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# Lincoln County Housing & Redevelopment Authority

Serving Lake Benton – Tyler – Hendricks – Arco – Verdi – Ivanhoe

402 N. Harold Street - PO Box 27  
Ivanhoe, MN 56142  
ph. 507-694-1552 – fax 507-694-1525

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Dear Applicant,

Please find enclosed the Lincoln County HRA application packet. It is important that you read through the entire application packet and make certain all areas of the application are filled in. If something does not apply to you, please fill in "N/A". **The application is not considered complete unless everything is filled in and it is signed and dated.**

All available units are on a first-come-first-serve basis, provided guidelines are met.

You will be notified of acceptance/non-acceptance after your completed application has been received and reviewed.

If you should have any questions, please feel free to contact our office at 507-694-1552 or contact our Director of Housing Services, Gretchen, at 507-530-3040.

Respectively,

Gretchen Tommeraasen  
Director of Housing Services  
Lincoln County HRA

Enclosed:

Applicant checklist

Application

HUD form 9886; Authorization for the Release of Information/Privacy Act Notice

HUD form 52675; Debts Owed to Public Housing Agencies and Terminations

HUD form 92006; Supplement to Application for Federally Assisted Housing

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## Rental application checklist

THE APPLICATION IS NOT CONSIDERED COMPLETE WITHOUT THE FOLLOWING DOCUMENTS.

If any information is reported knowingly incorrect, this application may be eliminated from the housing assistance process, and you may face fraud charges. This is a legal document.

- ☐ Please provide proof of ALL income from any sources such as Social Security, pensions, life insurance, investments, etc. Proof of income must be a current. If you are on Social Security please provide the current years Benefit Letter from the Social Security Office.
- ☐ A copy of the deed and current tax statements for all property you own. To request a copy, please contact your County Recorder's Office.
- ☐ Your most recent 3 months bank statements for all accounts held. (checking, savings, CD's, etc.)
- ☐ A copy of EACH family member's social security card.
- ☐ A copy of EACH family member's driver's license.
- ☐ If you receive child support, please provide court documents that indicate the amount you are to receive as well as a statement showing the amount you actually receive each month.
- ☐ All residents over the age of 18 residing in the home must sign the application form AND HUD 9886, Authorization for Release of Information.

If you need to mail original items to us, we will make copies and the originals will be sent back to you as quickly as possible. Your help with this information will speed up the process of your application.

Items can be mailed or emailed to: Lincoln County HRA  
Attn: Gretchen Tommeraasen  
PO Box 27  
Ivanhoe, MN 56142  
gretchen@dsi-services.com

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## **PLEASE READ BEFORE YOU COMPLETE THE APPLICATION FOR HOUSING ASSISTANCE**

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the housing authority!**

- **PLEASE PRINT ALL ANSWERS.**
- Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak, or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you write N/A.
- All yes/no questions **MUST** be checked to indicate whether your response is “YES” or “NO”.
- If you need additional space, please attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- All questions apply to **ALL** members of the household. (if applicable)
- The information that you provide on this application **MUST** be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

### **To qualify for Public Housing an applicant must:**

- Be a family as defined in the Housing Agency’s Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is available at the housing agency office.
- Meet the requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits. These income limits are posted in the PHA office.
- Provide documentation of Social Security numbers for **ALL** family members or certify that they do not have Social Security numbers.
- Pay any money owed to the PHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

### **Americans With Disabilities Act**

**We need your help to ensure all our programs, services, and activities are fully accessible to person with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.**

# APPLICATION FOR PUBLIC HOUSING

## PART A. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List all person's **age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. All boxes must be completed for each member. Only those listed on this form may live in the unit.

NAME (First, Middle, Last)	RELATION TO HEAD	US CITIZEN Y/N	DISABLED Y/N	DATE OF BIRTH	SOCIAL SECURITY	Marital status
1.	HEAD					
2.						
3.						
4.						
5.						

## CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME (First, Middle, Last)	RELATION TO HEAD	US CITIZEN Y/N	DISABLED Y/N	DATE OF BIRTH	SS # OR ALIEN #	SCHOOL NAME
1.						
2.						
3.						
4.						
5.						

## RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

**Race:** Check the appropriate race. (More than one category can be entered if applicable.)

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native  
☐ Asian ☐ Native Hawaiian/Other Pacific Islander

**Ethnicity:** (Check appropriate ethnicity) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Answer the following questions about all members of this household:**

- Has any adult who will live in the home previously lived in another State other than Minnesota? ☐ Yes ☐ No  
If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
\_\_\_\_\_ State lived? \_\_\_\_\_
- Does anyone other than an adult who will live in the home share custody of any of the children listed?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? ☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home expecting a child?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Is there anyone not listed on the application who is temporarily absent from the home?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Has anyone who will be living the home ever used another social security number other than the one listed on this application? ☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Has anyone who will be living in the home ever used another name, other than the one they are using now?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Is there anyone who will be living the home who is 18 or over and a full-time student?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_
- Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
☐ Yes ☐ No If yes, who? \_\_\_\_\_  
What do they require? \_\_\_\_\_

## APPLICATION FOR PUBLIC HOUSING

**CONTACT INFORMATION:** List the names, addresses, telephone numbers, and email addresses of two relatives or friends who live in the area and generally know how to contact you:

1. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

### PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses for the past five (5) years.

1. Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ How long a tenant? \_\_\_\_\_
2. Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ How long a tenant? \_\_\_\_\_
3. Other Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ How long a tenant? \_\_\_\_\_

### PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all the members of your household.

1. Has any household member ever been arrested for any crime? ..... ☐Yes ☐No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include when arrested, where, and the reason for the arrest. Attach a separate sheet if needed.)  
\_\_\_\_\_  
\_\_\_\_\_
2. Has any household member ever been convicted of any crime? ..... ☐Yes ☐No  
If yes, how many times? \_\_\_\_\_ What crime(s) \_\_\_\_\_
3. Is any household member subject to lifetime sex offender registration? ..... ☐Yes ☐No  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
4. Is any household member currently using illegal drugs? ☐Yes ☐No If yes, who? \_\_\_\_\_
5. Has any household member ever been evicted from any type of housing? ..... ☐Yes ☐No  
If yes, explain when, where, and for what reason.  
\_\_\_\_\_  
\_\_\_\_\_
6. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons?  
☐Yes ☐No If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_
7. Has any household member been treated or is currently in treatment for drug or alcohol abuse? ..... ☐Yes ☐No  
If yes, please explain when, the name of the facility and reason for treatment.  
\_\_\_\_\_  
\_\_\_\_\_
8. Has any household member received rental assistance in public housing or HCV? ..... ☐Yes ☐No  
If yes, when? Year(s) \_\_\_\_\_, Housing Agency Name \_\_\_\_\_  
Under what name? \_\_\_\_\_, who was head of household? \_\_\_\_\_

## APPLICATION FOR PUBLIC HOUSING

### PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

(Income includes money or contributions from ALL sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? ..... ☐ Yes ☐ No  
If yes, who? \_\_\_\_\_
2. Do you or any member(s) of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
  - ✓ Wages, salaries, tips, fees, or commissions from an employer? (Full or part time) ..... ☐ Yes ☐ No
  - ✓ Compensation for personal services? ..... ☐ Yes ☐ No
  - ✓ Income from the operation of a business or profession? ..... ☐ Yes ☐ No
  - ✓ Interest, dividends, or other income from real or personal property? ..... ☐ Yes ☐ No
  - ✓ Payments from social security? ..... ☐ Yes ☐ No
  - ✓ Payments from annuities? ..... ☐ Yes ☐ No
  - ✓ Payments from insurance policies? ..... ☐ Yes ☐ No
  - ✓ Payments from retirement funds? ..... ☐ Yes ☐ No
  - ✓ Payments from pensions? ..... ☐ Yes ☐ No
  - ✓ Payments from disability benefits? ..... ☐ Yes ☐ No
  - ✓ Payments from death benefits? ..... ☐ Yes ☐ No
  - ✓ Lump sum payments for the delayed start of periodic payments? ..... ☐ Yes ☐ No
  - ✓ Unemployment compensation? ..... ☐ Yes ☐ No
  - ✓ Disability compensation? ..... ☐ Yes ☐ No
  - ✓ Worker's compensation? ..... ☐ Yes ☐ No
  - ✓ Severance pays? ..... ☐ Yes ☐ No
  - ✓ Welfare assistance payments? ..... ☐ Yes ☐ No
  - ✓ TANF payments? ..... ☐ Yes ☐ No
  - ✓ Alimony payments? ..... ☐ Yes ☐ No
  - ✓ Child support payments? ..... ☐ Yes ☐ No
  - ✓ Regular contributions or gifts from anyone? ..... ☐ Yes ☐ No
  - ✓ Money from self-employment? ..... ☐ Yes ☐ No
  - ✓ Regular or special military pay? ..... ☐ Yes ☐ No
  - ✓ Regular contributions from anyone? ..... ☐ Yes ☐ No
  - ✓ Financial assistance to attend school? ..... ☐ Yes ☐ No
3. List the sources and amounts of ALL income, including child support, food support, and or TANF payments (money) expected for the coming twelve (12) months for all members from ALL sources.

Family Member Name	Income Source	Amount \$	Frequency (Circle one)
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year

## APPLICATION FOR PUBLIC HOUSING

### PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An **asset** is something of value that can be converted to cash.)

1. Do you or any family member own or have access to any of the following?

Savings account? ☐ Yes ☐ No      Checking account? ☐ Yes ☐ No  
 Certificate of deposit? ☐ Yes ☐ No      Money market account? ☐ Yes ☐ No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks ☐ Yes ☐ No      Bonds ☐ Yes ☐ No  
 Real property (land) ☐ Yes ☐ No      Trust Funds ☐ Yes ☐ No  
 Pensions ☐ Yes ☐ No      Individual Retirement Accounts ☐ Yes ☐ No  
 Inheritance ☐ Yes ☐ No      Life insurance policies ☐ Yes ☐ No  
 Any other type of capital investment? ☐ Yes ☐ No

Please explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

### PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child 12 years or younger? ..... ☐ Yes ☐ No

If yes, complete the following:

Minor's Name	Care Provider			Amount Paid Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? ..... ☐ Yes ☐ No

If yes, how much is reimbursed per month? \$ \_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?

(Could be the person with disabilities) ☐ Yes ☐ No If yes, complete the following:

Care Attendant			Amount Paid Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult family member to work?

(Could be the person with disabilities) ☐ Yes ☐ No If yes, what is the monthly cost: \$ \_\_\_\_\_

## APPLICATION FOR PUBLIC HOUSING

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount Paid	Last Date Paid	Pay by Whom
Rent/Mortgage			
Electric			
Gas			
Water			
Telephone/Cell Phone			
TV Cable/Dish			
Internet			
Car Payment(s)			
Car Insurance			
Gas for Car			
Life Insurance			
Health Insurance			
Medicare			
Loan			
Rentals			
Furniture			
Food			
Credit Card(s)			

**Medical Expenses** (These questions **ONLY** apply if the head, spouse, or co-head is 62 years or older **OR** is disabled)

Do you or any member of the family pay for any of the following items?

- |                                     |  |
|-------------------------------------|--|
| Medical insurance premiums          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Long-term care insurance            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Out-of-pocket prescription expenses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Past due medical bills              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other anticipated medical expenses  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next twelve (12) months.

Family Member Name	Type of Expense	Monthly Amount



## APPLICATION FOR PUBLIC HOUSING

### Certification of the Applicant

I/We hereby certify that the unit applied for will be the household's permanent residence; that I/we will not maintain a separate subsidized rental unit in another location; that I/we must pay a security deposit for this unit and are responsible for any pet deposit for ONE PHA authorized pet; that my/our eligibility for housing will be based on income guidelines and tenant selection criteria; and that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that all the information I/we have provided on this application is true and complete. I/We understand that I/we am/are required to notify the housing authority in writing (within 5 days) if any member of the family moves out of the unit, and that I/we cannot permit anyone to move into my unit without prior approval of the housing authority. I/we understand that I/we must notify the housing authority in writing of any changes to the household due to birth, adoption, living arrangement, or court-awarded custody. I/we also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR CO-HEAD

\_\_\_\_\_  
DATE

### Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

If application was mailed and received by PHA staff via postal mail or email, correspondence was made by the following PHA staff to the applicant to be certain all questions were fully understood and fully answered.

\_\_\_\_\_  
SIGNATURE OF PHA REPRESENTATIVE

\_\_\_\_\_  
DATE

For HUD properties

Cover letter

Applicant Checklist

Attachments for applicant signature:

- Form HUD-9886 – Authorization for Release of Information, Privacy Act
- Form HUD-52675 – Debts Owed to Public Housing Agencies and Terminations
- Form HUD-92006 – Supplement to Application for Federally-Assisted Housing
- Criminal Background Consent Form

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## **Public Housing Criminal Background Consent Form**

Date

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Dear

As part of the screening process to determine eligibility in the public housing program, the Lincoln County HRA must conduct a criminal background check for all adult members of household. This criminal background check is also conducted at regular reexaminations for purposes of lease enforcement. This criminal background check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the state, county and federal levels of every jurisdiction where the adult currently resides or where he or she has resided during the past 10 years; and sex offender registry searches at the state, county and federal levels in every jurisdiction where the adult currently resides or where he or she has ever resided. The consent also includes interactions with the criminal justice system.

The LINCOLN COUNTY HRA differentiates between criminal conduct that poses a risk or threat and that which does not. Furthermore, a record or records of arrest will not be used as the sole basis for the denial or proof that the applicant or resident engaged in disqualifying criminal activity; an arrest, however, may trigger an investigation in which the LINCOLN COUNTY HRA considers all relevant information and circumstances.

If the LINCOLN COUNTY HRA seeks to deny admission for the public housing program, or terminate assistance based on criminal records, the LINCOLN COUNTY HRA will notify you of its intention to deny or terminate based on such records and will mail you a copy of such records. The LINCOLN COUNTY HRA will provide you the opportunity to dispute the accuracy and/or relevance of such records before notification of denial of assistance or termination of assistance.

A consent for release of criminal records may be found on the back of this letter. You and every adult household member must sign the release form. Failure to do so will result in denial of admission or termination of assistance.

*If you or anyone in your family is a person with disabilities, and you require a specific reasonable accommodation in order to fully utilize our programs and services, please contact LINCOLN COUNTY HRA staff.*

### APPLICANT/ RESIDENT CONSENT TO RELEASE

Consent: I hereby authorize the Lincoln County HRA to obtain criminal records and criminal history as outlined above for the determination of eligibility for housing assistance, and for lease enforcement purposes in the public housing program.

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Signature of Head of Household

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Date

---

Signature of Other Adult Household Member

---

Date

---

Signature of Other Adult Household Member

---

Date

---

Signature of Other Adult Household Member

---

Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Lincoln County HRA/Development Services Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher, Public Housing, Continuum of Care, rental rehabilitation 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) and Minnesota Housing 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	Residency/Rental activity
Medical costs / Case Management	Child Care costs and allowances	Credit/Criminal activity

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 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:

American Indian Tribes	Insurance/Medical/Pharmacy Agencies	Social Security Administration
Local/State/Federal Auditors	Post Office	State/County /Welfare Agencies
Banks/Financial Institutions	Rental History Reports	State Unemployment Agencies
Child care providers	Representative Payees/Guardians	Support/Alimony Providers
Credit providers and Credit Bureaus	Retirement Systems	Veterans Administration
Criminal Background/Court resources	SAVE/ INS Citizenship	Utility Companies
Employers – Past & Present	Schools and Colleges	

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD, MN Housing, or DSI 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, included but not limited to: state employment security agencies, department of defense, office of personnel management, the US postal service, the social security administration, 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 15 months from the date of signature.

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Print head of household: _____	Signature: _____	Date: _____
Print Spouse: _____	Signature: _____	Date: _____
Print Co-Head: _____	Signature: _____	Date: _____
Print Adult Member: _____	Signature: _____	Date: _____
Print Adult Member: _____	Signature: _____	Date: _____
Print 18+ Adult Member: _____	Signature: _____	Date: _____
Print 18+ Adult Member: _____	Signature: _____	Date: _____

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**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

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# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Lincoln County HRA, Attn: Gretchen Tommeraasen; Director of Housing; 402 N Harold St., PO Box 27, Ivanhoe, MN 56142

**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.