

APPLICATION FOR ADMISSIONS

Saint James Housing and Redevelopment Authority
415 Armstrong Boulevard North, Saint James MN 56081; 507-375-3827

Name: _____

Date: _____

Current Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Emergency Contact Name and Phone #: _____

Bedrooms Needed: _____

Proof of all Social Security Numbers, Driver's License, Income, Assets and Expenses will be required at time of Application.

Be prepared to provide all documents necessary.

Family Composition: List all members who will live in the unit. **Note if disabled, expecting a**

Last Name	First Name, MI	SSN	Date of Birth	Place of Birth	Sex	Driver's License

Income: List all income for all family members. Include all employment, self employed earnings, welfare, social security, disability compensation (SSI), pension, workman's comp, childcare earnings, alimony, child support, annuities, dividends, income from rental property, IRA's, public assistance,

Member Name	Source of Income	Amount of Income (list if it is per month, week or hourly)

Assets: List all assets with the current value and interest rate. To include: Cash, **Checking, Savings**, CD's, annuities, Money Market Funds, IRA Accounts, Stocks, Bonds, Mutual Funds,

Member Name	Source	Amount/Value	Interest/Dividend

Expenses: **If someone in your household is 62 or older or disabled**, please list all of the following that you have paid in the past 12 months. Medicare, Hospital, Clinic, Doctor, Dental, Eyecare, Prescriptions, Over the Counter (doctor required), Past Medical Debts, Medical

Type of Expense	Amount Paid Out	Type of Expense	Amount Paid Out

Section Two

Are you on a lease? (circle one) Yes No If yes, on which date does your lease end?

Current Rent: \$ _____ # of Bedrooms: _____

Are your utilities included? (circle one) Yes No

If No, what utilities do you pay for? _____

Are you receiving energy assistance? Yes No

Are you vacating because of a disaster (flood/fire/etc.)? Yes No

Are you vacating because of a government action? Yes No

Are you vacating because of actual or threatened violence? Yes No

Is the dwelling you are leaving in poor condition? Yes No

Has it been declared unfit for habitation by any agency? Yes No

Section Three

Have you or anyone in your household:

Ever been subsidized by any HUD program in the past? Yes No

Owe any money to any Public Housing Agency? Yes No

Are you a smoker? Yes No

Currently own any pets? Yes No

Been designated as a Veteran? Yes No

Ever been evicted (complaint unlawful detainer)? Yes No

Have a history of alcohol abuse? Yes No

Ever manufactured a controlled substance (illegal drugs)? Yes No

Sold or distributed a controlled substance (illegal drugs)? Yes No

Manufactured a controlled substance to sell or distribute to others? Yes No

Used physical force against another person or person's property? Yes No

Been arrested/ticketed/charged with drug related criminal activity? Yes No

Been arrested/ticketed/charged with violent or criminal activity? Yes No

Been addicted to a controlled substance (illegal drugs), recovered from the addiction and are not currently

using any controlled substance? Yes No

Please explain the above YES answers in writing and attach to this form.

This form must be signed and dated by **all adults** in the household. By signing, I declare that all information provided is true and accurate to the best of my knowledge:

Signature: _____

Date: _____

Signature: _____

Date: _____

How did you hear about our establishment: _____

Newspaper (please list which newspaper) _____

(check all that apply)

_____ Word of Mouth (were you told by a friend, tenant, or other)

_____ Flyer

_____ Other _____

REFERENCE VERIFICATION FORM

This section needs to be filled out in full for the application to be processed.

Please provide the **past three years** information of where you have lived. (attach another form if necessary)

Current Address:

Are you on a lease? (circle one) Yes No

Provide Landlord's name and contact

information: _____

If you are not on a lease, provide the name, relationship, and contact information of whom you are staying with:

Provide the dates that you have lived at this

address: _____

Previous Address:

Are you on a lease? (circle one) Yes No

Provide Landlord's name and contact

information: _____

If you are not on a lease, provide the name, relationship, and contact information of whom you are staying with: _____

Provide the dates that you have lived at this

address: _____

Previous Address:

Are you on a lease? (circle one) Yes No

Provide Landlord's name and contact

information: _____

If you are not on a lease, provide the name, relationship, and contact information of whom you are staying with: _____

Provide the dates that you have lived at this address: _____

PROFESSIONAL REFERENCES (example: banker, doctor, pastor, employer, etc.)

1: Name: _____ Phone: _____

Address: _____

Relationship: _____

2 Name: _____ Phone: _____

Address: _____

Relationship: _____

By signing below, I authorize the above listed persons to provide information requested by Saint James Housing and Redevelopment Authority (directly or through a screening agency) for the purpose of determining my eligibility for housing assistance. I also authorize Saint James HRA to provide copies to the above as proof of my authorization should it be requested. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission. I am aware that the Housing Authority will be doing other background checks in addition to the above listed reference checks and agree to said checks. This authorization is good for six months from the date signed below.

Signature: _____

Date: _____

Signature: _____

Date: _____

NOTICE TO ALL APPLICANTS:

DISABILITY – GENERAL NONDISCRIMINATION:

The Saint James Housing Authority is a public housing agency that provides low rent housing to eligible families, elderly families and single people. The PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, the PHA has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. Please notify us in writing and attach to this form if you need any “reasonable accommodations”.

FEDERAL PRIVACY ACT STATEMENT:

The US Dept. of Housing and Urban Development (HUD) will be collecting information you gave to the Saint James HRA. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, social security number, income (by source), assets, certain deductible expenses, and rental repayment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 USC 3543 requires applicants and residents to give the HRA their SSN(s) and if you do not give them to the HRA, the HRA is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the HRA, the HRA is required to evict your family or withdraw your housing assistance.

The US Housing Act of 1937, as amended, 41 USC 1437 et. Seq., and the Housing and Community Development Act of 1981, PL 97-35, 85 Stat., 348 408 require applicants and residents to provide the other information (listed in the first paragraph) to the HRA. If you are an applicant and you fail to give the HRA this information, the HRA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the HRA this information, the HRA may have to evict you or withdraw your housing assistance.

WARNING:

Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. It is important that all forms be filled in as accurately and honestly as possible. If you need assistance with any of these forms, please call 507-375-3827.

Signature: I read and understand the above

Date:

Thank you,

St. James HRA Management

Saint James **AUTHORIZATION** Housing and **TO RELEASE** Redevelopment **INFORMATION**

Authority

415 Armstrong Blvd. N.
Saint James, MN 56081
Phone: (507)375-3827
Fax: (507)375-1119

Do not mark in this box – Official Use
Only

_____ No Record on File

_____ Record on File

PLEASE PRINT IN PEN AND DO NOT USE INITIALS

I,

(First Name)

(Full Middle Name)

(Last Name)

Hereby authorize any Federal, State, or Local Repository of criminal records to disclose to the Saint James Housing and Redevelopment Authority (or any agency used by the Housing Authority to process applications) any information pertaining to an arrest or conviction record, which is contained in my file. I also understand that they may be pulling my credit report.

This information may only be used for the purpose of consideration as a recipient of subsidized housing.

This release shall be effective for a period of six months.

Any other names used:

(Maiden Names, Alias or Former)

Date of Birth: _____

Driver's License Number and State or State ID: _____

Social Security Number: _____

Signature:

Date: _____

Current Address:

Requesting Official: _____ of the Saint James Housing and Redevelopment Authority