

## APPLICATION FOR OCCUPANCY

Village Apartments, Aitkin, MN

FOR OFFICE USE ONLY

Date Received: Time:

Size of Unit Requested: ☐ 1 BR  
☐ 2 BR  
☐ 3 BR

\*PLEASE COMPLETE ALL BLANKS OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

AN APPLICATION FEE OF \$\_\_\_\_\_ IS REQUIRED TO ACCOMPANY THIS APPLICATION.

## I. APPLICANT INFORMATION AND RESIDENCE HISTORY

Applicant	Co-Applicant (if applicable)
Name: _____	Name: _____
Current Address: _____	Current Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone: Home _____ Work _____	Phone: Home _____ Work _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____
Previous Address: _____	Previous Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____

## II. HOUSEHOLD MEMBER INFORMATION

A. Provide the following information for all persons who will be members of the household.

Name	Social Security #	Gender	Date of Birth	Age	Full-Time Student (Y/N)

B. Does anyone else claim the Tenant or Co-Tenant as a dependent on their Income Tax Return? YES \_\_\_\_\_ NO \_\_\_\_\_

## III. SPECIAL HOUSING ACCOMMODATIONS

A. Households where the tenant, co-tenant, or household member requires special accommodations due to a disability may qualify for a unit with special design features for accessibility, and/or an adjustment to income when calculating their rent payment.

• Do you or members of your household qualify for a unit with special design features? ☐ Yes ☐ No

• Are there any special housing requirements necessary? ☐ Yes ☐ No

If Yes, please explain \_\_\_\_\_

• Do you request the adjustment to income? ☐ Yes ☐ No

B. The Tenant Selection Policy grants a priority to those tenant applicants that are a holder of a "Letter of Priority Entitlement" issued by the USDA Rural Development, and those households displaced due to housing being rendered uninhabitable.

• Do you hold a "Letter of Priority Entitlement"? ☐ Yes ☐ No



- Are you currently living in a housing unit that has been determined to be uninhabitable? ☐ Yes ☐ No  
If Yes, please explain:

#### IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

##### A. Employment Income

Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income

How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_  
How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_

Co-Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income

How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_  
How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_

##### B. Other Income

Source	Explanation	Annual Amount (Applicant)	Annual Amount (Co-Applicant)
Social Security			
Supplemental Social Security			
Welfare (ADC)			
Child Support/Alimony			
Unemployment Benefits			
Disability Benefits			
Pensions			
401-K annual income			
Bank Interest			
Income from Assets			
Other			
<b>TOTAL</b>			

Does the Tenant or Co-Tenant regularly receive gifts of money, food, clothing, utilities, etc. from any source? YES \_\_\_ NO \_\_\_  
IF YES complete and attach Guide 335 "Statement of Gifts Received by the Family".

**NO INCOME** – If you claim to have no income, complete and attach Guide 339b "Certification of Zero Income".

##### C. Deductible Family Expenses

Expense	Annual Amount
Child Care – If you have child care, complete and attach Guide 337a "Verification of Child Care Expense"	\$
Projected Medical Expenses for 12 month period (Elderly & Handicapped Only) Complete and attach Guide 352 "Medical Expense Projections"	\$
Handicap care or apparatus expenses	\$



## V. ASSETS

A. List assets for all household members.

Asset	\$ Amount	Account #	Financial Institution Name & Address
Cash on hand			
Checking Accounts			
Savings Accounts			
Money Market Certificates/CD's			
IRA's			
Pensions or 401-K's			
Revocable Trusts			
Stocks			
Bonds (any type)			
Life Ins. (cash value)			
Other			
Other			

B. List Real Estate Owned by any member of the household.

Description of Real Estate	Value	Debt
	\$	\$
	\$	\$

C. List all assets disposed of for less than FAIR MARKET VALUE during the two years proceeding the effective date of this certification or re-certification.

Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value – Sales Price
		\$	\$	\$
		\$	\$	\$

## VII. CREDIT REFERENCES

Lending Institution	Address	Account #

## VII. OTHER INFORMATION

A. Have you ever received housing assistance from the Department of Housing and Urban Development or USDA Rural Development?

☐ Yes ☐ No

- If Yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with re-certification procedures? ☐ Yes ☐ No

B. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance?

☐ Yes ☐ No

- If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? ☐ Yes ☐ No

C. Have you or any members of the household been convicted of a felony? ☐ Yes ☐ No

If Yes, please explain circumstances: \_\_\_\_\_

D. How did you learn about the apartments?

☐ Newspaper ☐ Radio ☐ Drive-by ☐ Resident Referral ☐ Other \_\_\_\_\_



**VIII. EMERGENCY CONTACT(s):**

In case of an emergency the Tenant or Co-Tenants desire that the following persons be contacted if possible:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**IX. SIGNATURE AND CONSENT**

I/We hereby certify that the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.

I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of the Application or termination of tenancy after occupancy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C0-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Race: (Optional)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race: (Optional)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	

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"This institution is an equal opportunity provider."

Aitkin County HRA  
215 3<sup>rd</sup> Street S.E.  
Aitkin, MN 56431  
218-927-2151



**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 Interm Occupancy Specialist

«hdsdocid»

**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: \_\_\_\_\_

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

## Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

## When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.