

# CENTER CITY HOUSING CORP.

## HOUSING APPLICATION

\*\*\*\*\* THIS PAGE FOR OFFICE USE ONLY \*\*\*\*\*

|              |  |
|--------------|--|
| Office Use   |  |
| Date         |  |
| Time         |  |
| Staff Person |  |

|           |           |
|-----------|-----------|
| CHUM      | WALK-IN   |
| HSING CON | TREATMENT |
| STLC      | HDC       |
| WOMANS    | OTHER     |

| VERIFICATIONS     | DATE SENT | DATE RECEIVED |
|-------------------|-----------|---------------|
| SSI               |           |               |
| PUBLIC ASSISTANCE |           |               |
| BCA               |           |               |
| SECTION 8         |           |               |
| EMPLOYMENT        |           |               |
| ASSET             |           |               |
| UNEMPLOYMENT      |           |               |
| STUDENT           |           |               |

| LANDLORD | DATE SENT | RECEIVED2 <sup>ND</sup> NOTICE |
|----------|-----------|--------------------------------|
|          |           |                                |
|          |           |                                |
|          |           |                                |
|          |           |                                |

| INAME/DATE | INCIDENT |
|------------|----------|
|            |          |
|            |          |
|            |          |
|            |          |
|            |          |

AN EQUAL OPPORTUNITY HOUSING PROVIDER  
 105 ½ West First Street Duluth MN 55802  
 218.722.7161

This form must be filled out completely. Your application will not be considered if information is left out. Should a question not pertain to you or any other household member, write "none" or "n/a". **All adult members must sign where indicated.** Please print clearly.

| MEMBER NAME<br>(PLEASE USE FULL NAME) | RELATIONSHIP<br>TO HEAD | DATE OF<br>BIRTH | SEX | RACE | SOCIAL<br>SECURITY |
|---------------------------------------|-------------------------|------------------|-----|------|--------------------|
|                                       |                         |                  |     |      |                    |
|                                       |                         |                  |     |      |                    |
|                                       |                         |                  |     |      |                    |
|                                       |                         |                  |     |      |                    |
|                                       |                         |                  |     |      |                    |

**HOUSEHOLD COMPOSITION**

- yes**  **no** Is any member currently pregnant?
- yes**  **no** Do you anticipate any change in you household composition in the next six months?
- yes**  **no** Has any member used a different name (i.e. maiden name) than the one used above? \_\_\_\_\_

**CURRENT ADDRESS**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Message: \_\_\_\_\_  
 How long have you resided in Minnesota?  always \_\_\_\_\_ (days, weeks, months, years)  
 If not from MN, what state are you from? \_\_\_\_\_ County \_\_\_\_\_  
 **yes**  **no** Are you currently renting?  
 Current landlord:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT STATUS**

**I wish to be an applicant for:**  
 SRO (SEC 8)  (Must also apply with HRA – 222 E 2<sup>nd</sup> St, Duluth, MN 55802) I prefer: Downtown  West Duluth   
 SRO  Efficiency  1-bdrm  2-bdrm  3-bdrm   
 **yes**  **no** Are you currently subsidized?  **yes**  **no** **Do you have your own Section 8 Certificate?**

**I am currently:**  
 Homeless  Staying in a shelter  In a treatment facility  Staying with friends/family   
 Paying more than 50% of income for rent  current rent amount \$ \_\_\_\_\_ utilities \$ \_\_\_\_\_

**I am being displaced because:**  
 Natural disaster  Code enforcement  Eviction – rent arrears  lease violation(s)   
 Completion of treatment  Non-compliance of treatment  Leaving a shelter for abused persons   
 **yes**  **no** Is any member over 18 currently a full time student? School name: \_\_\_\_\_  
 **yes**  **no** Do you own a vehicle?

**Emergency contact information:**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PREVIOUS LANDLORD/RENTAL HISTORY**

1. Rental address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates lived there: from \_\_\_\_\_ to \_\_\_\_\_
2. Rental address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates lived there: from \_\_\_\_\_ to \_\_\_\_\_
3. Rental address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates lived there: from \_\_\_\_\_ to \_\_\_\_\_

**yes**  **no** Have you **ever** been evicted or otherwise involuntarily removed for any reason? If so, please explain:  
 \_\_\_\_\_

**CRIMINAL HISTORY**

Have you or any members of the household ever been convicted of or charged with any of the following:

- yes**  **no** Manufacture, sale, distribution, possession or possession with the intent to manufacture, sell or distribute a controlled/illegal substance?
- yes**  **no** Use, attempted use, or threaten use of violence against another person and/or property?
- yes**  **no** Theft, fraud, forgery, or misrepresentation?

If you answered yes to any of the questions above, please explain: \_\_\_\_\_

**FINANCIAL INFORMATION**

**( include financial information for all members that have income or assets)**

- yes**  **no** Public assistant payments
- yes**  **no** Unemployment, disability or workman's comp.
- yes**  **no** Wages from employment, including commissions, tips, bonuses, overtime
- yes**  **no** Work for cash
- yes**  **no** Pensions or annuities: Social Security, Railroad Retirement, Vet's Pension, PERA, Insurance Policies
- yes**  **no** Periodic Allowances such as alimony, child support, or gifts received from persons not in household
- yes**  **no** Self-employment from sales (Avon, Mary Kay, crafts, etc.)
- yes**  **no** Business income, operation of a business
- yes**  **no** Rental income from real of personal property
- yes**  **no** Lump sum payments (inheritance, lottery winnings, insurance settlements, capitol gains)
- yes**  **no** Grants or scholarships or educational benefits for subsistence after deducting expenses or tuition, including those received from the Veteran's Administration
- yes**  **no** Any other income not listed: \_\_\_\_\_

| Name | Type of income | Amount | Address of income source | Contact person |
|------|----------------|--------|--------------------------|----------------|
|      |                |        |                          |                |
|      |                |        |                          |                |
|      |                |        |                          |                |

- yes**  **no** checking, savings
- yes**  **no** certificates of deposit, trusts
- yes**  **no** stocks, bonds, money market
- yes**  **no** real estate
- yes**  **no** any other assets

| Name | acct number | type of asset | current value | interest | bank name | address |
|------|-------------|---------------|---------------|----------|-----------|---------|
|      |             |               |               |          |           |         |
|      |             |               |               |          |           |         |

- check here** if you and all household members have **no income** from any source at this time.
- yes**  **no** Do you expect any changes regarding income in the next 12 months?  
If so, please explain \_\_\_\_\_
- yes**  **no** Have you or any members disposed of any assets for less than fair market value in the last 2 years?  
If so, please explain \_\_\_\_\_

**DISABILITY STATUS**

**(the following information is voluntary)**

- yes**  **no** Disabled member: \_\_\_\_\_
- yes**  **no** Special equipment needed, including animals: \_\_\_\_\_
- yes**  **no** Prescription medications needed: \_\_\_\_\_  
Doctor name and address: \_\_\_\_\_

**EXPENSE INFORMATION**

| Type of Expense       | Monthly amount | Name and address of person who can verify information |
|-----------------------|----------------|---|
| Child care            |                |   |
| Medical               |                |   |
| Work/Looking for work |                |   |

**Personal References:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT INFORMATION**

Information regarding race and ethnic background is required for statistical purposes only, so the Department of Urban Development ( HUD ) and other government agencies may determine the degree to which its programs are utilized by minority families.

The General Counsel of HUD has ruled that the regulation issued on behalf of the Secretary requiring collection of racial and ethnic data has the force and effect of the law and takes precedence over any conflicting State or Local requirements.

*I/we* understand that this is not a contract and does not bind either party. *I/we* certify that the information given to Center City Housing Corp. on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. *I/we* understand that false statements or information is punishable under federal law. *I/we* also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy. The date of this application will be the date of the interview with Center City Housing Corp. staff person.

*I/we* understand that Center City Housing Corp. must verify all information prior to approving a lease agreement and that it's staff may contact any agencies, group, or organization to obtain any information or materials which it deems necessary to complete the application.

If our application is approved, and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

*I/we* agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

*I/we* also understand that all adult members of the household must sign the HUD Consent form ("Authorization for Release of information") before verifications may be completed.

*I/we* have read and understand the information in this application, and I/we agree to comply with such information.

**WARNING:** Section 1001 of Title 16 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

**SIGNATURE OF ALL APPLICANTS 18 YEARS OF AGE OR OLDER**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## TENNESSEN NOTICE

Center City Housing Corp. is asking you to provide certain information and will ask you from time to time to supply additional information. Under the Government Data Practices Act (Minnesota Statutes Section 15.1611 through 15.1692) you may know:

1. Why the data is being collected:

The purposes and uses of this information are for one or more of the following reasons

- To help us determine whether you are eligible to participate or to continue to participate in the CCHC housing program.
- To enable us to establish the level of rent you must pay in accordance with federal law.
- To assist CCHC in maintaining or upgrading its housing stock.

2. How the data will be used by CCHC:

The information will be used by CCHC staff to determine eligibility and, if you receive benefits, to assist in providing you with benefits.

3. Can you refuse to supply this data?

Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act M.S. 462.11 et seq.

You may refuse to give the data requested. If you do, your application cannot be processed and you may not receive benefits.

If you receive benefits and later refuse to give information needed by CCHC, you may lose your benefits. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the Executive Director or his/her designee at CCHC.

4. Who else has access to this information?

Depending upon the housing program and as authorized by state, local or federal law, the information we maintain may be shared with:

- Department of Housing and Urban Development
- CCHC employees and contractors (including those making repairs) and CCHC selected volunteer agencies serving you or your dwelling unit.
- Health care and human service agencies under contract with CCHC
- St. Louis County Social Services.
- School Districts
- Police Departments, Fire Departments, and Paramedics when emergency situations or investigations require the sharing of information.
- Minnesota Power, Duluth Water and Gas, and the Housing Inspection Department to insure that CCHC rental units are maintained as required by the lease.
- Census Bureau.
- Health care professionals from other agencies or institutions who assist the CCHC in assessing and maintaining the required level of independent living capability for tenancy in CCHC facilities.
- Resident caretaker if you live in a multi-unit building.
- Any person you name as a contact in case of an emergency.
- City of Duluth Department of Planning and Development and the Minnesota Housing Finance Agency.
- Federal, state and local auditors.
- Researchers who are granted access to the data for the purposes of preparing summary data.
- Other state and federal agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with local, county, state, or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying the parental accesses and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat the information as private.

When you are no longer being served by CCHC, we will keep your file only until state and federal requirements are met.

This is to acknowledge that I/we have read and understand the above information:

**All members 18 years of age and over must sign**

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**signature**

---

**date**

---

**signature**

---

**date**

---

**signature**

---

**date**

## THINGS YOU SHOULD KNOW

Do not risk your chance for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose:** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to 5 years
- Prohibited from receiving further assistance

Your state and local governments may have penalties as well.

**Ask questions:** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out the answer.

**Completing the application:** When answering the questions, you must include the following:

Income/assets:

- All sources of money you or any member of your family receive
- Any money received on behalf of your children
- Income from assets
- Earnings from second or part time jobs
- Any anticipated income
- All bank accounts, savings bonds, certificates of deposit, real estate, stocks, etc.
- Any business or asset you sold in the last 2 years for less than fair market value.

**Household members:** Include names of all members who will be living with you whether or not they are related to you.

**Signing the application:** Do not sign any form unless you have read and understand it and are sure the information is complete and accurate.

- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you know that the information is false or misleading.

**Recertification:** You must provide updated information regarding changes in income, household members, and/or assets

**Beware of fraud:**

- Do not pay any money to file an application, to move up on the waiting list, or anything not covered by your lease.
- Get a receipt for any money that you pay
- Get a written explanation if you are required to pay any money other than rent.

**Report abuse:** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make a false statement, report them to the manager of your project or PHA. If you cannot report to the manager, call the HUD office or the HUD hotline at (202) 472-4200. This is not toll-free. You may also write to:

**HUD Hotline room 8254, 451 7<sup>th</sup> Street S.W., Washington, D.C. 20410**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

The organization requesting the information is:

**Center City Housing Corp.**  
**105 ½ W 1<sup>st</sup> St**  
**Duluth, MN 55802**  
**(218) 722-7161**

**Purpose:**

Center City Housing Corp. may use this authorization and the information obtained with it to administer and enforce program rules and policies.

**Authorization:**

I authorize the release of information (including documentation and other materials) pertinent to eligibility for or participation under the housing related programs created, administered or funded by:

|   |                                  |
|---|----------------------------------|
| CCHC  | Minnesota Housing Finance Agency |
| City of Duluth                                | State of Minnesota               |
| Housing and Redevelopment Authority of Duluth | U.S. Government                  |

I authorize CCHC to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

Information covered.

Inquiries may be made about:

|  |  |
|--|--|
| Child care expense                     | Federal, state, tribal or local benefits |
| Credit history                         | Handicapped assistance expenses          |
| Criminal activity                      | Medical expenses                         |
| Employment, Pensions, and asset income | Residences and rental history            |
| Family composition                     | Social security numbers                  |

**Individuals or organizations that may release information.**

Any individual or organization including governmental organizations may be asked to release information. For example, information may be requested from:

|                                      |                        |
|--------------------------------------|------------------------|
| Banks                                | Utility companies      |
| Courts                               | Welfare agencies       |
| Law enforcement organizations        | Providers of: alimony  |
| Credit bureau                        | child care/support     |
| Employers, past and present          | credit                 |
| Landlords                            | handicapped assistance |
| School and colleges                  | medical care           |
| U.S. Social Security Administration  | pensions/annuities     |
| U.S. Department of Veteran’s Affairs |                        |

**Conditions:**

I agree that photocopies of this authorization may be used for the purposes stated above.

This authorization expires one year from date signed.

If I do not sign the authorization, I also understand that my application for housing assistance may be denied or terminated.

Date of Birth: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Original is retained by the requesting organization