

POSITION DESCRIPTION

Position: Property and Program Specialist

Status: Non-exempt, Full-time

Pay Grade: 5

Reports To: Property and Program Director

Position Summary:

The Property and Program Specialist performs administrative and organizational duties such as determining eligibility and calculating rent for federally subsidized housing programs, communicating with residents, performing leasing activities, managing rental property, organizing tenant files, and assisting with unit inspections.

Major Areas of Responsibility:

- Provides all residents with exceptional customer service and fosters good resident relations
- Oversees and participates in the showing of apartments and property
- Processes move in, annual and interim recertifications for rent assistance to accurately determine rent subsidy
- Prepares leasing documents and conducts leasing appointments to fully explain leasing documents and execute signatures
- Maintains current and past resident files and other records related to assigned rental housing programs
- Coordinates tenant turnover, including processing eviction actions, and is responsible to ensure that leasing schedules are met
- Assists with move in, annual, and move-out inspection processes
- Assists with preparation of required reporting
- Recommends changes and implements programmatic procedures and policies to ensure compliance with applicable federal and state regulations
- Provides information and referral services and advocacy as needed for client housing issues
- Stays up to date and maintains an in-depth knowledge of tenant/landlord laws and state/federal regulations and guidance related to subject properties
- Responsible for accuracy and timeliness of work including tenant follow-up, security deposits and required paperwork, and all required reports
- Responsible for the quality of correspondence and ongoing review of forms
- Attends trainings, workshops, and meetings to keep informed of new procedures and policy changes
- Some on-call work may be necessary
- Other duties as assigned

Revised 2/2023

QUALIFICATIONS:

Education: AA Degree in Business or related field

Experience: Two years of experience in an office setting, housing field, or social services programs, proficiency with Microsoft Office applications

Licenses/Certifications: Valid Minnesota Driver's License and access to automotive vehicle to be used for business purposes

PREFERRED QUALIFICATIONS:

Education: BA Degree in Business or related field

Experience: One – three years of property management experience, affordable housing experience, experience working at a Housing & Redevelopment Authority

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED:

- Demonstrate excellent communication skills in dealing with individuals and groups – both oral and written form
- Ability to prepare detailed, well-constructed, written notices (letters, memorandums, etc.)
- Ability to work independently to evaluate situations, determine appropriate course of action, and proceed with minimal supervision
- Excellent organizational and administrative skills
- Ability to negotiate, interview, and mediate situations
- Ability to collect, analyze, check data, and perform basic mathematical calculations
- Thorough knowledge of laws and regulations related to HRA owned housing projects
- Proficiency with a computer, basic software (word processing, Excel), and ability to learn housing specific software
- Ability to act in a sensitive and equitable manner when dealing with resident and participant complaints and conflict situations
- Ability to work in a team environment and be an effective team member to benefit the HRA
- High energy level, ethical, honest, trustworthy, respectful, loyal to the organization and desire to work as part of a team in a collaborative environment

Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. If the accommodation cannot be made because it would cause the employer undue hardship, such person may not be eligible.

This work requires the frequent exertion of up to 25 pounds of force; work regularly

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requires sitting and speaking or hearing, frequently requires walking, using hands to finger, handle or feel, reaching with hands and arms and repetitive motions and occasionally requires standing, stooping, kneeling, crouching or crawling, pushing or pulling and lifting; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels; work requires preparing and analyzing written or computer data, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; work occasionally requires exposure to outdoor weather conditions; work is generally in a moderately noisy location (e.g. business office, light traffic).

ACKNOWLEDGEMENT

I acknowledge the receipt of my job description and understand the responsibilities, duties, and requirements to perform the position. In addition, my supervisor has provided me with answers to any questions I had concerning the position.

I, as an employee, know that I am expected (and required) to perform the duties outlined in this job description. Any refusal or willful violation to perform such duties may result in disciplinary action.

I expressly acknowledge that (1) I have not been employed for any definite period; (2) my employment is terminable at any time at the will of either the ICHRA or myself; and (3) no change in the “at will” nature of my employment will be valid unless made in writing and signed by the Executive Director.

I am also aware that this position will include all (various) duties assigned to ensure the proper functioning of operations at ICHRA. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is determined by ICHRA to be a reasonable assignment to the position.

_____	_____	_____	_____
Employee Name	Date	Employee Signature	Date

Itasca County HRA is an Equal Opportunity, Affirmative Action Employer.



Employment Application

INSTRUCTIONS

We welcome you as an applicant for employment. Your application will be considered with others. **A completed Itasca County HRA application form is required to apply for employment at the Itasca County HRA.** The specific job title of the position must be listed on the application form. A separate application form is required for each position.

Please complete the application form as thoroughly as possible. **Do not mark your application "see resume."** A resume is also required but will not be accepted in lieu of a completed application form. The information provided in both the application form and resume will be used to assess your qualifications for the position.

Additional items may be required, including but not limited to, certifications, licenses, and other information as noted on the job posting. These items should be included with the application packet. If submitting an electronic application, please submit these items separately noting an electronic application was submitted.

Applications and supporting documents must be received by the deadline date and time listed on the job posting.

If you have any questions, you may contact the office listed below:
 Itasca County HRA
 102 NE Third Street, Suite 160
 Grand Rapids, MN 55744
 Phone: (218) 326-7978
 Fax: (218) 326-8031

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is voluntary and confidential. This information is NOT part of the application file and is REMOVED from the application when received by our office. We appreciate your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position applied for:						
Referral Source:						
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Community or Agency			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> College	<input type="checkbox"/> Website	<input type="checkbox"/> Other			
Gender: (check one):		<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Race or ethnic group (check one):		<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian/Pacific Islander
Do you have a disability?		Yes	No	Disability status defined as: 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); 2) Has a history of disability (such as cancer that is in remission); 3) Is regarded as having such an impairment		

Equal Opportunity Employer

Position Applied For: _____

Date: _____

PERSONAL INFORMATION

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Phone: _____
 Home Cell Work

Are you either a US citizen or legally eligible for employment in the U.S.A.? Yes No

Note: Proof of citizenship or work eligibility will be required as a condition of employment.

Are you eighteen years of age or older? Yes No If under 18, state date of birth: _____

Are you presently or have you previously been employed by us? No Yes Dates of Employment _____

List all other name(s) under which your employment or education records can be found: _____

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

EMPLOYMENT DESIRED

Type of employment desired: Full-time Part-time Seasonal/Temporary

Driver's license # if applicable to position _____

Salary desired: _____ Date available: _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

If no, explain: _____

EDUCATIONAL INFORMATION

Did you graduate from high school? Yes No GED

High School Name: _____
High School City State

	<u>Grade School</u>	<u>High School</u>	<u>College</u>	<u>Post Graduate</u>
Check your grade	1 2 3 4 5 6 7 8	9 10 11 12 or GED	13 14 15 16	MA PhD
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<u>Name and location of college, university, and/or technical schools</u>	<u>Dates of attendance</u>	<u>Major/minor or study area</u>	<u>Degree received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Please provide complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

PRESENT EMPLOYER	DATES OF EMPLOYMENT
Employer: _____	Phone Number: _____
	From _____ To _____ (MO/YR) (MO/YR)
Address: _____	Hours per week: _____
Supervisor's Name & Title _____	Salary: _____
Your Title: _____	
Number & types of positions you supervised: _____	
Reason for leaving: _____	
Principal Responsibilities (be complete):	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

PREVIOUS EMPLOYER	DATES OF EMPLOYMENT
Employer: _____	Phone Number: _____
	From _____ To _____ (MO/YR) (MO/YR)
Address: _____	Hours per week: _____
Supervisor's Name & Title _____	Salary: _____
Your Title: _____	
Number & types of positions you supervised: _____	
Reason for leaving: _____	
Principal Responsibilities (be complete):	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

May we contact this employer? Yes No If no, explain:

JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

<u>Name of Organization</u>	<u>Work Performed</u>	<u>Hrs/wk</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPLETE ALL OF THE FOLLOWING APPLICABLE TO THE POSITION YOU ARE APPLYING

COMPUTER HARDWARE/SOFTWARE SKILLS:

	<u>List types of Hardware/Software</u>	<u># Years of Experience</u>
<u>Training:</u>	_____	_____
	_____	_____
<u>Experience:</u>	_____	_____
	_____	_____

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section if required):

<u>Type of License</u>	<u>License Number</u>	<u>State Issued</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPRENTICESHIP(s) served or trades learned: _____

SPECIFIC EQUIPMENT EXPERIENCE: _____

PROFESSIONAL REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked or know well, preferably from a work environment. Do not use acquaintances or relatives. The Itasca County HRA reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name: _____ Address: _____
 Phone: _____ Occupation: _____
 (Work) (Home or Cell)

Name: _____ Address: _____
 Phone: _____ Occupation: _____
 (Work) (Home or Cell)

Name: _____ Address: _____
 Phone: _____ Occupation: _____
 (Work) (Home or Cell)

VETERANS PREFERENCE

COMPLETE THIS FORM *ONLY* IF YOU ARE A VETERAN *AND* ARE CLAIMING VETERANS PREFERENCE
NOTE: COPY OF "MEMBER COPY 4" VETERANS DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by MN Statute § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "Member Copy 4" of your DD214, or other documentation verifying service, contact the County Veterans Service Office at (218) 824-1058.

The Itasca County HRA operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, or have active military service certified under 38 U.S.C. § 106, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing employment with the Itasca County HRA.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" of DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	(M)	SOCIAL SECURITY NUMBER		POSITION FOR WHICH YOU APPLIED Closing Date:
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER	ARE YOU A CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points) ("Member Copy 4" of DD214 or DD215 or other documentation verifying service must be submitted to receive points)

Honorably discharged veteran YES NO

FOR DISABLED VETERANS (15 points) ("Member Copy 4" of DD214 or other documentation verifying service and USDVA Letter of compensable disability rating decision must be submitted to receive points)

Percent of Disability: _____ %

Have you ever been promoted in Itasca County HRA employment? YES NO

SPOUSE OF DECEASED VETERANS (10 points, 15 if the veteran was disabled at time of death)

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF DISABLED VETERANS (15 points)

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of compensable service connected disability rating decision must be submitted to receive points)

How does veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:

(be specific) _____

AFFIDAVIT: I hereby claim Veterans Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans Preference verification documents and submit them to the Itasca County HRA by the required application deadline.

Signature _____ Date _____

Equal Opportunity Employer

Information Regarding Claiming Veterans Preference

Preference points are awarded to qualified veterans as defined by MN Statute §197.477 and to certain spouses of deceased or disabled veterans subject to the provision of MN Statute §§197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e, having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202 (38 U.S.C. §106)

The information provided will be used to determine your eligibility for veterans preference points. You are required to supply the following information:

- 1.) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Generally, disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute §§197.455 and 197.447 if it was incurred prior to September 7, 1980.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veterans "Member Copy 4" of DD214 or DD215 or other documentation verifying service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the Itasca County HRA. Please contact our office at (218) 828-3705 or your local County Veterans Service Office, if you have any questions regarding veterans preference.

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CONVICTIONS OR CRIMINAL RECORDS

The Itasca County HRA conducts criminal history background checks on all regular full-time, part-time, temporary and seasonal employees. Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes. Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the Itasca County HRA to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age. This policy applies to full-time, part-time, temporary and seasonal employment.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

The information requested on the application is intended to be used by the Itasca County HRA in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Itasca County HRA being unable to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Itasca County HRA may be unable to provide the necessary accommodations if you do not provide the information noted under Personal Information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Itasca County HRA without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

APPLICANT CERTIFICATION:

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability or damages whatsoever that may arise from furnishing this information.

Applicant's Signature

Date

Note for On-line Applicants: By returning your application via e-mail, you do agree that all the information provided is true and accurate. If you are invited to an interview, you will be requested to sign your original application at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Itasca County HRA.

Applicant's Signature Date