

Housing and Redevelopment Authority of Pipestone
 202 2nd Ave SW
 Pipestone, MN 56164
 507-825-2221; 507-825-2558 (fax)

I am applying for:

Nokomis Apartments
 Public Housing
 Section 8

APPLICATION FOR ADMISSION AND RECERTIFICATION

<u>Date:</u> _____		
<u>Name:</u> _____		
<u>Address:</u> _____		<u>City, State, Zip:</u> _____
<u>Phone:</u> _____	<u>Present Rent:</u> _____	<u># of Bedrooms:</u> _____

Household Composition: List the head of household and all other persons live in the rental unit. Indicate if any member is a full-time student or foster child.

Name (with Middle Initial)	Relation to Head	Birth Date	Birth Place	Age/Sex	Disability Yes/NO	SS Number
	Head					

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD:

Race: Check the appropriate race. (More than one category can be entered if applicable.)
 White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander
 Ethnicity: (check the appropriate ethnicity.) Hispanic or Latino Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than MN Yes No
 If yes, which family members? _____ State lived? _____
 _____ State lived? _____
- Do you have a pet? _____ If yes what kind? _____
 **If moving into Public Housing a dog must be 30 pounds or less. **
- Does anyone other than an adult who will live in the homes share custody of any of the children listed?
 Yes No If yes, who? _____
- Does anyone who will live in the home have a divorce decree or court order as the result of a divorce or legal separation?
 Yes No If yes, who? _____
- Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____

7. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____

8. Has anyone who will be living in the home ever used another name, other than the one they are using now? Yes No If yes, who? _____

9. Is there anyone who will be living in the home who is 18 or over and a full-time student? Yes No If yes, who? _____

10. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____

CONTACT INFORMATION:

List the names, telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

Contact Name _____ Phone _____

Contact Name _____ Phone _____

PRESENT HOUSING INFORMATION:

List your current address and landlord information. *We will be contacting your landlord to do a reference check.

Current Landlord _____ Phone _____

Address _____ City/State/Zip _____

CRIMINAL BACKGROUND AND OTHER INFORMATION:

These questions apply to all the members of the household

1. Has any household member ever been arrested for any crime? Yes No If yes, how many times? _____ please explain. (include when, where, and reason for the arrest. Attach a separate sheet if needed) _____

2. Has any household member ever been convicted of any crime? Yes No If yes, how many times? _____ What crime(s)? _____

3. Is any household member a subject to a lifetime sex offender registrations? Yes No If yes, who? _____ What state(s)? _____

4. Is any household member currently using illegal drugs? Yes No If yes, who? _____

5. Has any household member ever been evicted from any type of housing? Yes No If yes, explain when, where, and for what reason. _____

6. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons? Yes No If yes, explain _____

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY:

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

1. Did you or any family member file a federal income tax return for the past year? Yes No If yes, who? _____

3. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Wages, salaries, tips, fees, or commissions from an employer? (Full or Part time)..... Yes No

Compensation for personal services?	Yes	No
Income from the operation of a business or profession.....	Yes	No
Interest, dividends, or other income from real or personal property.....	Yes	No
Payments from Social Security.....	Yes	No
Payments from annuities.....	Yes	No
Payments from insurance policies.....	Yes	No
Payments from retirement funds.....	Yes	No
Payments from pensions.....	Yes	No
Payments from disability benefits.....	Yes	No
Payments from death benefits.....	Yes	No
Lump sum payments for the delayed start of periodic payments.....	Yes	No
Unemployment compensation.....	Yes	No
Disability compensation.....	Yes	No
Worker's compensation.....	Yes	No
Severance pay.....	Yes	No
Welfare assistance payments.....	Yes	No
TANF payments.....	Yes	No
Alimony payments.....	Yes	No
Child support payments.....	Yes	No
Regular contributions or gifts from anyone.....	Yes	No
Money from self employment.....	Yes	No
Regular or special military pay.....	Yes	No
Regular contributions from anyone.....	Yes	No
Financial assistance to attend school.....	Yes	No

List the sources and amounts of all income (money)

Family Member Name	Income Source	Income	Frequency - (Circle one)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY:

1. Do you or any family member own or have access to any of the following?

Savings account.....	Yes	No	Checking account.....	Yes	No
Certificate of deposit.....	Yes	No	Money market account.....	Yes	No

Family Member Name	Bank Name and Town

INFORMATION ABOUT HOUSEHOLD EXPENSES:

Family Member Name	Type of Asset	Account Number & Value

2. Do you or any family member own or have access to any of the following?
- | | | |
|---|-----|----|
| Stocks..... | Yes | No |
| Real property (land)..... | Yes | No |
| Pensions..... | Yes | No |
| Inheritances..... | Yes | No |
| Individual retirement accounts..... | Yes | No |
| Life insurance policies..... | Yes | No |
| Any other type of capital investment..... | Yes | No |

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

If yes, complete the following:

Minor's Name	Name	Address	Phone Number	Daycare Provider	Amount Monthly

2. Is any portion of these child care expenses reimbursed from an outside agency or person? ... Yes No

If yes, how much is reimbursed per month? \$

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No

If yes complete the following:

Care Attendant	Name	Address	Phone Number	Amount Monthly

4. Are you paying for any type of equipment for a disabled family member that enable an adult member to work? (Could be the person with disabilities)..... Yes No

5. If yes, what is the anticipated monthly cost? \$

6. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Paid by whom	Last Date Paid
Rent			
Electric			
Gas			
Water			

Item	Monthly Amount	Paid by whom
Food Expenses		

Is the family receiving Food Stamp? Yes No

Family Services

What is the family's weekly grocery bill?

*Note: food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food or cash contributed by private person, such as parents, does count as income

Grooming, Paper Products, and Cleaning Products

Napkins, toilet paper, paper towels, trash bags, diapers, Shampoo, deodorant, soap, toothpaste, make-up, barber, beautician, dishwashing soap, laundry detergent, and household cleaning products		
---	--	--

Item	Monthly Amount	Paid by whom
Transportation Expenses		
Does the family own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there still payments due on the car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas		
Maintenance & Tires		
Insurance		
<small>*Note: Uninsured automobiles cannot be parked on PHA property.</small>		
If the family does not own a car, what does the family use for transportation?		
Entertainment expenses		
Does the family have cable T.V.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Magazines, Movies, & Video Rentals		
Club Memberships, Sporting Events, Liquor/ Beer/Wine/Lottery		
Vacations and Other Entertainment		
Clothing Expenses		
Clothes and shoes for the family		
<small>*Note Clothing acquired from Clothing banks or given to the family secondhand is not counted as income.</small>		
Laundry/dry cleaning		
Smoking Expenses		
Does any one in the household smoke cigarettes or cigars?		
Does any one in the household use chewing tabacoo?		
Communication Expenses		
Does the family have a telephone or cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the family have internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Expenses		
Does the famiy have any non-reimbursed medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Miscellaneous Expenses		
Church Contributions		
Non-reimbursed educational, childcare, or job expenses		

Medical Expense: (These questions only apply if the head, spouse, or cohead is 62 years or older or is disabled.)

Do you or any member of the family pay for any of the following items?

Medical insurance premiums.....	Yes	No
Long term care insurance.....	Yes	No
Out of pocket prescription expense.....	Yes	No
Past due medical bills.....	Yes	No
Other anticipated medical expenses	Yes	No

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing within 10 days if any member of the family moves out of the unit and that I must notify the housing authority in writing of any changes to the household due to birth, adoption, or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statemnets, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATED CODE STATES THAT A PERSON IS GULITY OF A FELONY FOR KNOWINGLY AND WILLINGL MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household _____ Date _____

Signature of Co. Head of Household _____ Date _____

Pipestone Housing and Redevelopment Authority
202 2nd Ave SW Pipestone, MN 56164 507-825-2221

DECLARATION OF SECTION 214 STATUS

File Name: _____ Social Security Number _____ - _____ - _____

Notice to applicants and tenants: In order to be eligible to receive housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statements carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Household I, _____ certify, under penalty of perjury 1/, that to the best of
 Head my knowledge, I am lawfully within the United States because (please check the appropriate box below that corresponds with member #)

Additional I, _____ certify, under penalty of perjury 1/, that to the
 Adult best of my knowledge, I am lawfully within the United States because (please check the appropriate box below that corresponds with member #)

Household I, _____ certify, under penalty of perjury 1/, that to the
 Head best of my knowledge, all minor members of my household, as listed below, are lawfully within the United States because (please check the appropriate box below that corresponds with member #)

1. _____ 4. _____
 First, Middle Initial, Last First, Middle Initial, Last

2. _____ 5. _____
 First, Middle Initial, Last First, Middle Initial, Last

3. _____ 6. _____
 First, Middle Initial, Last First, Middle Initial, Last

HH AA 1 2 3 4 5 6

- I am a citizen by birth, or naturalized citizen or a national of the United States; or
- I have Eligible immigration status and am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under §§ 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)3/; or
- Permanent resident under §249 of INA4/; or
- Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA, 5/; or
- Parole status under §§212(d)(5) of the INA6/; or
- Threat to life or freedom under §243(h) of the INA7/; or
- Amnesty under §245A of the INA8/.

 Signature of Household Head Date

 Signature of Additional Adult Date

Check here if signature is of adult residing in the unit who is responsible for child named on statement above.

See reverse side for footnotes and instructions.

AN EQUAL OPPORTUNITY EMPLOYER

Footnotes and Instructions

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older, who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigration status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15) respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*] pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.





Lease with Confidence.

(FOR OFFICE USE ONLY)
 SITE NAME: _____
 RHR ACCT #: _____

General Consent Form

Personal Information:

I, _____ have made
Last Name First Middle Maiden

application with Pipestone HRA for Background Check
Company Name State Purpose

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

 / / Sex _____ Social Security Number _____ Driver's License _____ State _____ Home Phone _____

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit grantor federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature _____

Date _____

OUT-OF-STATE CRIMINAL RECORDS SEARCH

_____ City / County	_____ State	_____ City / County	_____ State
_____ City / County	_____ State	_____ City / County	_____ State

