



City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 • (320) 234-4240 Fax

Annual Rental Rehab Tenant Recertification for New Tenants

You will need to submit to the HRA the following items:

1. **Privacy Notice:** (enclosed)
Sign and date.
2. **Tenant Survey:** (enclosed)
Complete pages 1-2; read Renovate Right pamphlet; read Fair Housing pamphlet, then sign and date survey. Please do not leave any questions unanswered.
3. **Authority to Release Information:** (enclosed)
All tenants must sign and date.
4. **Income Verifications:**
Please submit all required information that pertains to your household's source of income.
 - For Salary or Regular Wages: enclosed are the Verification Forms. Please complete the section that asks for your employer's name, address and phone number as well as your name. Your employer is to complete the other section. Return the form to the HRA to be forwarded to your employer.
 - Self-Employment/Seasonal Employment: Copies of the most recent two years Federal Tax Returns
 - Child Support or Alimony: A copy of the divorce decree and a Six month history verifying that the income is received such as cancelled checks, bank deposit records or county disbursement printout.
 - Social Security: Copies of a current check or a current bank deposit or the award letter received at the start of each calendar year.
 - For Checking & Savings Accounts: enclosed is a Verification of Deposit Form. Please complete the section that asks for your bank's name, address and phone number as well as your name. Your bank is to complete the other section. Return the form to the HRA to be forwarded to your bank.
5. **Lease Addendum** (enclosed): Sign and Date

*Please return all required forms listed above to **JUDY** at the **Hutchinson HRA***
111 Hassan St. SE, Hutchinson, MN 55350
Phone (320) 234-4451 Fax (320) 234-4240

Important Privacy Notice

Read Before Completing the Application Form

We are asking that you provide the information on the Rehabilitation Program application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration.
- Local loan committee members who approve applications.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Dept. of Employment and Economic Development, the U. S. Dept. of Housing and Urban Development or other local, state and federal agencies providing funding assistance for your loan.
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual).
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature _____ Date: _____
of Tenant

Signature _____ Date: _____
of Co-Tenant

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To learn more about these rights, contact: Judy Flemming at (320) 234-4251.

City of Hutchinson Downtown Rental Rehabilitation Program Tenant Survey

Name of Owner _____ Name of Tenant _____
 Project Address _____ Apartment Number _____
 _____ Number of Bedrooms _____
 Household Size: Adults _____ Under 18 years old _____

Data Privacy:
The information being collected is considered private and will not be available to the public. This information will be used only to determine eligibility for the owner to receive funds under the Rental Housing Program. Not supplying the requested information may jeopardize the rehabilitation project.

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Gender of Head of Household	Race/Ethnicity of Applicant (check one)	Hispanic Ethnicity
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Female	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> American Indian/Alaskan Native & White	
	<input type="checkbox"/> Asian & White	
	<input type="checkbox"/> Black/African American & White	
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
	<input type="checkbox"/> Other Multi-Racial	

Does any member of the household have disabilities?
 Yes No
 If "Yes," describe the nature of the disabilities:

List all occupants, their Annual **gross** income and source of income including Social Security, Wages, Pensions, AFDC, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

Name	Birth Date	Annual GROSS Income	Source of Income
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Total Gross Annual Income \$ _____

Initial Date of Lease: _____ Term of Lease: _____

Contract Rent \$ _____

Average Monthly Expenses: Gas \$ _____ Electricity \$ _____ Water/sewer/garbage \$ _____

Is Household currently receiving rental assistance? Yes No

Tenancy Information

I have no intention of moving within the next 6-9 months.

I anticipate moving within the next 6-9 months because: _____

Lead Based Paint

I, _____, hereby certify that I have received the publication entitled Renovate Right and I have read and understood the information.

Fair Housing

I, _____, hereby certify that I have received information on the Fair Housing Act and I have read and understood the information.

I/we certify that all statements on this application are true and correct to the best of my/our knowledge.

I/we authorize City of Hutchinson Downtown Rental Rehabilitation program representatives and contractors with the right to enter the property and my unit for the purpose of the Rental Rehabilitation program and to take photographs of the property and unit.

Signature of Tenant: _____

Date: _____

Signature of Co-Tenant: _____

Date: _____



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Release of Information

This is your authorization to release information regarding my income, employment, bank accounts, and to obtain other information about me/us that is necessary to support eligibility for a housing improvement loan/grant from the **City of Hutchinson/HRA**.

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

Signature of Tenant

Date

Signature of Tenant

Date





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VERIFICATION OF EMPLOYMENT

Part I: To be completed by the Applicant

Name of Employer: _____

Address: _____ Phone #: _____

Employee: _____ Fax #: _____

Part II: To be completed by the Employer

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this family.

1. Gross earnings during the past 12 months: \$ _____ YTD \$ _____

2. Is this person currently an employee? Yes No

3. If not, is this a temporary situation? Yes No

4. If employment is seasonal or sporadic, please give lay-off periods: _____

5. Original or re-hire date: _____ Termination date: _____

6. Average number of hours per work week: Straight time _____ Hrs/Week Overtime _____ Hrs/Week

7. Current Gross pay rate: \$ _____ per _____. Effective date of rate: _____

8. Overtime is paid at the rate of \$ _____ per _____

9. Expected change in pay rate: \$ _____ Date: _____

10. Amount of bonus, incentive pay, commission or tips: \$ _____ per _____

11. Does this person receive vacation with pay? Yes No Sick leave with pay? Yes No

12. Amount deducted for health insurance: \$ _____ per _____ (weekly, monthly, etc.)

13. Employee's position or job title: _____

Person completing this form

Date

Title

Telephone Number

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, MN 55350 Fax 320-234-4240**
If you have any questions contact: **Judy Flemming, Hutchinson HRA, 320-234-4251**





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VERIFICATION OF ASSISTANCE

To: McLeod County Social Services

Part I: To be completed by the Applicant

I, _____, living at
First Name *Last Name*
_____, Hutchinson, MN 55350
Street Address

do hereby authorize the McLeod County Social Services staff to furnish the Small Cities Development Program with information regarding the monthly payment made to me for AFDC, General Assistance or other direct payments.

This information is required for income verification for the Housing Rehabilitation Program. The information you provide will be private and only used in establishing eligibility for this family.

Signature **Date**

Part II: To be completed by the Social Services Agency

Type of Assistance Provided: _____ Monthly Amount: \$ _____

If the above recipient receives a Child Support Bonus Payment, please give the monthly amount:
\$ _____

Is this payment? Regular or Sporadic

If it is sporadic, what was the total amount received for the past 12 months? \$ _____.

Is the same amount likely to be received in the next 12 months? Yes No

Does the recipient receive any other income to the best of your knowledge? Yes No

If Yes, what is the source _____
and how much is received? _____

Social Services Signature _____ **Date:** _____

Title **Phone**

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350**
If you have any questions, please call: **Judy Fleming, Hutchinson HRA, 320-234-4251**
Fax: 320-234-4240





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CHECKING/SAVINGS ACCOUNT VERIFICATION

Part I: To be completed by the Applicant

Name of Financial Institution: _____ Date: _____

Financial Institution Address: _____ Phone: _____

Applicant Name: _____ Account #'s: _____

To the Bank named above, I hereby grant the release of information regarding my income and assets to the Hutchinson HRA. I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of the form. Please return it to:

Judy Flemming, Hutchinson HRA, 111 Hassan St SE,
Hutchinson, MN 55350 Telephone: 320-234-4251

Signature of Applicant: _____

Part II: To be completed by the Bank

Current Checking Account Balance: \$ _____ Interest Rate Paid: _____

Average Checking Account Balance for the last 6 months: \$ _____

Current Savings Account Balance: \$ _____ Interest Rate Paid: _____

Saving Certificates: \$ _____ Interest Rate Paid: _____

Saving Certificates: \$ _____ Interest Rate Paid: _____

Total interest earned during the last 12 months from all above: \$ _____

To the best of your knowledge, will there be a change in earnings during the next 12 months?

Person completing form Date

Title Telephone Number

**Return this Form to: Judy Flemming, Hutchinson HRA, 111 Hassan St SE
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Lease Addendum - New Tenants after Rehab

Disclosure of Information on Household Income and Composition

Rental Rehab Program Tenant Surveys

- a) On an annual basis, Lessee shall certify the household's income and composition by completing and signing a Tenant Survey form or Tenant Income Certification as provided by Lessor.
- b) Lessee shall sign consents to third party income and asset verification as necessary and reasonably requested by Lessor.
- c) Lessor may terminate the lease or refuse to renew the lease of a household for failure to supply the items listed in (a) or (b), above within thirty (30) days of the request.

Certification

I agree to the above statements.

Lessee

Date

Lessee

Date

Lessee

Date

Lessor

Date