

**Aitkin County Housing & Redevelopment Authority
215 3rd Street SE, Aitkin, MN 56431 - 218-927-2151**

APPLICATION FOR ADMISSION & RECERTIFICATION

Village Apartments

Rural Development Property - Elderly or Disabled Head of Household

APPLICANT INFORMATION:

Date/Time of Application:	Race: White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>
Full Name:	American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/>
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
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Have you or any member in your household lived in subsidized housing in the past?

If "Yes", list: Address: _____

Period of Time: From: _____ To: _____

MEDICAL EXPENSES:

	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?"		
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?		

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 _____

Date _____

Signature of Spouse or Other Adult _____

Date _____

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.



**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

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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.	

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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.