



RETURN TO:
Wadena HRA
222 Second St. SE
Wadena, MN 56482
Tel: (218) 631-7723
housing@wadenahra.com

APPLICATION FOR ADMISSION
Humphrey Manor

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Email: \_\_\_\_\_

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FAMILY COMPOSITION: (List all household members who live or will live in the unit while you are on this program.)

Table with columns: NAME, RELATIONSHIP, SEX, DOB, SOCIAL SECURITY NUMBER. Includes rows 1, 2, 3 for listing household members.

Is anyone listed above, who is 18 years of age, a full time student? ( ) Yes ( ) No

Optional: Race: White ( ) African American ( ) Native American ( ) Asian ( )

Ethnic Background: Hispanic ( ) Non-Hispanic ( )

FAMILY INCOME: IDENTIFY AMOUNTS:

Social Security/SSI \_\_\_\_\_ Pension \_\_\_\_\_ MFIP/GA \_\_\_\_\_ Other income: \_\_\_\_\_

FAMILY ASSETS: IDENTIFY AMOUNTS:

Checking \_\_\_\_\_ Savings \_\_\_\_\_ CD's \_\_\_\_\_ Money Market Funds \_\_\_\_\_

Burial \_\_\_\_\_ Life Insurance \_\_\_\_\_ Annuities \_\_\_\_\_ Other \_\_\_\_\_

FAMILY MEDICAL EXPENSE: Do you receive Medicare benefits? ( ) Yes ( ) No

Do you receive Medical Assistance: ( ) Yes ( ) No Does Medical Assistance Pay your Medicare Premium? ( ) Yes ( ) No

Do you pay for additional medical insurance: ( ) Yes ( ) No Amount Monthly? \_\_\_\_\_

Do you pay for a Medicare Prescription Drug Programs? ( ) Yes ( ) No Amount Monthly? \_\_\_\_\_

IS THE HEAD OR SIGNIFICANT OTHER OF THIS HOUSEHOLD

ELDERLY AND/OR DISABLED? ( ) Yes ( ) No Do you require a handicap accessible apartment? ( ) Yes ( ) No

Please circle all that apply: 1-Bedroom 2-Bedroom

APPLICANT(S)/TENANTS(S) STATEMENT:

I/We certify that the information given to the Wadena Housing Authority on household composition, income, are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for denial of housing assistance.

ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT.

Signature of Head of Household

Date

Signature of Spouse/Other

Date

WARNING: SECTION 1001 OF THE TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL AND FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. By signing this application I am acknowledging that I have received the Privacy Act Notice.

for Section 8 Rental Assistance, your application will have preference over the applicants that do not live and/or work in Wadena County. Privacy Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.