



SEMMCHRA

Southeastern Minnesota Multi-County Housing & Redevelopment Authority

The following information is required to fully process your application request.

Your application will not be processed unless all items below are enclosed.

- Copies of Social Security cards for all family members.** To apply for a Social Security card, call 1-800-772-1213 or www.socialsecurity.gov.
- Copies of photo ID cards for all adults** (18 years and older).
- Copies of birth certificates for minors** (anyone under age 18).
- Complete employment address** (name of employer, street address, city, state and zip code).
- Complete addresses for all agencies where you received any benefits or income** (name, street address, city, state, and zip code).
- Complete addresses for insurance companies, pharmacies and banks** (name, street address, city, state, and zip code).
- Complete names, addresses and phone numbers for all references** listed.

REMEMBER:

- **You are committing fraud if you sign a form knowing that you provided false or misleading information or if you withheld information.**
- **We do not have emergency assistance.**
- **Your application will be processed in the order it was received. You will receive notification via regular mail once you have been added to the waiting list.**

SOUTHEASTERN MN MULTI-COUNTY HOUSING AND REDEVELOPMENT AUTHORITY

134 East Second St, Wabasha MN 55981 ~ 651-565-2638

Please print your full name: _____

The attached application covers only the programs briefly described below. Please indicate the programs you are interested in, check all that you wish to apply for:

- Section 8 Rental Assistance:** operates in Wabasha, Goodhue, Dodge, Winona, Houston & Fillmore Counties (excluding the City of Red Wing & City of Winona). Eligible tenants rent a privately owned rental unit, rent is based on 30% of the household's monthly adjusted income. Landlords must agree to participate by keeping rent within program guidelines and making necessary repairs to assure that unit passes HUD housing quality standards. Income restrictions apply.
- Public Housing Units:** Rent is based on 30% of the household's monthly adjusted income, minimum and maximum rents apply. This agency owns and manages 85 - one, two and three bedroom apartments and town homes in Wabasha, we have 25 - three and four bedroom duplexes and houses scattered in Wabasha, Goodhue and Dodge counties. Income restrictions apply. If you are looking for a specific town to reside in, please list _____
- River's Edge Apartments** are located in Mazeppa. There is one building with 8 one bedroom apartments and a separate building with two and three bedroom apartments. Subsidy is tied to 8 of the units, with rent based on 30% of the household's adjusted income. Persons holding a Section 8 Voucher would qualify for this complex. Income restrictions apply.
- Wabasha Apartments** are located in Wabasha. These apartments consist of three-one bedroom apartments and 21-two bedroom apartments. Subsidy is tied to 18 of the units, with rent is based on 30% of the households adjusted income. Persons holding a Section 8 Voucher would qualify for this complex. Income restrictions apply.
- Nor-Plain Apartments** are located in Plainview. These apartments consist of eight-two bedroom apartments. Rent based on 30% of the households adjusted income, minimum and maximum rents apply. Income restrictions apply.
- Nor-Stone Apartments** are located in Rollingstone. These apartments consist of eight-one bedroom apartments and eight-two bedroom apartments. Rent based on 30% of the households adjusted income, minimum and maximum rents apply. Income restrictions apply.
- Oak Court Apartments** are located in Lake City. These apartments consist of 21-one bedroom apartments and 3-two bedroom apartments. Subsidy is tied to 15 of the units, with rent based on 30% of the households adjusted income. Persons holding a Section 8 Voucher would qualify for this complex. Income restrictions apply.
- Pepin Apartments** are located in Lake City. This complex has 49 one bedroom units. Rent based on 30% of the households adjusted income, minimum and maximum rents apply. Income restrictions apply.
- Parkview Court** is located in Lewiston with two and three bedroom town homes. No rent assistance is tied to this complex. Rents range from \$600 to \$707; residents are required to pay all utilities except water and sewer. Section 8 Voucher holders are welcome to apply. Residents income must fall below 80% of the states median income at move-in (family of 4 limit is currently \$53,300).
- Countryside Way** is located in Kenyon with two and three bedroom town homes. No rent assistance is tied to this complex. Rents range from \$621 to \$754; residents are required to pay all utilities except water and sewer. Section 8 Voucher holders are welcome to apply. Residents income must fall below 80% of the states median income at move-in (family of 4 limit is currently \$58,000).
- Fuller Estates:** is located in Hayfield with two and three bedroom town homes. No rent assistance is tied to these units. Rents range from \$599 to \$685. Residents are required to pay utilities except water and sewer. Section 8 Voucher holders are welcome to apply. Residents income must fall below 80% of the states median income at move-in (family of 4 limit is currently \$64,400).
- June Kjome:** is located in Caledonia with 1 one bedroom, 2 two bedroom, 3 three bedroom and 1 four bedroom town homes. Rents range from \$437 to \$943. Rental assistance is accepted. Transitional housing for domestic violence for women. Residents income must fall below 80% of the states median income at move-in.

Name (please print): _____

Date: _____

Please answer the following questions to help us determine if you are eligible for a local preference. All preference will be verified before a preference is approved. Please circle yes or no:

Do you live, work or go to school in Dodge, Goodhue (excluding the city of Red Wing), Wabasha, Winona (excluding the city of Winona), Houston, or Fillmore Counties? **YES NO**

Have you ever lived in the above listed counties and been forced to move to other localities for reasons beyond your control? **YES NO**

Is your landlord participating in a SEMMCHRA Rental Rehabilitation Program? **YES NO**

Are you currently participating in FSS – Family Self Sufficiency Program? **YES NO**

Are you currently enrolled in an employment-training program or currently working or attending school on a full-time basis? **YES NO**

Are you a victim of domestic violence, which is of recent or continuing nature? **YES NO**

Have you recently been displaced by government action or a natural disaster? **YES NO**
If so, what is the disaster number? _____

Are you a tenant in the SEMMCHRA Public Housing Program that are required to move (for reasons beyond your control) and who cannot be placed in another public housing unit? **YES NO**

Are you currently living in your vehicle, outdoors or in a homeless shelter? **YES NO**
(You must send verification of this with your application to receive homeless status on your application!!!)

Are you a veteran or are you currently serving in any branch of the military? **YES NO**

Are you at age 62 or older? **YES NO**

Are you receiving SSI? **YES NO**

How many total people will be residing in the unit? _____

Are there any children that will reside with you? **YES NO**

I declare the above information to be true and understand that false statements will be grounds to deny your application.

Signature: _____



SEMMCHRA

Southeastern Minnesota Multi-County Housing & Redevelopment Authority

134 East Second Street • Wabasha, MN 55981 • phone (651) 565-2638 • fax (651) 565-3836 • www.semmchra.org

APPLICATION FOR HOUSING AND /OR ASSISTED HOUSING

Applicant Name: _____
First Middle Name Last

Co- Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Tel #: () -

Applicant's Employer:

Company _____
Address _____
City _____
Phone Number () _____

Co-Applicant's Employer:

Company _____
Address _____
City _____
Phone Number () _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

Name _____	Name _____
Address _____	Address _____
City _____ Phone# _____	City _____ Phone # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household (head of family) and all other members of the family of household who will be living in the assisted apartment. Give the relationship of each family member to the head.

Head of Family Full Name	Relationship	Birthdate	Sex	Soc. Sec. No.	Place of Birth
	Head				

Does anyone live with you now who are not listed above: Yes ___ No ___

If yes, please explain _____ if an addition to the family

Do you have full custody of your children? Yes ___ No ____ . If no, please explain custody arrangements:

Do you or a member of your family have any needs that might be better served by a wheelchair accessible apartment?
Yes ___ No ___

Are you or any member of this household handicapped or disabled? If so, who: _____

Are you currently receiving SSI? Yes ___ No ___

Who in the household is over 18 and a full-time student, or is expecting to become a student?

First name _____ Date Enrolled _____ Name and address of School City, State and Zip Code _____

Type of Education Assistance: Grant ___ Loan ___ Scholarship ___ Other _____

EXPENSES:

Do you pay for childcare (for a minor under 13 only), which enables you or another family member to work or go to school?
Yes ___ No ___ Providers Name/Address: _____ Phone: _____

Does someone other than you pay any portion of your childcare expenses? ___ Yes ___ No If so, explain _____

Children cared for: _____ age: _____
_____ age: _____
_____ age: _____

Handicapped Families Only: Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? Yes ___ No ___
Providers Name and Address: _____

<u>Elderly & Handicapped Families Only</u>	<u>Yes</u>	<u>No</u>
Do you have Medicare?	___	___
Do you have any other kind of medical insurance?	___	___
Do you receive medical assistance through the welfare department?	___	___
Do you have any outstanding medical bills on which you are paying?	___	___
Do you expect to have any medical expenses or take prescription drugs on a regular basis during the next 12 months?	___	___

If yes, amount of monthly medical payments: \$ _____

Name and address of medical company/pharmacy:

Account #	Name	Address

INCOME INFORMATION-ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY. Please answer each of the following questions including all household members. *For each "yes" answer, provide the "amount" received monthly.*

Do you receive or expect to receive?	Yes	No	Monthly Amount
Wages, salary (including overtime, tips, bonuses, commissions & self employment)?			
Does any family member work for someone who pays him or her in cash?			
Regular pay for a member of the armed forces?			
Social Security payments?			
Pensions (PERA, Railroad, etc.)?			
Retirement Benefits?			
Veteran's Administration Benefits?			
Death Benefits?			
Welfare or disability benefits (MFIP/TANF, SSI, GA {please circle one or more})?			
Workman's Compensation?			
Unemployment Benefits or severance pay?			
Child Support?			
Alimony?			
Education grants, scholarships, or V.A. Student Benefits?			
Annuities or Life Insurance Dividends?			
Lump sum payments (includes inheritances, insurance settlements, lottery winnings, capital gains)?			
Regular cash contributions or gifts from individuals not living in the house?			
Other?			

List Name, Address & City of the AGENCY from where you receive the benefits on all that you checked "yes".

Name	Address and City	Phone #

Do you anticipate any changes in this income in the next 12 months? Yes ____ No ____ . Explain expected changes:

ASSET INFORMATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.

Do you have money held in	Yes	No	Current balance	Do you have money held in	Yes	No	Current balance
Checking				Trusts			
Stocks				Cert. Of Deposit			
Bonds				Safety Deposit Box			
Securities				Money Market Accts			
Savings				Other			

List all FINANCIAL INSTITUTIONS in which funds are kept or invested:

Name	Address and City	Account #

Do you have:	Yes	No	Value
Do you hold a Contract for Deed?			
Do you own a home, farm, or other real estate?			
Do you receive rental income from a home or farm or property?			
Do you have any other assets not listed above (ie. recreational vehicles or mobile home)?			
Have you sold or given away real property or other assets (including cash) in the past two years?			

List asset(s) information where you checked "Yes" above: _____

PERSONAL INFORMATION

How did you hear of this housing development? _____

Are you now living or have you lived in a government-subsidized facility: Yes _____ No _____ When? _____

Development's name and address _____

Have you or any member of the household lived in another state? Yes _____ No _____ If so, what state(s): _____

Has your housing assistance ever been terminated for fraud, non-payment or any other reason?
 _____ Yes _____ No _____ If yes, explain circumstances: _____

Have you ever been arrested or convicted for violent, drug, or sex related criminal activity? Yes _____
 No _____ If so, when, explain: _____

Have you ever been convicted of a felony? Yes _____ No _____
 Are you or any member of the household subject to a lifetime sex offender registration requirement in any state?
 Yes _____ No _____ If so, what state, explain: _____

Are you currently a user of an illegal controlled substance? Yes _____ No _____
 Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?
 Yes _____ No _____

REFERENCES

Present Landlord: Name _____ Phone # _____
 Address: _____ City _____ From _____ To _____

Rental amount: \$ _____

Previous Landlord: Name _____ Phone # _____
 Address: _____ City _____ Address of apartment _____

From: _____ To: _____ Rental amount: \$ _____

Previous Landlord: Name _____ Phone # _____
 Address: _____ City _____ From: _____ To _____

Rental amount: \$ _____

Non-related Personal References

Name: _____ Address: _____ City: _____ Phone: _____
 Name: _____ Address: _____ City: _____ Phone: _____

Credit References

Name: _____ Address: _____ City: _____ Account #: _____

Name: _____ Address: _____ City: _____ Account #: _____

The information regarding race, national origin and sex designation is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. If you choose not to furnish the information, the management is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname:

Race or head of household: White _____ Black _____ Native American _____ Asian _____
Ethnicity of Head of Household: Hispanic _____ Non-Hispanic _____

APPLICANT CERTIFICATION

I certify that if selected to participate in SE Minn. Multi-County Housing and Redevelopment Authority Programs, the unit I occupy will be my only residence. I understand the above information is being collected to determine my eligibility for Housing and/or Housing Assistance. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law, and reason for denial of my application.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____

AUTHORIZATION

I/We do hereby authorize SE Minn. Multi-County Housing and Redevelopment Authority and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing administered by SE Minn. Multi-County Housing and Redevelopment Authority.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____

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.

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

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.
 Form HUD-92006 (05/09)



SEMMCHRA

Southeastern Minnesota Multi-County Housing & Redevelopment Authority

134 East Second Street • Wabasha, MN 55981 • phone (651) 565-2638 • fax (651) 565-3836 • www.semmchra.org

STATEMENT OF INCOME

Name _____

Address _____

Social Security Number _____

The above named person has the following source(s) of income. **Please check only income received by this individual and not by other household members.** Check each line that applies:

- Wages
- Self-employed/Business income
- Public Assistance (AFDC, GA)
- Child Support
- Unemployment Benefits
- Income from Rental Property
- Veterans Benefits
- Social Security and/or SSI
- Disability Compensation
- Armed Forces Reserves
- Scholarships
- Loans
- Grants
- Food Stamps
- Other:

If none of the above applies, check one of the following:

I currently have no source of income. I expect to have income as of _____.

I currently have no source of income and don't know when I will start to receive income.

I understand that I must report any changes in my income to the Southeastern Minnesota Multi-County Housing and Redevelopment Authority. I understand that false statements or information are punishable under Federal Laws. I also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature: X _____ Date: _____

**Authorization for the Release of Information/
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

**U.S. Department of Housing
And Urban Development
Office of Public and Indian Housing**

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

SE Minnesota Multi-County Housing & Redevelopment Authority
134 East Second Street
Wabasha, MN 55981

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with an applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that Has that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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.

Penalties for Misusing this Consent:

HUD, the AH and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



SEMMCHRA

Southeastern Minnesota Multi-County Housing & Redevelopment Authority

134 East Second Street • Wabasha, MN 55981 • phone (651) 565-2638 • fax (651) 565-3836 • www.semmchra.org

Re: _____

Address: _____

Regulations require that the Housing and Redevelopment Authority verify all income, assets, needed expenses, and rental history for the purpose of determining the family's eligibility for our housing programs. All information will be held in confidence and will only be used for our program. This release will be copied and attached to required verifications as needed. This consent form expires 15 months after signed or sooner if the application is dropped or lease terminated.

Consent: I consent to allow the HRA to request and obtain information from; Medical Institutes (Pharmacies, Clinics, Hospitals, & Dentists), Social Services Departments (MFIP, Child Care Assistance, & Child Support), Landlords or Personal References, Insurance Companies and Parties to Contracts for Deed, listed on this form for the purpose of verifying my eligibility and level of benefits under the assisted housing programs. I understand the HRA that receives information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signatures:

Head of Household

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Social Security Number

Other Family Member over age 18

Date

Social Security Number

Other Family Member over age 18

Date

Social Security Number



SEMMCHRA

Southeastern Minnesota Multi-County Housing & Redevelopment Authority

134 East Second Street • Wabasha, MN 55981 • phone (651) 565-2638 • fax (651) 565-3836 • www.semmchra.org

Additional Adult Certification

The Southeastern Minnesota Multi-County Housing and Redevelopment Authority Section 8 Policy states that no adult person(s) other than those listed on the Lease and application shall live/stay in the unit other than on a temporary basis and/or not exceeding 30 days in a calendar year or limitations listed in your lease. This is to insure that the Gross Family Contribution is accurately based on the total monthly income of that household unit.

I understand that I must contact the HRA prior to any additional persons moving into my home. I agree to contact the HRA with the additional information. I realize that failure to do this could result in an eviction, lifetime loss of the PHA program, repayment of the rent and possible theft and fraud charges under state and federal law.

I understand the above statement. I certify that there is no other adult living/staying in the unit now other than those whose name is on the application and lease. I agree to notify the HRA if this should change.

Tenant's Signature _____ Date _____

Staff Signature _____ Date _____

Your Privacy Rights



This sheet tells you about your rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with this agency. Those contacts may be in person, by mail, or on the telephone.

WHY DO WE ASK YOU FOR INFORMATION?

We may ask you for information so we can:

- *Tell you from other persons by the same or similar name.
- *Decide if you can get money or services from us and what or how much you can get.
- *Help you get medical, mental health, financial or social services.
- *Collect money from the state or federal government for help we give you.
- *Decide if you can pay for any help you get.
- *Make reports, do research, audit and evaluate our programs.
- *Investigate reports of people who may lie about help they need.
- *Decide about out-of-home care and in-home care for you or your children.
- *Collect money from other agencies, like insurance companies, if they should pay for your care.
- *Decide if you or your family needs protective services.

DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally the law does not say you have to give us this information. Federal laws require that you give us your social security number if you want financial help or child support enforcement.

WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from any program. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

WHO MAY WE SHARE THE INFORMATION ABOUT YOU WITH?

We may give information about you to the following agencies, if they need it for investigations or to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share with these people sometimes. If you have questions about when we give these people information, ask your worker.

- *Minnesota Department of Human Services.
- *Other welfare offices, including child support enforcement office.
- *Mental health centers.
- *State hospitals or nursing homes.
- *Ombudsman for mental health and mental retardation.
- *Insurance company to check benefits you or your children may get.
- *Hospital if you, a friend, or relative has an emergency and someone needs to be contacted.
- *The Internal Revenue Service.
- *County Welfare Boards.
- *Minnesota Department of Public Safety.
- *Collection Agencies, if you do not pay fees you owe to us for services.
- *Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services, or the county social service agency.

- *U.S. Departments of Health and Human Services.
- *U.S. Department of Labor and Minnesota Department of Labor and Industry.
- *U.S. Department of Agriculture.
- *Social Security Administration.
- *Minnesota Department of Jobs and Training.
- *Minnesota Department of Revenue, if you owe child support or a debt to medical assistance or to check income.
- *Credit Bureaus.
- *Minnesota Department of Veteran Affairs.
- *Minnesota Department of Human Rights.
- *Others who may pay for your care.
- *County attorney, attorney general or other law officials, if your case is referred for investigation or prosecution.
- *Community food shelves or surplus food programs.
- *State and federal auditors.
- *Guardian.
- *Minnesota Historical Society.
- *Creditors, to tell them your wages cannot be garnished while you get financial help.
- *School District.
- *Local and state health departments.
- *American Indian tribe, if your children are Indian and in need of out-of-home placement or you are in need of employment or training.
- *Employees or volunteers of this agency who need the information to do their jobs.
- *Child or adult protection teams.
- *Multi disciplinary teams.

YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU.

- *You may ask if we have any information about you.
- *If we have information about you, you may ask for copies. You may have to pay for the copies.
- *You may give other people permission to see and have copies of private data about you.
- *If the information is unclear, you may ask to have it explained to you.

HOW DO YOU APPEAL IF YOU THINK INFORMATION IS NOT ACCURATE OR COMPLETE?

- *Your objection must be in writing and be sent to the head of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask your worker.
- *If you disagree with our answer to your objection, you can appeal to the Department of Administration. Ask your worker how to do this.

NOTE: You cannot appeal to the Department of Administration about benefits denied to you. These are program appeals and must be made to the county human services agency.

WHAT PRIVACY RIGHTS DO CHILDREN HAVE?

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

If you have any questions about the information on this form, ask your worker.

Client Signature X	Date
------------------------------	------

CRIMINAL HISTORY RELEASE FORM

FOR:

SEMMCHRA* 134 E. 2nd St. Wabasha, MN 55981* 651-565-2638 * fax-651-565-3836

The following named individual hereby authorizes the Minnesota Bureau of Criminal Apprehension, any local City or County Police/Sheriff Department or any other screening related agencies, the release of the requested information to Southeastern Minnesota Multi-County Housing and Redevelopment Authority, for use in the screening process for rental property.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (please print): _____

Maiden, Alias, and/or Former (please print): _____

Date of Birth: _____ Sex: (M or F) _____ Race: _____
Month/Day/Year

Social Security Number: _____

Drivers License: State _____ Number: _____

Address:

_____ / _____ / _____
House Number Street Name City State Zip Code

Signature of Applicant

Date

Applicant, please fill out above line ONLY

Have law enforcement officers ever been called to the applicants residence during the last 5 years because of:

Unlawful Detainer, disturbance of neighbors, destruction of property, physical violence to persons or property, criminal acts, conduct that would adversely affect the health safety or welfare of other tenants or neighbors? Has the applicant ever been arrested, charged or convicted for any drug related incidences?

_____ The above listed applicant has NO record with this department.

If yes, please list charges and dates below, or attach a print out.

Authorized Personnel Signature

Date

	<i>Credit</i>	<i>Criminal</i>
Date ran		
Staff who completed criminal background		
Approved or denied?		
Staff signature		

Southeastern Minnesota Multi-County Housing and Redevelopment Authority
134 East Second Street Wabasha, MN 55981 651-565-2638

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 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 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 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen by birth, or naturalized citizen or a national of the United States; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have Eligible immigration status and am 62 years of age or older. Attach evidence of proof of age 2/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Immigrant status under §§ 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)3/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Permanent resident under §249 of INA4/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA, 5/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parole status under §§212(d)(5) of the INA6/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Threat to life or freedom under §243(h) of the INA7/; or |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 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. 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.

