



215 3rd St. SE
Aitkin, MN 56431
Phone: (218) 927-2151
Fax: (218) 927-4159
www.aitkinhra.org

March 21, 2022

Dear Applicant:

Enclosed are the application forms necessary to place your name on our waiting list for the Housing Choice Voucher Program. Please complete and return the enclosed forms to our office. All household members 18 years of age or older must sign these forms.

If you move, have a change in income, or if your family size changes it is your responsibility to notify the Aitkin HRA Office at 218-927-2151 or general@aitkinhra.org. If we are unable to reach you at the address that you provide, your name will be removed from the waiting list.

All questions should be directed to the Aitkin HRA Office at 218-927-2151.

Aitkin County HRA

AITKIN COUNTY HRA
RESIDENT SELECTION CRITERIA

Upon receipt of a **COMPLETED** application, eligible applicants will be screened considering the following factors:

Income and Assets

1. The applicant must meet household characteristics, income guidelines and provide written verification of all sources of income and assets.
2. Applicants that refuse to comply with housing program requirements, policies and/or procedures (i.e. failure to sign and submit relevant forms, consents, releases, etc.) will be denied. Any applicant that displays threatening, abusive or violent conduct towards any employee of the Aitkin County HRA will be denied.

Rental History

1. Applicants must have a minimum of two (2) years verifiable rental history or home ownership. All prospective residents must provide previous landlords' name, address, and phone number.
2. Applicants must have acceptable landlord references. Applicants with a rental history reflecting late payments of rent, non-payment of utilities, past due rent, eviction actions, damages, poor housekeeping habits, a history of disturbing the peace, or an outstanding balance due to a former landlord will be denied residency in housing owned and/or managed by the Aitkin County HRA.

Criminal Background

1. Applicants with a felony of any kind within the last 10 years will be denied housing owned and/or managed by the Aitkin County HRA. Applicants with a felony of any kind within the last 3 years will be denied for the Housing Choice Voucher (Section 8) Rental Assistance program.
2. Applicants with a felony charge pending and/or the disposition of any felony charge that has yet to be adjudicated by a court of law will be denied.
3. Applicants who have been cited, arrested, or convicted of the use, possession, manufacturing of, or sale of controlled substances will be denied.
4. Applicants with a pattern of criminal activity will be denied. This may include, but not be limited to, any crimes of physical violence to persons or property, fraud, violent or terroristic crimes, or a record of other criminal acts which may endanger the health, safety or welfare of other residents.

Other Reasons for Denial Include:

1. The applicant purposely falsified, misrepresented or withheld information or submitted inaccurate and/or incomplete information on any application.
2. Applicant has current or recent problems involving chemical or drug dependency resulting in any of the other reasons for non-selection.

Reasons for lifetime denial of housing:

1. If any family member has been convicted of manufacturing or producing methamphetamine in a public housing development or in a Section 8 assisted property; or
2. If any family member is required to register under any State sex offender registration program.

I/We have read and understand the foregoing Resident Selection Criteria.

Applicant

Date: _____

Applicant

Date: _____

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Aitkin County HRA any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

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

For Office use only: ☐ Initial ☐ Annual ☐ Interim ☐ Occupancy Specialist _____

«hdsdocid»

DANIEL G. GUIDA

AITKIN COUNTY SHERIFF

218 1st St. N.W.

Aitkin, MN 56431

218-927-7435 / 1-888-900-2138

Emergency 911

Sheriff Fax: 218-927-7359 / Dispatch Fax: 218-927-6887

INFORMED CONSENT

RELEASE OF PREDATORY OFFENDER REGISTRATION DATA

Please print legibly. Use complete name, including middle name.

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

Maiden or Former Last Name(s): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Aitkin County Sheriff's Office to release any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

This information is to be used for applicant or employee screening, lease enforcement and eviction, as either an applicant for or tenant in Public Housing, applicant for Section 8 Rental Assistance or applicant for or tenant in any apartments our office manages.

I hereby release the Aitkin County Sheriff's Office from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: Aitkin County Sheriff's Office, 218 1st St. N.W., Aitkin, MN 56431

For Aitkin County Sheriff's Office Use Only

_____ No Predatory Offender History Exists
(Minnesota Check Only)

_____ Predatory Offender History Exists

Completed By: _____

Date Processed: _____

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; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <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.

**HOUSING & REDEVELOPMENT AUTHORITY
OF
AITKIN COUNTY
STATEMENT FOR DRUG-RELATED CRIMINAL ACTIVITIES
AND VIOLENT CRIMINAL ACTIVITIES**

Have you or anyone in your household ever manufactured a controlled substance (illegal drugs)?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household sold or distributed a controlled substance (illegal drug)?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household manufactured a controlled substance (illegal drug) to sell or distribute to other people?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household used physical force against another person or a person's property?
YES ____ NO ____ If yes, explain: _____

Have your or anyone in your household ever been convicted of a drug-related criminal activity?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household ever been convicted of violent criminal activity?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household been addicted to a controlled substance (illegal drugs), recovered from the addiction and are not currently using any controlled substance (illegal drugs)?
YES ____ NO ____ If yes, explain: _____

Have you or anyone in your household EVER been evicted from a Federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal activity?
YES ____ NO ____ If yes, explain: _____

I understand that the information given to the Housing & Redevelopment Authority of Aitkin County regarding the above is accurate and complete. I understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature

Date

Aitkin
(218) 927-2151

Hill City
(218) 697-2348

McGregor
(218) 768-2005

FAX (218) 927-4159



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 04/30/2023.

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:

HOUSING & REDEVELOPMENT
AUTHORITY OF AITKIN COUNTY
215 3RD STREET SE
AITKIN, MN 56431

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

Signature

Date

Printed Name

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing & Redevelopment Authority of
Aitkin County
215 3rd Street SE, Aitkin, MN 56431

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Aitkin County
Housing & Redevelopment Authority
APPLICATION FOR ADMISSION & RECERTIFICATION**

Section 8 Application

APPLICANT INFORMATION:

Date/Time of Application:	Race: White___ Black___ Asian/Pacific Islander___
Full Name:	American Indian/Alaska Native___ Other___
Mailing Address:	E-Mail Address:
City/State: Zip:	Friend/Relative to contact if we are unable to reach you:
Contact Phone: ()	Name: Phone:()
Present Rent Amount: \$	Present # of Bedrooms in Rental Unit:

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

Indicate (under Relationship to Head) if any member is a full-time student or foster child.

First Name, Middle, Last	Relationship to Head	Date of Birth	Birth Place (City & State)	Age/Sex	Social Security Number
	HEAD				

INCOME: List all income from household members. Include full and part time employment, unemployment benefits, Social Security, SSI, pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, welfare, Armed Forces Reserves income, scholarships and/or grants, net income from operation of a business, etc.

Household Member	Source of Income (Complete Name & Address)	Gross Income
		PER:
		PER:
		PER:
		PER:

ASSETS: Check "yes" or "no" on all of the following boxes. If "yes", enter the amount of value of the asset and the current annual income from the asset.

	YES	NO	Bank Name & Complete Address	Balance/Value
Cash on Hand over \$100				
Checking Accounts				
Cash Management Accounts				
Savings Account				
Savings Account				
Certificate of Deposit				
Certificate of Deposit				
Annuities				
Money Market Fund				
IRA Accounts				
Stocks/Bonds/Mutual Funds				
U.S. Savings Bond				
Contract for Deed				
Real Estate				
Business Assets				
Other:				

Have you disposed of any assets for less than Fair Market Value in the last two years? YES___ NO___

If "yes", please describe:

Date of Disposal: Amount Received: Market Value at disposal:

RENTAL HISTORY: List the following information on your last two rental units. (Most recent first)				
Address of Unit	Owner's Name & Telephone #	Owner's Complete Address	From	To

Have you had utility service in your name at a previous address? Yes _____ No _____

If "Yes" please describe type of service: _____

Yes	No
-----	----

Have you or any member in your household lived in subsidized housing in the past?

Yes	No
-----	----

If "Yes", list: Address: _____

Period of Time: From: _____ To: _____

MEDICAL EXPENSES: Complete this section only if the head-of-household or spouse is elderly, handicapped or disabled.

	Yes	No
Do you receive Medicare Benefits?		
Do you receive Medical Assistance through Welfare?		
Do you pay for additional medical insurance (ie. Blue Cross, AARP, etc.)?		
Are all of your medical expenses covered by insurance or outside sources?		
If "No", indicate expenses paid by you:		
Prescription Drugs: Pharmacy: _____		
Outstanding Medical Bills		
Other: _____		
Do you have a "Spend Down" for Medical Assistance? List Amount: _____		
Do you have any expenses for attendant care or special apparatus for a disabled or handicapped member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursement from outside sources).		

CHILDCARE EXPENSE: If you pay for childcare for children 12 years old or younger while a family member is employed or going to school, please list the child care providers name, complete address, telephone number and amount of payment.

Name & Complete Address	Telephone Number	Cost per week/month	Child(ren)'s Name

CRIMINAL HISTORY: Please answer the following questions.

Have you or anyone in your household ever been convicted of any crime other than traffic violations? If "Yes", list:

Yes	No
-----	----

Violation: _____

Period of Time: From: _____ To: _____

Location: City: _____ State: _____

Are you or anyone in your household "subject to a lifetime registration requirement under a State Sex Offender Program?"

Yes	No
-----	----

Location: City: _____ State: _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing?

Yes	No
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Do you require a specific accommodation to fully utilize our services? (Such as information printed in Braille, a language other than English, Sign Language/Interpreter, etc?) Yes _____ No _____

Do you wish to claim the VA Preference for U.S. Veterans? Yes _____ No _____ (Copy of DD-214 Required)

APPLICANT(S)/TENANT(S) STATEMENT:

I/We certify that the information given to the Aitkin County Housing & Redevelopment Authority on household composition, income, family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature of Head of Household

Signature of Spouse or Other Adult

Date

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8590. After verification by this Housing Agency, the information will be submitted to the Department of Housing & Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form. See the Federal Privacy Act Statement for more information about its use.

All areas of this form must be properly completed and signed or the form will be returned for completion. Waiting lists for assistance are based on the date and time of application. Incomplete applications may delay your name being added to the waiting list.