

Warren HRA

Housing & Redevelopment Authority

411 North 4th St, Warren, MN 56762
 Phone: 218-745-4858 ~ Fax: 218-745-4860
 warhra@warrenhra.com
www.warrenhra.com

Date of application: _____ Time of Application: _____

Name: _____ Maiden Name: _____

Current address, Street, Apt.#: _____

Current City, State and Zip: _____

Phone #s: _____ Work/Message Phone # _____

NAME AND PHONE # OF PERSON WE MAY CONTACT IF WE CANNOT REACH YOU:

FAMILY INFORMATION

Beginning with you, list all persons who will live in the HRA unit, including foster children, live-in aides (if needed for care of a family member.) Each box must be completed for each family member. (Only minor children who live in the unit a **minimum of 51% of the time** may be listed.)

No one except those listed on this form may live in the unit.

First & Last Name, Middle Initial	Sex	Date of Birth	Social Security or Alien Reg #	Dis-abled	* Race	** Ethnicity	Place of Birth City, State, Country
H							
2							
3							
4							
5							
6							

* Race Code: 1= White 2= Black 3=American Indian/Native Alaskan 4= Asian 5=Native Hawaiian/Pacific Islander

** Hispanic/Ethnicity Code: 1=Hispanic 2=Non-Hispanic

Do you expect changes in the number of persons in your household? _____ If yes, explain: _____

Is any member of the household a full time student over 18 years of age? _____, if yes, list names: _____

Family Income Information: Please list the source and amount of all income for all family members, including yourself. Include all earning and benefits for full and/or part time employment and/or income from self employment or other sources such as: MFIP, VA, Social Security, SSI, Disability Compensation, Unemployment, Worker's Compensation, Alimony, Child Support, Dividends, Pensions, Trust Funds, Annuities, Income from Rental Property, Land Rent, CRP, Armed Forces Reserves, and Minnesota Supplemental Aid (MSA)etc.(Example: Wages, \$150/week, SSI, \$421/month)

Family Member Name	Income Source	Amount \$	Frequency – Per
			___Week ___Month ___Year
			___Week ___Month ___Year
			___Week ___Month ___Year
			___Week ___Month ___Year



Assets of all Household members: Examples: Cash, Savings and Checking Accounts, Savings Certificates, Credit Union Shares, Money Market Funds, Stocks, Bonds, IRA Account, Annuities, Mutual Funds.

Household Member	Name and Address of Bank/Financial Institution	Amount

Do you own any real estate . If yes, please state location and value of property

Have you sold or transferred real estate with the last 24 months? If yes, when? _____

Do you have any Life Insurance? If yes, list company name, address, policy # and loan value:

DEDUCTIONS:

- Do you pay for childcare while a family member is employed or attending school?
Name of family member(s) employed or attending school: _____
List child care provider's name: _____
Address and zip ccode: _____
Telephone number: _____ Cost \$ _____ Per _____
Are you receiving any assistance with childcare costs? If yes, list the source and amount of assistance: _____
- Does your household incur expenses related to a handicap or disability that allow a family member to work? No If yes, explain: _____

IF THE HEAD OF HOUSEHOLD OR SPOUSE IS AGE 62 OR OLDER AND/OR DISABLED, PLEASE ANSWER QUESTIONS 3 THROUGH 8 BELOW:

- Are you or a household member receiving Medicare benefits?
- Are you or a household member receiving Medical Assistance through the Welfare Department?
- Do you or a household member pay for any medical insurance/hospitalization (such as Blue/Cross, etc)
If yes, indicate amount of premium and how often paid: \$ _____ per _____
- Are you or a household member making payments on outstanding medical bills?
To whom? _____ Amount paid per month \$ _____
- Do you or household member incur expenses for prescription drugs or medical supplies on a regular basis that are not covered by Medical Assistance or health insurance? If yes, list name and address of pharmacy or medical provider: _____
- Do you or a household member anticipate any health care related expenses for the next 12 months which are not covered by Medical Assistance or health insurance?

NON-ECONOMIC INFORMATION:

1. Have you or any household EVER served or are you or any household member currently serving in the United States military service? If yes, list name of household member and relationship to head of Household: _____
2. Have you or any household member EVER served under the direction of the Armed Forces and clandestine Forces of the United States? If yes, list name and location of services: _____
3. Have you or any household member EVER been admitted to a Detoxification Center or other such Facility? If yes, when and where? _____
4. Have you or any household member EVER been involved/arrested for a illegal offense or other unlawful act? . Was this arrest related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? If yes, explain and list ALL arrest dates: _____
Where did the arrest(s) occur? City _____ County _____ State _____
5. Have you or any household member EVER been convicted of a criminal offense or other unlawful act (include all levels of conviction?) . Was the conviction related to an act of physical violence including domestic violence or the possession, use, or manufacture of a controlled substance (illegal drugs)? , If yes, explain and list ALL conviction dates: _____
Where did the conviction(s) occur: City _____ County _____ State _____
6. Have you or any household member EVER been evicted from a federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal/illegal activity? If yes, explain: _____
7. Are you or is any member of your household required to register under any state's sex offender registration program? if yes, explain: _____
8. Are you currently on probation/parole due to a conviction for criminal offense or other unlawful act? If yes, state name and address of probation/parole officer: _____
_____ Dates of probation/parole: from _____ to _____
9. Have any of the children listed as household members or any children expected to become a household member EVER been diagnosed as having an elevated level of lead in their blood? If yes, list the names of the child(ren) diagnosed with the condition: _____
10. Do you or any household member(s) require any modification in HRA procedures or special adaptations to a housing unit in order to accommodate a handicap or disability? If yes, describe the accommodation you need: _____
11. Have you or any member of your household EVER lived in Public Housing or participated in a Section 8 Program? if yes, when and where: _____
12. Have you or any members of you household EVER received housing assistance through a federally subsidized housing program anywhere? If yes, when and where: _____

13. Do you have any past due utility bills or unpaid rent? If yes, explain _____
_____ Amount owed \$ _____

Previous Landlords or Personal References(Not Related to you): (Need 3)

Owner/Manager/Personal Reference	Address	Phone # & Type of Reference

Drivers License #: Applicant: _____ Co-applicant: _____
 Automobile year: _____ Make: _____ License #: _____

Did anyone help you fill out this application? _____ If yes, provide the following:
 NAME _____ SIGNATURE _____
 TITLE/RELATIONSHIP _____ DATE _____

I/we understand that this is not a contract and does not bind either party. I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-669-9777.

*After verification by this Agency, the information will be submitted to the Department of Housing and Urban Development on For HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

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 a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

PLEASE MAIL TO:

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 Warren, MN 56762**