



Dear Prospective Resident:

Your decision to make Park Towers your home is important. Whether you want to leave the mowing, shoveling and maintenance chores behind; you like the idea of living in an active, rental community, or because you like the choice of available support services, we want to assist you in your move.

Please complete the entire application and sign the necessary forms. When returning your application please include a copy of your awards letter if applicable and a copy of your social security card.

If you have questions, we can schedule a time to review the application and answer any questions you might have. Our deposit is \$350.00 and if you have a pet there is an additional \$350.00 deposit. Rent is calculated on 30% of your income or a flat rent of \$580.00.

We look forward to receiving your application and helping you in your move to Park Towers, where we know you'll feel at home.

Yours truly,

Lorri Olson  
Public Housing Specialist

\*Failure to complete the application in its entirety may delay the processing of your application

Phone: 320-587-2168 Fax: 320-587-3748

[www.hutchinsonhra.com](http://www.hutchinsonhra.com)

Office Hours: 8:30 a.m. to 4 p.m.

Monday through Friday



## Resident Selection Criteria/Park Towers Apartments

A rental application and criminal report must be processed on all prospective residents 18 years of age or older. Each applicant and every household member must provide a complete and accurate Social Security Number, unless they do not contend eligible immigration status.

All prospective residents must provide current and past housing information including any out of state residences in the past five (5) years. If a prospective resident does not have a rental history; they are required to provide a minimum of two (2) personal references, not family members and the Housing Authority reserves the right to have a third party perform a background check.

### OCCUPANCY GUIDELINES

- 1BR Maximum occupancy is 2

### ELIGIBILITY/WAITING LIST PREFERENCE

- Elderly – any family whose head is 62 years old or older.
- Disabled – any family whose head is a person with a disability, whether physical or emotional as defined by Social Security.
- Working families – any family where the head, spouse or sole member is employed.

### GROUND FOR DENIAL (includes the following but not limited to)

- Does not meet one or more of the occupancy or income guidelines or eligibility criteria as set forth in our Admissions and Occupancy Policy;
- Does not supply necessary documentation required by the application process;
- Does not have the ability to maintain (with assistance) their housing in a decent and safe condition and cannot live independently with services;
- Being convicted or sufficient evidence of other disqualifying criminal activity within the past 5 years for crimes of physical violence against persons or property and any other criminal activity including drug related criminal activity that would adversely affect the health, safety, or well – being of other tenants or staff or cause damage to the property.
- If applicant is charged, landlord reserves the right to wait for the disposition on the case.
- Provides false information with intent to deceive;
- Household maintains more than one residence;
- Applicant must have a **positive** housing history, refusal of any landlord to complete a reference or inability to verify a housing reference may be cause for denial;
- Incomplete disclosure of **all** housing within the past five years;
- Owes money to any current or previous landlord, utility company and/or a history of late rental payments;
- Having been evicted or being evicted;
- Having a history of alcohol abuse and/or illegal use of a controlled substance that provides reasonable cause that this pattern will continue; and
- Anyone who is required to register under the state sex/predator offender registration program.

We are a fair housing provider. We do not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, public assistance, ancestry, and sexual or affectional orientation.



**APPLICATION FOR ADMISSION**

**ALL UNITS ARE SMOKE FREE**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Race: \_\_\_\_\_ Choose not to respond \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Hispanic: Yes \_\_\_ No \_\_\_ Choose not to respond \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Friend or relative to contact if we are unable to reach you: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Park Towers? \_\_\_ Current Resident \_\_\_ County \_\_\_ Heartland \_\_\_ Newspaper \_\_\_ Yellow Pages  
Other \_\_\_\_\_

**FAMILY COMPOSITION:** (List all household members who live or will live in the unit. Indicate if any member is a full time student or foster child.)

Last Name, First, Middle	Relationship	Sex	Birth Date	Social Security	Occupation
1. <sup>(Head)</sup>					
2.					

**INCOME:** (List all income for household members. Include full and part time employment, employed earnings, welfare, social security, pensions, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarship and/or grants, net income from operation of a business, etc.)

Household Member #	Source of Income	Gross Income
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

Do you anticipate any changes in your household in the next 12 months? Yes No

If yes, explain \_\_\_\_\_

**ASSETS:** (Check "yes" or "no" on all of the following lines. If "yes", enter the amount or value of the asset, and the current income from the asset.)

	<u>Yes</u>	<u>No</u>	<u>Amount/Value</u>	<u>Int. Rate/Div.</u>	<u>Bank or Financial Institution</u>
Cash on hand over \$100	___	___	\$ _____	_____	_____
Checking Accounts	___	___	\$ _____	_____	_____
Cash Management Accounts	___	___	\$ _____	_____	_____
Savings Accounts	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
Certificates of Deposit	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
Annuities	___	___	\$ _____	_____	_____
Money Market Funds	___	___	\$ _____	_____	_____
			\$ _____	_____	_____
IRA Accounts	___	___	\$ _____	_____	_____
Stocks'/Bonds/Mutual Funds	___	___	\$ _____	_____	_____
U.S. Savings Bonds	___	___	\$ _____	_____	_____
Contract for Deed	___	___	\$ _____	_____	_____
Real Estate	___	___	\$ _____	_____	_____
Business Assets	___	___	\$ _____	_____	_____
Life Insurance/ Burial Funds	___	___	\$ _____	_____	_____

Have you disposed of any assets for less than Fair Market Value in the past two years? Yes \_\_\_ No \_\_\_

If yes, date of disposal \_\_\_\_\_ Amount received \$ \_\_\_\_\_

Fair Market value at time of disposal \$ \_\_\_\_\_

**MEDICAL EXPENSES (Complete this section only if head of household or spouse is elderly or disabled)**

Do you receive Medicare benefits? Yes No  
 Do you receive medical assistance through welfare? Yes No  
 Do you pay for additional medical insurance? (BlueCross, etc.) Yes No  
 Are all of your medical expenses covered by insurance or outside sources? Yes No  
 If "no", indicate expenses paid by you:  
 Prescription drugs \_\_\_\_\_ Dental \_\_\_\_\_  
 Eye \_\_\_\_\_ Medical \_\_\_\_\_  
 Other: \_\_\_\_\_ Outstanding bills: \_\_\_\_\_

Is any household member mobility impaired requiring features of an accessible unit? Yes \_\_\_ No \_\_\_ Choose not to respond \_\_\_

Are any of the above expenses paid out of a HSA account? Yes No  
 If yes, which ones. \_\_\_\_\_

Do you have any expenses for attendant care or special apparatus for a disabled household member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursed by outside source.) Yes No

Do you pay for childcare for children 12 years old or younger while a household member is employed or attending school? Yes No

**REFERENCES**

Have you or any member of your household lived in any assisted housing such as Section 8 or Public Housing? Yes \_\_\_ No \_\_\_  
 If yes, list address \_\_\_\_\_  
 Period of time \_\_\_\_\_ to \_\_\_\_\_

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes \_\_\_ No \_\_\_ If yes, explain below:  
 \_\_\_\_\_

Have you or anyone in your household ever been convicted of a crime other than traffic violations? Yes \_\_\_ No \_\_\_  
 If yes, explain: \_\_\_\_\_

Have you had utility service in your name at a previous address? Yes \_\_\_ No \_\_\_  
 If yes, list utility company name and your previous address below:  
 \_\_\_\_\_

Where have you lived during the **past five (5) years**:

Name/Address of Landlord	Address of Unit	Dates	Family	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Are you currently on a lease? Yes \_\_\_ No \_\_\_  
 Are you required to give your current landlord notice? Yes \_\_\_ No \_\_\_ If yes, how many days 30 60 90 (circle one)  
 Have you ever been evicted? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

**ANIMAL**

I have an animal and request a copy of the animal ownership rules. Yes \_\_\_ No \_\_\_

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact Park Towers at 320-587-2168.

**APPLICANT(S)/TENANT(S) STATEMENT**

I/We certify that the information\* given to the Hutchinson Housing Agency 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 are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
 Signature of Head of Household Date

\_\_\_\_\_  
 Signature of Co-Head of Household Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.

\* After verification by this Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

# YOUR PRIVACY RIGHTS

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with this agency. Those contacts may be in person, by mail, or on the telephone.

## WHY DO WE ASK YOU FOR INFORMATION?

We may ask you for information so we can:

- Tell you from other persons by the same or similar name.
- Decide if you can get money or services from what or how much you and us can get.
- Help you get the medical, mental health, financial or social services.
- Collect money from the state or federal government for help we give you.
- Decide if you can pay for any help you get.
- Make reports, do research, audit and evaluate our programs.
- Investigate reports of people who may lie about the help they need.
- Decide about out-of-home care and in-home care for you or your children.
- Collect money from other agencies, like insurance companies, if they should pay for your care.
- Decide if you or your family needs protective services.

## DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally the law does not say you have to give us this information. Federal laws require that you give us your Social Security number if you want financial help or child support enforcement.

## WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from any program. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

## WHO MAY WE SHARE THE INFORMATION ABOUT YOU WITH?

We may give information about you to the following agencies, if they need it for investigations or to help you or help us help you. This does not mean we always share information about you with these people. It only says that there is a law that says we may share with these people sometimes. If you have questions about when we give these people information, ask your worker.

- Minnesota Department of Human Services.
- Other welfare offices, including child support enforcement office.
- Mental health centers.
- State hospitals or nursing homes.
- Ombudsman for mental health and mental retardation.
- Insurance company to check benefits you or your children may get.
- Hospital if you, a friend, or relative has an emergency and someone needs to be contacted.
- The Internal Revenue Service.
- County Welfare Boards.
- Minnesota Department of Public Safety.
- Collection Agencies, if you do not pay fees you owe to us for services.
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services, or the county social service agency.
- U.S. Departments of Health and Human Services.
- U.S: Department of Labor and Minnesota Department of Labor and Industry.
- U.S. Department of Agriculture.

- Social Security Administration.
- Minnesota Department of Jobs and Training.
- Minnesota Department of Revenue, if you owe child support or a debt to medical assistance or to check income.
- Credit bureaus.
- Minnesota Department of Veteran Affairs.
- Minnesota Department of Human Rights.
- Others who may pay for your care.
- County attorney, attorney general or other law enforcement officials, if your case is referred for investigation or prosecution.
- Community food shelves or surplus food programs.
- State and federal auditors.
- Guardian.
- Minnesota Historical Society.
- Creditors, to tell them your wages cannot be garnished while you get financial help.
- School District.
- Local and state health departments.
- American Indian tribe, if your children are Indian and in need of out-of-home placement or you are in need of employment or training.
- Employees or volunteers of this agency who need the information to do their jobs.
- Child or adult protection teams.
- Multidisciplinary teams.

**YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU.**

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private data about you.
- If the information is unclear, you may ask to have it explained to you.

**HOW DO YOU APPEAL IF YOU THINK INFORMATION IS NOT ACCURATE OR COMPLETE**

- Your objection must be in writing and be sent to the head of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask your worker.
- If you disagree with our answer to your objection, you can appeal to the Department of Administration. Ask your worker how to do this.

**NOTE:** You cannot appeal to the Department of Administration about benefits denied to you. These are program appeals and must be made to the county human services agency.

**WHAT PRIVACY RIGHTS DO CHILDREN HAVE?**

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

If you have any questions about the information on this form, ask your worker.

Client Signature	Date
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# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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(I)(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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**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 expires 15 months after signed.

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 Act Notice.** 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



**AUTHORIZATION  
for Release of Information**

**CONSENT**

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to \_\_\_\_\_ any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, 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 Develop (HUD) 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
- Residences and Rental Activity
- Medical or Child Care Allowances
- Credit and 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 assistance 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) including but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Past arid Present Employers
- Veterans Administration
- Courts arid Post Offices
- Welfare Agencies
- Retirement Systems
- Schools and Colleges
- State Unemployment Agencies
- Banks and other Financial Institutions
- Law Enforcement Agencies
- Social Security Administration
- Credit providers and Credit Bureaus
- Support and Alimony Providers
- Medical arid Child Care Providers
- Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD or the Public Housing Authority 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 arid 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, including but not limited to : State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service ; the Social Security Agency; 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 a year and one month from the date signed.

**SIGNATURES**

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

APPLICANT/TENANTS CERTIFICATION

**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

**Reporting Changes In Income or Household Composition**

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and where I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed . I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

**Signature and Date of Household Adults**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

# DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** In order to be eligible to receive the housing sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Montana Department of Commerce, Local Field Agent Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (*please check the appropriate box*):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
  - Permanent residence under §249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
  - Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - Amnesty under §245A of the INA<sup>8</sup>.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

(See reverse side for footnotes and instructions.)

<sup>1</sup>**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- <sup>2</sup> **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- <sup>3</sup> **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- <sup>4</sup> **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- <sup>5</sup> **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- <sup>6</sup> **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- <sup>7</sup> **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- <sup>8</sup> **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or " " in the appropriate boxes. Sign and date at bottom of page. Place an "X" or " " in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

**HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY**

133 Third Avenue SW, Hutchinson, MN 55350

Telephone (320) 587-2168, FAX (320) 587-3748, TDD/TYY 1-800-545-1833, Ext. 709

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

The following named individual has made application with this agency for Public Housing Purposes:

*Please Print*

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male or Female

Social Security Number: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Hutchinson HRA for the purpose of determining rental eligibility with this agency.

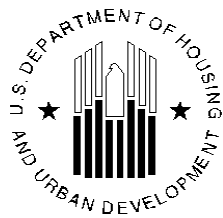
The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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

\_\_\_\_\_  
Date

Notary:





## 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 recordkeeping 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 08/31/2016.

#### **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.

**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**

## **ADDRESS VERIFICATION FORM**

*Please supply the addresses for the institutions listed on the application in the following sections.*

Income (Bank, Stocks & Bonds, Savings Accounts, Etc.):

Medical Expenses (Doctor, Hospital, Prescriptions, Etc.):

Insurance (Health, Life & Burial):

Previous Rent (Current Residence and Previous Rentals):



# REQUEST FOR REASONABLE ACCOMMODATION FORM

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Hutchinson Housing & Redevelopment Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. Because disabilities are not always apparent, the Hutchinson Housing & Redevelopment Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations. Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

1. As an applicant or tenant of Park Towers, I need a reasonable accommodation.

Yes  No  **If yes, go to A. If no, go to 2.**

A. State request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Do you have a disability as defined below? Yes  No

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

**If the disability is not documented in the resident's file, the Hutchinson Housing & Redevelopment Authority will need to be given verification that the person is a person with a disability.**

C. Is the request for reasonable accommodation related to the disability? Yes  No

State reason for the request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Signature \_\_\_\_\_ Date \_\_\_\_\_

## Hutchinson Housing & Redevelopment Authority

133 Third Avenue SW, Hutchinson, MN 55350

Phone (320) 587-2168 Fax (320) 587- 3748 TDD/TYY 1-800-545-1833 Ext. 709

Office Hours Monday through Friday 8:30 AM to 4 PM

