

HOUSING AND REDEVELOPMENT AUTHORITY Chippewa and Yellow Medicine Counties

County Courthouse
629 N. 11th Street, Suite 10
Montevideo, Minnesota 56265
Telephone: 320-269-6414 • Fax: 320-269-3369

RENTAL ASSISTANCE INFORMATION

The Chippewa County HRA manages the *Housing Choice Voucher Program* (also known as *Section 8 Rental Assistance*) for renters in Chippewa, Lac Qui Parle, and Yellow Medicine Counties. Eligibility for rental assistance is based on a combination of three factors: 1) Household Income; 2) Number of people living in the household; 3) The cost of the unit itself. If qualified, the unit you are renting or want to rent must pass an inspection before assistance can begin. The assistance begins on the first of the month AFTER the rental unit passes the inspection. **The HRA does not assist with the payment of past due rent or deposits.**

Due to the COVID 19 Pandemic, the Housing Authority has modified how we deliver services. The health and safety of our staff and the public is of utmost importance. Effective Wednesday, March 18 until further notice, we will be working remotely as per CDC guidelines for social distancing. However, HRA staff will continue to provide services through telephone, FAX, email, and the regular mail.

The application form is designed to collect information needed to determine eligibility. Please read and complete the application and sign and date where indicated. **Be sure to check both sides of each page.** If you have questions about the application, please call us at 320-269-6414.

In addition to the completed application, please send us the following:

- Copy of Driver's License or Photo ID for all **adult** household members (age 18 and over).
- Copy of Social Security Cards for **all** household members.
- Copies of three most recent and consecutive paystubs for any household members age 18 and over who are employed.
- Copy of Social Security, SSI, RSDI benefit letter that outlines *current* monthly benefit (if applicable)
- Copy of correspondence from MN DEED regarding unemployment benefits (if applicable)
- VA (Veteran's) Benefits: Copy of 2020 benefit letter (if applicable)
- MFIP, General Assistance (GA), Food Support: copy of most recent statement of benefits
- Copy of most recent monthly bank statement for all checking accounts and copy of most recent statement for all savings accounts

Thank you for your attention to these details. If you have any questions about the documents we are requesting, please call the Housing Authority at **(320) 269-6414** or email us at ellen@hra.chippewa.mn

You can return the application by

- 1) **Mail to:** Housing Authority
629 N 11th Street, Suite 10
Montevideo, MN 56265
- 2) **email to:** ellen@hra.chippewa.mn
- 3) **Fax to:** 320-269-3369

If you need assistance completing this application, please call the HRA office at (320) 269-6414.

APPLICATION FOR ADMISSION - HOUSING CHOICE VOUCHER PROGRAM – PLEASE PRINT NEATLY

I am applying for a voucher in (check only one): Chippewa Yellow Medicine Lac Qui Parle

Head of Household Information:

Name: _____ Social Security #: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____ Age: _____ Sex: M F

Race: White Black/African American Native Hawaiian/Pacific Islander American Indian Asian

Ethnicity: Hispanic Non-Hispanic Disability: Yes No US Citizen: Yes No

Marital Status: Single Married Separated Divorced

Veteran: Yes No Occupation: _____ Name of School if Student: _____

What is your present address? (PLEASE PRINT NEATLY!)

Street address _____
Street Apt. # City State Zip Code
 Mailing address _____
Street Apt. # City State Zip Code
 How long have you lived here? _____ Who is your landlord? _____
 Present rent: \$ _____ /month # of Bedrooms: _____ County of Current Residence: _____
 Telephone () _____ Work Phone () _____ email: _____

What was your street address before you moved to where you live now?

Street address _____
Street Apt. # City State Zip
 How long did you live here? _____ Who was your landlord? _____

List all other persons who will live in the rental unit while you are on this program. PLEASE PRINT NEATLY.

Last Name, First Name, MI	Relationship to head	Date of Birth	Place of Birth	Age	Social Security Number
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent	/ /			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Name of School if Student: _____					
3.	<input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent	/ /			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Name of School if Student: _____					
4.	<input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent	/ /			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Name of School if Student: _____					
5.	<input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent	/ /			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Name of School if Student: _____					
6.	<input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent	/ /			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation: _____ Name of School if Student: _____					

Above information is submitted to the U.S. Department of Housing and Urban Development (HUD)

List income from wages: List **ALL** full and/or part-time employment for **ALL** adult household members. Include earnings from self-employment and jobs **and** work you do for cash.

Name of Household Member	Name and Address of Employer	Gross Earnings
		\$ per
		\$ per
		\$ per
		\$ per

Did you or will you file an income tax return for the previous year? Yes No

Does anyone outside of your household pay any of your bills or give you money? Yes No
If yes, explain:

Support for Children in the Household

Is there a current child support order *in place or pending* on behalf of a child or children in your household? Yes No
If yes, what is the monthly amount ordered? \$ _____ per month
Please indicate the county or counties that handle your child support case(s): _____

Do you receive any cash payments or support **directly from** your child's/children's non-custodial parent? Yes No
If you receive payments or support **directly from the non-custodial parent**, please provide the following information:
Name of Non-Custodial Parent: _____
Mailing address: _____
Phone: (_____) _____

List other sources of income: List **ALL** other sources of income for **ALL** household members. Examples include: welfare (MFIP, GA, MSA), food support, **social security**, SSI, **pensions**, disability compensation, **unemployment compensation**, babysitting, dividends, **cash payments or help paying bills and expenses from non-custodial parents, ex-partners, friends, or family**, annuities, **income from rental property**, Armed Forces Reserves, student grants and/or loans.

Name of Household Member	Type of Income	Amount Received
		\$ per
		\$ per
		\$ per
		\$ per

Assets: Check "Yes" or "No" **on each of the following lines**. If "Yes", enter the amount or value of the asset, the current income from the asset *and the name of the financial institution*.

Type of Asset	YES	NO	Amount or Value	Interest Rate or Dividend	Name and address of bank, financial institution, or insurance company
Cash on hand over \$100					
Checking Account					
Savings Account					
Certificate of Deposit					
Annuities					
Money Market Funds					
IRA Accounts					
Mutual Funds					
U.S. Savings Bonds					
Real Estate					
Contract for Deed					
Business Assets					
Life Insurance					
Other (please describe)					

Have you disposed of any assets for less than Fair Market Value in the past two years? Yes No If yes, complete the following: Date of disposal of asset(s) _____ Amount received \$ _____
Market Value at time of disposal: \$ _____

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is the due date? _____ / _____ / _____ *
Does anyone live with you now who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone in your household ever lived in assisted housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When? _____ Where? _____ Under what name? _____ Who was Head of Household? _____
Have you ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?
Have you ever used a social security number other than the one you listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?
Has anyone in your household ever been engaged in the use, sale, manufacture or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Who? _____ When? _____ Where? _____ What? _____
Have you or anyone in your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you or anyone in your household ever violated a family obligation in a HUD-assisted housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you owe any money to a Public Housing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any changes in household income in the next 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Medical Expenses: Complete the following questions **only if head of household or spouse is elderly, disabled, or handicapped. IF YOU ARE NOT ELDERLY OR DISABLED, SKIP TO PAGE 4.**

Do you receive <i>Medicare</i> benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive <i>Medical Assistance</i> from Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for additional medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Indicate the amount of the premium and how often it is paid: \$_____ per <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year <i>Please provide name and address of your health insurance company:</i>
Do you pay for a Prescription Drug Plan under Medicare Part D? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Indicate the amount of the premium and how often it is paid: \$_____ per <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year <i>Please provide name and address of agency that manages your prescription drug plan coverage:</i>
Do you take prescription drugs on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: How much do you pay per month for your prescription medications? \$_____ per month <i>Please list the name and address of the pharmacy that fills your prescriptions:</i>
Are you making payments on any outstanding medical bills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you anticipate any health care related expenses during the next 12 months that will not be covered by health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Medical Expenses (continued from Page 3)

Do you have any expenses for attendant care or a special apparatus for a disabled household member that is necessary for a household member to be employed? (Do not consider expense paid to a family member or reimbursed by an outside source.) Yes No *If yes, please explain:*

Child Care Expenses

Do you pay for child care for children 12 years old or younger while a household member is employed or attending school? Yes No *If yes: Cost per week \$_____ or per month \$_____*
If yes, please list your child care provider's name, address, and telephone number:

Do you receive Child Care Assistance from the county? Yes No I have applied/Waiting for assistance

Program Marketing

How did you hear about the Section 8 Rental Assistance Program? (check as many as apply)

- County Family Services Newspaper Ad Notice on Community Access TV Channel
- Friend or family member WIC Clinic/Public Health Staff Prairie 5 Community Action Staff
- Other – Please explain:_____

If we are unable to reach you, whom can we contact?

Name_____	Phone_____
Address_____	Relationship_____

APPLICANT(S)'S/TENANT(S)'S STATEMENT:

I/We certify that the information given to the **Chippewa County/Yellow Medicine County** Housing and Redevelopment 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 punishable under Federal Law. I understand that any false statements or misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission, and may be grounds for termination of assistance.

Signature of Head of Household

Date

Signature of Spouse or Other Household Member Over 18

Date

WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at (320) 269-6414. Return completed application to:

Housing Authority
629 N 11th Street, Suite 10
Montevideo, MN 56265

Applications can also be **faxed** to 320-269-3369 or **emailed** to ellen@hra.chippewa.mn

Authorization for the Release of Information/ Privacy Act Notice

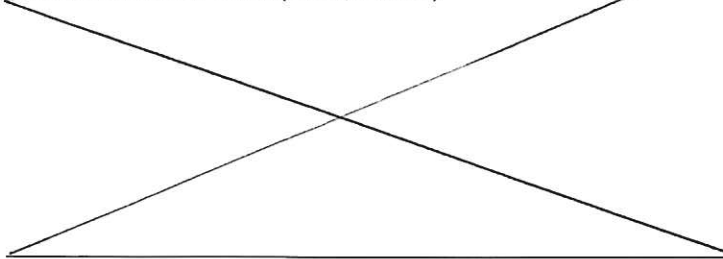
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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



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

Chippewa County HRA & Yellow Medicine County HRA
Chippewa County Courthouse
629 N 11th Street, Suite 10
Montevideo, MN 56265
Phone: 320-269-6414
Contacts:
Cathy Jakobs, Executive Director
Ellen Moore, Housing Specialist

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 any 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(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., 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	Other Family Member over age 18	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 HA 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.

**HOUSING AND REDEVELOPMENT AUTHORITY OF
CHIPPEWA/YELLOW MEDICINE COUNTY**
Statement on Criminal Activities

1. Have you or anyone in your household ever manufactured a controlled substance (illegal drugs)?
 No Yes Who: _____ When: _____ / _____
Month Year
2. Have you or anyone in your household sold or distributed a controlled substance (illegal drugs)?
 No Yes Who: _____ When: _____ / _____
Month Year
3. Have you or anyone in your household manufactured a controlled substance (illegal drugs) to sell or distribute to others?
 No Yes Who: _____ When: _____ / _____
Month Year
4. Have you or anyone in your household used physical force against another person or a person's property?
 No Yes Who: _____ When: _____ / _____
Month Year
5. Have you or anyone in your household ever been convicted of drug-related criminal activity?
 No Yes Who: _____ When: _____ / _____
Month Year
6. Have you or anyone in your household ever been convicted of violent criminal activity?
 No Yes Who: _____ When: _____ / _____
Month Year
7. Have you or anyone in your household ever been addicted to or are you or anyone in your household presently addicted to a controlled substance (illegal drugs)?
 No Yes Who: _____ When: _____ / _____
Month Year

If yes, is the individual recovered from the addiction and are not currently using any controlled substance (illegal drugs)?

No Yes Location and date of treatment: _____

If "Yes", please explain the nature of the addiction: _____

8. Have you or anyone in your household ever been convicted or are you currently being prosecuted for a crime?
 No Yes If "Yes", please explain: _____
9. Are you or anyone in your household currently on probation?
 No Yes If Yes, please explain: _____

Head of Household Signature

Date

Spouse or Other Family Member Over 18

Date

WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101(1)(20) of the Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

Signature of Family Member*

Date

*Parent/Guardian must sign for family members under age 18. DO NOT sign child's name.

- Check box on left is signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

1/ Warning: 18 U.S.C.1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction or 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 non-citizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or 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 your proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen 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 non-citizen 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 resident status.
- 4/ Permanent residence under §249 of INA.** A non-citizen 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 ineligible 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 INA.** A non-citizen 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 non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A non-citizen 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 non-citizen 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 non-citizens age 62 or older and 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.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

APPLICANT/TENANT CERTIFICATION

Initial:

1. _____ I/We certify that the information given to the Chippewa/Yellow Medicine County Housing and Redevelopment Authority on household composition, income, net family assets, 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 punishable under Federal law and any applicable State law. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

2. _____ I/We certify that I/we will report all changes to my household's income or assets including but not limited to: full and/or part-time employment, self-employment earnings, cash assistance from social services agencies, Social Security benefits, SSI benefits, pension income, disability compensation income, unemployment income, child care earnings, alimony, child support, annuities, dividends, scholarships and grants, net income from operation of a business, and the receipt of any lump sum payments. I/we understand that **all income changes need to be reported in writing** to the Chippewa/Yellow Medicine County Housing Authority (629 N. 11th Street, Montevideo, MN 56265) within 10 days of the change.

3. _____ I/We certify that no other adults will be added to the household without prior written approval of the Chippewa/Yellow Medicine County Housing Authority.

Signature of Head of Household

Date

Signature of Spouse/Other Adult(s)

Date

Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful and false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction. Fraud: is defined as deception, swindle and unlawful deceit. It means to gain benefit through action or deeds that are designed to distort or conceal the facts. It is the willful presentation of falsehoods to gain profits.

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

FRAUD INVESTIGATION RELEASE

I give third parties permission to share information about me with housing authority staff conducting a fraud investigation. Third parties include banks, employers, landlords, medical providers, agencies that give benefits such as worker's compensation and public assistance, schools, utility companies, insurance companies and others. I understand that my permission for release is effective until six months after my benefits stop.

Signature of Head of Household

Date

Signature of Spouse/Other Adult(s)

Date

Return completed application to: **Housing Authority
629 N 11th Street, Suite 10
Montevideo, MN 56265**

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Chippewa County and/or Yellow Medicine County HRA any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical Allowances	Credit and Criminal Activity	Child Care Allowances
School District Enrollment & Residency	Utility usage, expenses, and payments	Child Support
Housing Assistance	Persons residing in my assisted unit	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past and Present Landlords	Past and Present Employers	Veterans Administration
Public Housing Agencies	Social Services Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Universities and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers	Charter and Private Schools	Independent School Districts

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. 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.