



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 out or indicate N/A if it does not apply to you. **ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.** All applications are processed on a first come first serve basis provided you meet the guidelines. If all units are filled you will be placed on the waiting list.

Please use the application checklist as a guide to ensure your application is submitted complete.

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,

Gretchen Tommeraasen

Gretchen Tommeraasen
Director of Housing Services
Lincoln County HRA



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Rental application checklist

Please check the box on the left to confirm you have completed the following:

- I understand: If any information is reported *knowingly* incorrect, my application may be eliminated from the application process and I may face fraud charges. This is a legal document.
- Provide current proof of all income received for all members over the age of 18 including wages earned, Social Security, pensions, life insurance, investments, etc. You can request copies of Social Security statements from your local Social Security office.
- Provide a copy of the deed to any property that is owned.
- A copy of the most recent 3 months of bank statements from your financial institution for all accounts held.
- A copy of EACH family member's social security card.
- A copy of EACH family member's drivers' license or photo ID.
- Applicants who receive child support, a copy of either your bank statement or court order for child support is attached.
- All residents over the age of 18 residing in the home must sign the application form.

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.

Return application to:
Lincoln County HRA – Tyler Twin Homes
Attn: Gretchen Tommeraasen
PO Box 27 / 402 N Harold St / Ivanhoe, MN 56142
Office: 507.694.1552

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PLEASE READ BEFORE YOU COMPLETE THE APPLICATION FOR HOUSING ASSISTANCE

- The application must be completed by the HEAD of HOUSEHOLD. Incomplete applications will not be processed.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please PRINT all answers.
- 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 there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to 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.
- 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. 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.

In order to qualify for Public Housing an applicant must:

- 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.
- Not be subject to lifetime sex offender registration 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.

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Lincoln County HRA Tyler Twin Home Application

Name of applicant:	Social Security number:
Name of spouse/partner:	Social Security number:
Mailing address:	City/State/Zip:
Applicant email address:	Applicant cell #:
Spouse/partner email address:	Spouse/partner cell #:

SECTION A. HOUSEHOLD INFORMATION

List **all** persons who would be living in the household INCLUDING yourself.

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

SECTION B. HOUSEHOLD INCOME INFORMATION.

Please list all sources of income received for anyone who is age 18 or older. Include food support, child support, cash assistance, TANF payments, salaries, wages, commissions, pensions, annuities, PERA, Rental Income, Unemployment, Alimony, Self-Employment, etc.

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

PART C. PREVIOUS HOUSING INFORMATION

Current Housing Authority Name: _____

Current Landlord first & last name: _____

Phone: _____ Email address: _____

Address/City/State/Zip: _____

How long a tenant? _____

SECTION D. 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:		

SECTION E. Answer all questions about all members of the household.

1. 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? _____

2. 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? _____

3. Is anyone who will be living in the home expecting a child?
Yes No If yes, who? _____

4. Is there anyone not listed on the application who is temporarily absent from the home?
Yes No If yes, who? _____

SECTION F: 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 currently using illegal drugs? Yes No If yes, who? _____

4. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons? Yes No If yes, explain. _____

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)		
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Ethnicity: (Check appropriate ethnicity) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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.

I/We hereby certify that the unit applied for will be the household's permanent residence; that I/we will not maintain a separate 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; 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.

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