

# Lincoln County Housing & Redevelopment Authority

## Westview Apartments

PO Box 27 - Ivanhoe MN 56142 - 507-694-1552



Dear Applicant,

Please find the enclosed Westview Apartments application form. It is important that you read it thoroughly and make certain 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.** Include **complete** first, middle, last and maiden (if applicable) name(s) and all aliases.

Please read the release of information form. A credit check and criminal background check are completed on all applicants 18 years or older, in addition to all other verifications. A release of information is required.

Third party verifications will be completed and you must provide complete name, address, state, and zip code information. Only completed applications will be accepted. There is a \$300 security deposit required and a \$300 non-refundable pet fee should you own an acceptable pet which meets the HRA requirements.

You will be contacted with a notice of acceptance/non-acceptance after your completed application has been received and all the information has been verified. Units are available on a first-come-first-serve basis, provided guidelines are met.

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

Sincerely,

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

Enc.

Checklist

Application

# Lincoln County Housing & Redevelopment Authority

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### Your Checklist for Rental Applications Here is What Is Needed

Use this form as a tool to ensure your application is complete. Incomplete applications delay assistance in processing.

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 housing assistance process and I may face fraud charges. This is a legal document.
- If you have income from any sources such as Social Security, pensions, life insurance, investments, etc. you have provided a copy of the most current statement for each source of income. You can request copies of Social Security statements from your local Social Security office.
- If you own real estate, you have provided a copy of the deed to any property is attached. To request a copy, please contact your County Recorder's Office.
- Provided your financial institution (bank) statements from the last three months.
- Provided a copy of EACH family member's social security card is attached.
- Provided a copy of EACH family member's (those who drive) drivers' license.
- Applicants who receive child support, provide a copy of either your child support statement or court order for child support.
- All residents over the age of 18 residing in the home **must** sign the application form.

Please review the application to confirm you have provided:

- \* *Complete* mailing addresses of all employers for all residents over the age of 18 who were employed at any time over the past 12 months. It may be listed on the application or a separate worksheet.
- \* *Complete* mailing addresses of all sources of income, including Social Security, pensions, life insurance, investments, etc. for all residents over the age of 18. It may be listed on the application or a separate worksheet.
- \* Copies of last two year's tax returns, including all applicable schedules, and W-2 forms from employers. If you do not file income tax, please indicated here .
  - Tax returns and schedules are required from all residents over the age of 18.
  - W-2 forms are required from all residents over the age of 18 who have been employed at any time over the past 12 months.

*\*\*If you need to mail **original items** to us, please make a note on your application that originals have been sent. 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 to: Lincoln County HRA  
Attn: Gretchen Tommeraasen  
PO Box 27  
Ivanhoe, MN 56142

# Lincoln County Housing & Redevelopment Authority

Office Use Only
Date received: _____
Time: _____
By whom: _____

## Westview Apartments

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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 in order to fully utilize our programs and services, please contact the housing authority!**

- The application must be completed in its entirety. 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.
- 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.
- 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.
- Where indicated on this form, the questions apply to ALL members of the family listed on the application.
- 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.

#### **In order 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 either posted or 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 of 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/Person completing this form:** \_\_\_\_\_

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

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

List all persons **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. No one but 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 Hawaaian/Other Pacific Islander

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

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

1. 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? \_\_\_\_\_
2. 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? \_\_\_\_\_
3. 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? \_\_\_\_\_
4. Is anyone who will be living in the home expecting a child?  
 Yes  No                      If yes, who? \_\_\_\_\_
5. Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No                      If yes, who? \_\_\_\_\_
6. 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? \_\_\_\_\_
7. 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? \_\_\_\_\_
8. Is there anyone who will be living the home who is 18 or over and a full-time student?  
 Yes  No                      If yes, who? \_\_\_\_\_
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 Yes  No                      If yes, who? \_\_\_\_\_

**APPLICATION FOR PUBLIC HOUSING**

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**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? \_\_\_\_\_

**PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION**

*These questions apply to you and all of 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 ANY and 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
  - ✓ Unemployment compensation? ..... Yes No
  - ✓ Disability compensation? ..... Yes No
  - ✓ Worker's compensation? ..... Yes No
  - ✓ Severance pay? ..... 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
  - ✓ Regular or special military pay? ..... 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 ANY and 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	

**APPLICATION FOR PUBLIC HOUSING**

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: \$\_\_\_\_\_
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			
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? Yes No
- Long-term care insurance Yes No
- Out-of-pocket prescription expenses? Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? Yes 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**

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**PROGRAM INFORMATION**

What size of unit are you requesting? \_\_\_ 1 bedroom      \_\_\_ 2 bedroom

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, ahndicapped or disabled?      YES \_\_\_      NO \_\_\_

Do you wish to have priority for a handicap accessible unit with special design features?      YES \_\_\_      NO \_\_\_

Do you have a Letter of Priority issued by USDA – Rural Development due to displacement from another property?

YES \_\_\_      NO \_\_\_

Have you ever been evicted from any type of housing?      YES \_\_\_      NO \_\_\_

Have you ever been convicted of a felony?      YES \_\_\_      NO \_\_\_

Are you curently a user of an illegal controlled substance? YES \_\_\_      NO \_\_\_

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?

YES \_\_\_      NO \_\_\_

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?

YES \_\_\_      NO \_\_\_

Are you now or will you become a part time or full time student prior to move-in? YES \_\_\_      NO \_\_\_

How did you hear about this housing? \_\_\_\_\_

**APPLICATION FOR PUBLIC HOUSING**

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**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 USDA-Rural Development 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 of 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.

I/We do hereby authorize Development Services Inc and/or Lincoln County HRA and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for housing in programs administered by Rural Development. Further I/we consent to the release of wage matching data to the RHS and the borrower.

\_\_\_\_\_  
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

## APPLICATION FOR PUBLIC HOUSING

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The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Race:

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female