



# Tyler Twin Homes

Serving Tyler, MN

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



Dear Applicant,

Please find enclosed the Lincoln County HRA/Tyler Twin Home application form. It is important that you read it thoroughly. Make sure all areas of the application are filled in or indicate N/A if it does not apply to you. **ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. ONLY ONE application per request is allowed.**

Include complete first, middle, last and maiden (if applicable) name(s) and all aliases. Third party verifications will be completed, please provide complete name, address, state, and zip code information. Signature and date are also required. Only completed applications will be accepted.

Please make sure copies are included of all social security cards of all family members and picture identifications (i.e. driver's license) for those members over the age of 18.

Units are available on a first come first served basis providing you meet the guidelines. If all units are filled, you will be placed on a waiting list.

If you should have any questions, please feel free to call our office at 507-694-1552, or Gretchen's cell phone at 507-530-3040, Monday through Thursday.

Respectively,

A handwritten signature in black ink, appearing to read "Gretchen Tommeraasen", followed by a horizontal line.

Gretchen Tommeraasen  
Director of Housing Services  
Lincoln County HRA  
Encl.1 application

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## Lincoln County HRA Tyler Twin Home Application

### Section A. Eligibility limits.

Due to the funding sources used by the HRA, in order to offer these units at below market rate rents, we are required to collect and verify the following information. Eligibility for the housing tenancy may be based on household size and income. The guidelines are set annually by the Federal Government. In order to be eligible for tenancy in the Tyler Twin Homes, the figures below are used as income guidelines and are provided by HUD.

1 person household.....	\$41,750	5-person household.....	\$64,400
2-person household.....	\$47,700	6-person household.....	\$69,150
3-person household.....	\$53,650	7-person household.....	\$73,950
4-person household.....	\$59,600	8-person household.....	\$78,700

### Section B. Household information.

Name of applicant:	Social Security number:
Mailing address:	Email address:
Cell #:	Marital status:
Email address:	

**Section C. Household size & income information.**

List all persons who would be living in the household.

Name:	Relation to head:	US Citizen: Y/N	Disabled: Y/N	Date of birth:	Social Security #	Marital status:

Please list all sources of income received for anyone who is age 18 or older. Include food support, child support, cash assistance and/or TANF payments.

Family member name:	Income source:	Amount \$:	Frequency:

**Section D: Income tax filing.**

Do you file federal income tax returns?  Yes  No

If "no", why? \_\_\_\_\_

If the answer is "yes", please provide a copy of your most recent year of federal income tax return include all attachments, schedules and W-2's.

**Section E: Housing related expenses.**

Please provide information about the following monthly housing expenses which you may have. If you do not have one or more of these expenses, enter "0" for that amount.

	Facility name:	Amount per month:
Mortgage/rent payment:		
Homeowner's Insurance:		
Real estate taxes:		
Water/Sewer/Garbage:		
Electricity:		
Heat:		
Other:		

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD**

**Gender:**  Male       Female

**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

**Certification of the Applicant:**

I hereby authorize and give permission to any person, group, organization, agency, bank, insurance company or agency, credit reporting agency, or financial institution to disclose to the administrators of the Lincoln County HRA any and all information which they may request concerning me and my financial affairs. I understand that any such information will only be used to determine eligibility for housing tenancy.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE