _____

7) Has your housing assistance ever been terminated for fraud, non-payment of responsibilities or for any other reason? _____
If yes, explain the circumstances: _____

G. **LANDLORD REFERENCES** (Start with most recent)

Current Address: _____	Previous Address: _____
Dates of Occupancy: From: _____ To: _____	Dates of Occupancy From: _____ To: _____
Landlord Name: _____	Landlord Name: _____
Landlord Address: _____	Landlord Address: _____
Landlord Phone/Fax #'s: _____	Landlord Phone/Fax #'s: _____
Current Address: _____	Previous Address: _____
Dates of Occupancy: From: _____ To: _____	Dates of Occupancy From: _____ To: _____
Landlord Name: _____	Landlord Name: _____
Landlord Address: _____	Landlord Address: _____
Landlord Phone/Fax #'s: _____	Landlord Phone/Fax #'s: _____

H. **APPLICANT CERTIFICATION:**

I hereby certify that all the information I have provided on this application is correct and complete to the best of my knowledge and belief. I understand it is illegal to provide false information and that waiting list placement could be denied/terminated, rent assistance could be denied/terminated and prosecution for fraud could occur as a result, as stated in Section 1001 of Title 18 of the U.S. Code.

Applicant Signature

Date

Co-Applicant Signature

Date

WARNING

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its Jurisdiction.