



OFFICE USE ONLY

Application Received _____

Date _____

Time _____

Staff Initials _____

**Public Housing Pre-application for Admission
Units located in Taconite and Calumet**

Full legal name of head of household: _____

Street Address _____ City/State/Zip _____

Mailing Address (if different) _____ City/State/Zip _____

Phone number _____ Email Address _____

Contact person: (who could we contact if we are unable to reach you?)

Name _____ Phone _____

Mailing Address _____ City/State/Zip _____

INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons age 18 or older** who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME (Last, First, MI)	Relation to Head (Circle One)	US Citizen Y/N	Dis-abled Y/N	Vet Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	*Race Code	*Hispanic Ethnicity Code
	HEAD								
	Spouse/ Co-Head/ Other Adult								
	Other Adult								

CHILDREN 17 AND YOUNGER (List all children who will be living in the home, oldest to youngest.)

NAME (Last, First, MI)	Relation to Head	US Citizen Y/N	Dis-abled Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name	*Race Code	*Hispanic Ethnicity Code

***RACE CODE:**

- 1. White
- 2. Black
- 3. Asian
- 4. American Indian/Native Alaskan
- 5. Native Hawaiian/Pacific Islander

***HISPANIC /ETHNICITY CODE:**

- 1. Hispanic
- 2. Non-Hispanic

CREATING AFFORDABLE HOUSING OPPORTUNITIES

PHONE: (218)326-7978
FAX: (218)326-8031
WEB: WWW.ITASCACOUNTYHRA.ORG

102 NE 3RD ST
SUITE 160
GRAND RAPIDS, MN 55744

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

Income includes money or contributions from any and all sources paid to or on behalf of a family member.

List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source (Employer Name or type of income i.e.: SSI, MFIP, GA, etc.)	Gross Amount \$	Frequency – (Circle one)
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year

A Federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or “VAWA.” The law protects men and women alike. If you would like additional information about VAWA, please contact our office.

If you are disabled and require a reasonable accommodation in order to utilize our programs or services, please contact our office.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES 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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse, Co-Head or Other Adult

Date

Signature of Other Adult

Date

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.