



RETURN TO:
 Wadena HRA
 222 Second St. SE
 Wadena, MN 56482
 Tel: (218) 631-7723
 Fax: (218) 631-7709
housing@wadenahra.com

**PRE - APPLICATION FOR ADMISSION
 SECTION 8
 RENTAL ASSISTANCE PROGRAM**

Please write legible (so we can read it). Answer all the questions, so the correct responses are entered in to the computer system.

Applicant: _____ Co-Applicant: _____

Address: _____ City/State/Zip: _____

Phone: : _____ Email: _____

Please enter your email, we are working on going to a DocuSign system in the near future.

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

NAME:	RELATIONSHIP:	(Optional) SEX:	(Optional) DOB:	SOCIAL SECURITY NUMBER
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1. _____ **SELF** _____

2. _____

3. _____

4. _____

5. _____

6. _____

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

FAMILY INCOME: IDENTIFY DOLLAR AMOUNTS OF EACH THAT APPLY

Wages \$ _____ Social Security/SSI \$ _____ MFIP/GA \$ _____ Other income: \$ _____

Employer: _____ Address _____ Phone _____

What County do you work in? _____ What county do you live in? _____

Experiencing Homeless? () Yes () No

Transitioning out of Institutional/segregated setting? () Yes () No

(OVER)

IS THE HEAD, SIGNIFICANT OTHER OR OTHER ADULT OF THIS HOUSEHOLD DISABLED?

() Yes () No

ELDERLY?

() Yes () No

(Optional)

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

Ethnic Background: Hispanic () Non-Hispanic ()

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 (over the age of 18) 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.

The Wadena Housing & Redevelopment Authority has a local preference for the Section 8 waitlist selection.

Local Preferences are used in selecting applicants for the Section 8 Rental Assistance Program. These local preferences are as follows:

1. Residency/Working Preference: This preference is giving to applicants whose head of household or spouse:
 - A. Have permanent, sole place of residency in Wadena or Wadena County or;
 - B. Works in Wadena or Wadena County at the time of the initial application

What this means for you is, if you are a resident of Wadena County and/or work in Wadena County at the time of your application 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 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.