

Request for Interpreter
Xav Tau Ib Tug Neeg Txhais Lus
Solicitud de intérprete
CodsiTarjubaan

Attention! If you do not understand, speak, or read English, please return this form to us by faxing it to 320-252-0889 OR mail it to: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Hmong

Nyob Zoo! Yog koj tsis to taub, hais lus, lossis nyeem lus Aaskiv, thov xa tsab ntawv no rov tuaj rau peb xws li muab fax tuaj rau 320-252-0889 LOSSIS muab xa tuaj rau qhov chaw nyob no: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Spanish

¡Atención! Si Usted no puede entender, hablar o leer el ingles, por favor mándenos esta hoja por fax al 320-252-0889 O envíela por correo a: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Somali

Wargelin! Haddii aadan fahmin, ku hadlin ama aadan akhrin afka Ingiriisiga, fadlan soo celi foomkan adiga oo ku soo diraya faxka lambarkiisu yahay 320-252-0889 ama kunsoo dir boostada cinwaankeedu yahay: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Vietnamese

Xin lưu ý! Nếu quý vị không hiểu, nói, hoặc đọc được tiếng Anh, xin gửi trả mẫu này lại cho chúng tôi bằng cách gửi bằng máy fax qua số 320-252-0889 HOẶC qua bưu điện về địa chỉ: 1225 W. Saint Germain St.
St. Cloud, MN 56301

Name: _____ SSN: xxx-xx Date: _____
Lub npe, Nombre Magaca Tên

Phone Number: _____
Xov tooj Numero de teléfono Lambarka Telefoonka Số điện thoại

Language Requested: _____
Hom lus Idioma Luqadda (Afka) Ngôn ngữ yêu cầu

The HRA offered an interpreter but I provided my own interpreter: _____
Name

No interpreter requested: _____ Signature: _____

<p>This is important housing information.</p> <p>If you do not understand it, have someone translate it for you now.</p>
<p>Información importante acerca de las viviendas.</p> <p>Si usted no lo comprende, pida a alguien que le traduzca ahora.</p>
<p>Qhov no yog lus tseem ceeb heev qhia txog tsev nyob.</p> <p>Yog tias koj tsis tau taub thov hais rau lwm tus pab txhais rau koj.</p>
<p>Kani waa warbixin muhiim ah ee ku saabsan guriyaha.</p> <p>Haddii aadan fahamsaneyn waa in aad heshaa hadeertaan qof kuu tarjumaa.</p>
<p>Đây là thông tin quan trọng về nhà ở. Nếu quý vị không hiểu, hãy nhờ người nào dịch ngay cho quý vị.</p>

DECLARATION OF 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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - ☐ [] Permanent residence under 249 of INA 4/; or
 - ☐ [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - ☐ [] Parole status under 212(d)(5) of the INA /6; or
 - ☐ [] Threat to life or freedom under 243(h) of the INA /7; or
 - ☐ [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

INSTRUCTIONS FOR 214 FORMS
(IMMIGRATION/CITIZENSHIP STATUS)
PLEASE READ CAREFULLY

SELECT THE CATEGORY WHICH APPLIES FOR EACH FAMILY MEMBER AND FOLLOW THOSE INSTRUCTIONS FOR THAT MEMBER. **IF ALL FAMILY MEMBERS WERE BORN IN THE UNITED STATES, GO DIRECTLY TO “SECTION A”.**

A. YOU ARE A U.S. CITIZEN BY BIRTH OR NATURALIZATION:

1. Check the first box on the following page entitled “Declaration of Section 214 Status” and then sign and date the form. Disregard all remaining forms applying to immigration. **Provide copies of birth certificates for all family members who were born in the United States.**

B. YOU ARE NOT A CITIZEN BUT ARE REGISTERED WITH THE IMMIGRATION AND NATURALIZATION SERVICE (INS):

1. Check the appropriate box(es) on the Declaration of section 214 status, then sign and date the form. **Do this for each member of your family who has immigration status.**
2. Sign and provide the Alien Registration Number on the Verification Consent Form **for each family member who has a registration number.**
3. Provide a copy of your INS document (green card, etc.) verifying eligible immigration status.

C. YOU ARE IN THE UNITED STATES WITHOUT U.S. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS (ARE NOT REGISTERED WITH INS):

1. The head of household must complete the Listing of Ineligible Family members form for members of the family who do not have eligible immigration status. **DO NOT** complete any other forms for these family members.

PLEASE NOTE:

DECLARATION FORMS ARE PROVIDED FOR TWO FAMILY MEMBERS. PLEASE MAKE COPIES OF THE 214 FORM FOR ADDITIONAL FAMILY MEMBERS.

IMMIGRATION STATUS VERIFICATION CONSENT FORM

CONSENT: I consent to allow the St. Cloud Housing and Redevelopment Authority (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

This consent form expires 15 months after signed.

ADULT:

_____	_____	A-_____	_____
Head of Household	Signature	Alien Number	Date
_____	_____	A-_____	_____
Spouse	Signature	Alien Number	Date
_____	_____	A-_____	_____
Family Member Age 18 or Over	Signature	Alien Number	Date
_____	_____	A-_____	_____
Family Member Age 18 or Over	Signature	Alien Number	Date

CHILDREN:

_____	A-_____	_____
Family Member Under Age 18	Alien Number	Date

Signature of Adult Residing in Unit Responsible for Child

_____	A-_____	_____
Family Member Under Age 18	Alien Number	Date

Signature of Adult Residing in Unit Responsible for Child

_____	A-_____	_____
Family Member Under Age 18	Alien Number	Date

Signature of Adult Residing in Unit Responsible for Child

_____	A-_____	_____
Family Member Under Age 18	Alien Number	Date

Signature of Adult Residing in Unit Responsible for Child

WHO MUST SIGN: In order to be eligible to receive housing assistance, each non-citizen adult or child applying for, or currently receiving, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Privacy Act Statement:

The information on this form is being collected by the St. Cloud Housing and Redevelopment Authority to determine the applicant's or tenant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



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 recordkeeping 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 10/31/2019.

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:

St. Cloud HRA
1225 W. Saint Germain
Saint Cloud, MN 56301

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

Signature

Date

Printed Name

Residency Preference Form

Applicant Name: _____

_____ Applicant applied WITHOUT residency preference.

_____ Applicant applied WITH residency preference. If the applicant applied with more than one preference, only one preference needs to be verified*.

_____ Applicant lives or lived in the city limits of St. Cloud, Benton County, Sherburne County or Wright County.

File should be documented with one of the following:

- The address on the original application is within the St. Cloud HRA's jurisdiction.
- Lease or homeownership document.
- Mail.
- Taxes
- Pay stubs.
- School Records.
- Driver's license or state ID.

_____ Applicant works or worked in the city limits of St. Cloud, Benton County, Sherburne County or Wright County.

File should be documented with one of the following:

- Taxes.
- Pay stubs.
- Letter from employer.

_____ Applicant attends or attended school full-time in the city limits of St. Cloud, Benton County, Sherburne County or Wright County.

File should be documented with one of the following

- School records.
- Letter from school.
- Diploma/Degree.
- School ID.

* Preference should be verified to the best of the applicants' ability. Self-certification can be used if the items listed above are not available. Eligibility for preference can be documented from the time of original application through top of the list appointment.

(10/2018)

ASSETS UNDER \$5,000 CERTIFICATIONFor households whose combined net assets do not exceed \$5,000.Complete only one form per household; include assets of children.

Head of Household Name: _____

Complete all that apply for 1 through 4:****Must provide bank statements for TOL****

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A x B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A x B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not names above:				
\$ _____	_____	\$ _____	Personal property held as an investment**:				
\$ _____	_____	\$ _____	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collection, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 5.603) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my housing assistance.

Applicant/Tenant_____
Date_____
Applicant/Tenant_____
Date_____
Applicant/Tenant_____
Date_____
Applicant/Tenant_____
Date

(October 2012)

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

St. Cloud HRA
1225 W St Germain Street
St. Cloud MN 56301
Contact: Emily Beckermann

10/1/2020

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

CRIMINAL BACKGROUND CHECK CONSENT FORM

HRA

1225 W St Germain St., St. Cloud, MN 56301

Phone: 320-252-0880 Fax: 320-252-0889

Applicant: _____
(PLEASE PRINT)

A local records check of the St. Cloud Police Department/Stearns County sheriff's Department and a search of the Minnesota State Criminal Records and or the Federal Bureau of Investigations Criminal Justice Information files will be preformed on you, pursuant with the lease agreement of the apartment complex to which you are applying. By signing this form, you are allowing the St. Cloud Police Department to release the criminal data maintained in those files, which applies under Statues & Ordinance.

1. You have the right to be informed that HRA is requesting Criminal Background Check to determine if you have been convicted of a Crime. Information may also be requested from Rental History Reports and VetConnex.
2. You have the right to be informed by HRA of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from St. Cloud Police Department/ Stearns Sheriff's Department and or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub. 4.
5. You have the right to be informed by HRA if your application for acceptance has been denied because of the results of this Background Check.

Application Information –PLEASE PRINT CLEARLY

Last Name First Name Middle Name

Have you ever been known by another name? Maiden, Aliases

Date of Birth _____ Gender: Male _____ Female _____ Race: _____

Driver Lic.# _____ State: _____ Social Security # _____ XXX-XX

Current Address Apt # City State & Zip County

Have you lived in Minnesota for at least the past 10 years? Yes _____ No _____ Please list complete

Prior Address Apt # City State & Zip County

What other states have you lived in as an adult?

This Release shall be effective for ONE (1) year from date signed.

Signature

Date

Subscribed and sworn before me on this
_____ day of _____ 20____

Notary Public

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.

ST. CLOUD HOUSING AND REDEVELOPMENT AUTHORITY
1225 WEST ST. GERMAIN STREET
ST. CLOUD, MN 56301
(320) 252-0880 Fax: (320) 252-0889

**APPLICATIONS ARE ACCEPTED AT THE EXACT TIME AND DATE THEY ARE EMAILED
OR DATE STAMPED IF YOU APPLY IN PERSON OR SEND BY MAIL.**

TENNESSEN WARNING

THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

NOTE: You must read the following information and check that you have read the information at the bottom of this page to accept this Tennesen Warning before proceeding to the application.

If you have limited English proficiency (LEP) and need language assistance, please contact the HRA receptionist to schedule and 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

Under the Minnesota Government Practices Act (M.S. 13), you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE HRA COLLECTS?

Within the context of the HRA's low rent public housing, Section 8 Programs, MHFA Rehab Loan Program, and CDBG Home Improvement Programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used, and disseminated for the administration and management of legally authorized programs. The information we collect from and about you is classified under Minnesota law as: 1) public-anyone can see the information; or 2) Private-only you and those authorized by law or by you can see the information; or 3) Confidential-you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of the information are for one or more of the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the HRA in maintaining or upgrading the housing stock.
4. To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for program benefits. 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. While you have the right to refuse to supply the information we request, the HRA may not be able to provide you with housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Responsible Authority.

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, and federal law, the information we maintain may be shared with:

1. US Department of Housing and Urban Development (HUD).
2. HRA employees and contractors and HRA selected volunteer agencies serving you or your dwelling unit.
3. Health care and human services under contract with the HRA; area social service agencies; and school districts. Health care professionals from other agencies who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing and eligibility on other housing programs.
4. Fire departments and paramedics when an emergency situation or investigation requires the sharing of information.
5. Utility companies to assure rental units are maintained as required by the lease.
6. U.S. Census Bureau.
7. City of St. Cloud and its employees.
8. Federal, state, and/or local auditors; other state and federal agencies as may be required by law.
9. Researchers who are granted access to the data for the purposes of preparing summary data.
10. Minnesota Housing Finance Agency.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with county, state, local, or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of that data, requests that we deny such 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 access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private.

D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state, or federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. WHAT INFORMATION DO YOU HAVE ACCESS TO?

You or your authorized representative or guardian may request to be shown information about your-self that is maintained by the HRA and that is classified as private.

There is no cost for this service, but there may be a charge for copies in which you would like made.

According to Minnesota Law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you have been collected.

F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?

Write to us describing the nature of your disagreement. Send this information to:
(Responsibility Authority)
St. Cloud Housing and Redevelopment Authority
1225 West St. Germain Street
St. Cloud, MN 56301

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Practices Act.

If you have any other questions about your privacy rights, please contact the HRA Responsible Authority.

This is to acknowledge that I have read and understand the above information.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

St. Cloud Housing and Redevelopment Authority

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that St. Cloud HRA is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence; dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **St. Cloud HRA (or Housing Provider - HP)**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under St. Cloud HRA, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under St. Cloud HRA solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Minneapolis HUD Field Office.

For Additional Information

You may view a copy of HUD's final VAWA rule at www.ecfr.gov/.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact St. Cloud HRA at 320-252-0880.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Central Minnesota Battered Women's Shelter.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Central Minnesota Sexual Assault Center**. Victims of stalking seeking help may contact **local law enforcement**.

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This 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.

Domestic Assault and/or Sexual Assault Contact Information for St. Cloud, MN

Anna Marie's Alliance, 24 hour CALL 320-253-6900 or 320-251-7203

Dedicated to providing safe shelter, support and referral services for battered women and their children.

500 11th Ave N, PO Box 367, St Cloud, MN 56302

Website: www.annamaries.org

Fax: (320) 251-4670

Central Minnesota Sexual Assault Center, 24 hour CALL 800-237-5090 or 320-251-4357

Mon-Fri/8:30-4:30

Free and confidential services for victims of sexual abuse or assault.

15 Riverside Dr. NE, St Cloud, MN 56304

Website: cmsac.org/

Fax: (320) 251-4670

Rivers of Hope, 24 hour CALL 763-295-3433

Offering advocacy, support and referral services for victims of family violence. All services are confidential and at no cost to you.

Website: <http://riversofhope.org>

The National Domestic Violence Hotline, 24 hour CALL 800-799-8233 (SAFE)

Provides lifesaving tools and immediate support to enable victims to find safety and live lives free of abuse.

Website: www.thehotline.org