

HOUSING APPLICATION

Section 8 Rental Assistance Housing Choice Voucher Program	OFFICE: Income: _____ BR Size: _____ Points: _____
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Date	Time	Race Status:	Ethnic Status:
Name		White Asian	Hispanic
Address:		Black	Non-Hispanic
City:	State:	Zip Code:	
Home Phone:		Work Phone:	
Other Contact (s):			

How did you hear about our program?

Extent of homelessness prior to Program Intake:
 _____ Not Homeless _____ First Time Homeless _____ 2nd or 3rd Time Homeless
 _____ Long Term Homeless (homeless for 12 or more consecutive months or 4 times in the last 3 years)

Previous living situation prior to Program Intake: _____

HOUSEHOLD COMPOSITION: List the head of household and all other persons who will live in the rental unit. Indicate if any member is a full time student or foster child

FULL NAME	RELATIONSHIP TO HEAD	BIRTH DATE	BIRTH PLACE	AGE	SEX	SOCIAL SECURITY NUMBER
1	Head					
2						
3						
4						
5						
6						
7						
8						

SOCIAL SECURITY CARDS MUST BE PROVIDED FOR EACH HOUSEHOLD MEMBER BEFORE APPLICATION WILL BE ACCEPTED - HRA OFFICE MUST BE ABLE TO MAKE COPY.

Marital Status: _____ Unmarried _____ Married _____ Separated

Does anyone live with you now who is not listed above? _____ YES _____ NO

Does anyone plan to live with you in the future who is not listed? _____ YES _____ NO

Indicate any absent household members:

INCOME: List all income for household members. Include full and part-time employment, self-employment, welfare, social security, SSI, pension, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental properties, Armed Forces Reserves, scholarships, grants, net income from operation of business, etc.

HOUSEHOLD MEMBER	SOURCE OF INCOME	ADDRESS	GROSS INCOME		
			\$	PER	
			\$	PER	
			\$	PER	
			\$	PER	
			\$	PER	

ASSETS: Check "yes" or "no" on all of the following lines. If "yes" enter the requested information.

	YES	NO	Bank Name/Address	Balance/Value	Interest
Cash on hand \$100 +					
Checking Accounts					
Savings Accounts					
Certificate of Deposit					
Annuities					
Money Market Funds					
IRA Accounts					
Stocks/Bond					
Mutual Funds					
US Savings Bonds					
Contract for Deed					
Real Estate					
Business Assets					

Other Assets:

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS?

_____ YES _____ NO If yes, please describe:

Date of Disposition: _____ Amount Received: \$ _____ Market Value: _____

CHILDCARE EXPENSE: Do you pay for childcare for children 12 years old or younger while a family member is employed or going to school?

_____ YES _____ NO

If yes, list the childcare providers name, address, telephone number, and amount of payment.

Name/Address	Phone	Cost per month	Child's Name

REASONABLE ACCOMMODATIONS

Identify any special needs for your household that would improve your access to our housing programs:

MEDICAL EXPENSES: Complete only if Head 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? (Blue Cross, AARP, etc)			
Are all of your Medical Expenses covered by Insurance or outside sources?			
Do you have a "Spend Down" for Medical Assistance? List Amount:			
Indicate expense paid by you:		SOURCE:	AMOUNT
Prescription Drugs:			
Regular Payments on Outstanding Medical Bills:			
Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member to be employed? (Do not consider expenses paid to a family member or reimbursed by another source.)			
Explain:			

CURRENT HOUSING INFORMATION:		
What is the amount of your monthly rent?	\$	
Number of Bedrooms:		
What is the amount of your monthly utility costs? (phone and cable are NOT included)	\$	
	YES	NO
Are you receiving energy assistance?		
Are you being evicted?		
Have any household member been charged with drug related criminal activity within the last 3 years?		
Have any household members been involved in methamphetamine drug activity?		
Have any household members been subject to a lifetime registration under a State sex offender registration program?		
Have you ever participated in the Section 8 Rental Assistance/Public Housing Program before?		
Has your housing assistance ever been terminated for fraud, non-payment or any other reason?		
If yes, explain the circumstances:		
Are you purchasing a mobile home and renting the space on which it is located?		
Have you vacated, or will you have to vacate your dwelling unit because of:		

APPLICANT(S)/TENANT(S) STATEMENT:	
I/We certify that the information * given to the Housing Authority on household composition, income, net 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 grounds for termination of Housing Assistance and Termination of Tenancy.	
SIGNATURE OF HEAD OF HOUSEHOLD:	DATE:
SIGNATURE OF CO-HEAD OF HOUSEHOLD:	DATE:

RETURN FILLED OUT APPLICATIONS TO:	
<p>Owatonna Housing and Redevelopment Authority 540 West Hills Circle Owatonna, MN 55060</p> <p>PHONE: 507-774-7318</p>	

*After verification by this Housing Agent, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline at 1-800-424-8590.

WARNING: Section 1001 of Title 18 of the US 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.