



NORTHWEST MINNESOTA MULTI-COUNTY HRA
 205 Garfield Avenue | PO Box 128 | Mentor, MN 56736
 Phone: 218-637-2431 Fax: 218-637-2433 www.nwmnhra.org

APPLICATION FOR HOUSING AND REDEVELOPMENT AUTHORITY (HRA) DEVELOPMENT

Complete this section if you are interested in one or more of the following units listed below that are owned by the HRA. Check the boxes next to the properties you are interested in. **PLEASE PRINT**

<input type="checkbox"/> Fosston Homes ~ Larson Avenue North, Fosston, MN <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom	<input type="checkbox"/> Maplewood Apartments ~ 3 rd Street North, Mentor, MN One Bedroom Units Only
NOTE: These are Section 8 Vouchers only; these are not income-based units.	

HEAD OF HOUSEHOLD ~ Submit a copy of Social Security Card and Birth Certificate/Driver's License. ***Application will not be processed if any Social Security Number/Alien Registration # is left blank.***

Last Name: _____ Middle Name: _____ First Name: _____
 M/F ____ Birthdate ____ / ____ / ____ Disabled Y/N ____ Married Y/N ____ SS#/Alien Reg # ____ - ____ - ____
 Address where currently living: _____ Street _____ City _____ State _____ Zip _____
 Address where you receive mail: _____ Street/PO Box _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Contact Person and Phone # _____ Present Rent \$ _____

NOTE: You are responsible to notify our office of any changes in your address or phone number. If there are any changes you need to make to your application or if you have any questions, please contact our office.

FAMILY COMPOSITION: List all household members who will be living in the unit. Submit a copy of Social Security Card and Birth Certificate/Driver's License for each person that you list below.

1) Last Name _____ Middle Initial _____ First Name _____
 M/F ____ Birthdate ____ / ____ / ____ Disabled Y/N ____ Married Y/N ____ SS#/Alien Reg # ____ - ____ - ____

2) Last Name _____ Middle Initial _____ First Name _____
 M/F ____ Birthdate ____ / ____ / ____ Disabled Y/N ____ Married Y/N ____ SS#/Alien Reg # ____ - ____ - ____

3) Last Name _____ Middle Initial _____ First Name _____
 M/F ____ Birthdate ____ / ____ / ____ Disabled Y/N ____ Married Y/N ____ SS#/Alien Reg # ____ - ____ - ____

4) Last Name _____ Middle Initial _____ First Name _____
 M/F ____ Birthdate ____ / ____ / ____ Disabled Y/N ____ Married Y/N ____ SS#/Alien Reg # ____ - ____ - ____

Do you expect changes in the number of persons in our household? Yes No Explain: _____
 Does anyone in the household require a reasonable accommodation? Yes No Explain: _____

INCOME FOR ALL HOUSEHOLD MEMBERS: All wages, Unemployment, Social Security, SSI, MSA, GA, MFIP, VA, Child Support, Pensions, Self Employment, and any other monies received.

Family Member #	Source of Income	Gross Income Amount (before deductions and taxes)	Circle One
			Per: Week Bi-Week Month Year
			Per: Week Bi-Week Month Year
			Per: Week Bi-Week Month Year

BACKGROUND INFORMATION: This section must be completed or your application will be returned to you.

Have you ever received rental assistance from another agency? Yes No If yes, explain: _____

Has any household member been involved in any drug related activity in the last 3 years? Yes No

If yes, explain: _____

Has any household member been involved in any violent criminal activity in the last 3 years? Yes No

If yes, explain: _____

Is any in the household a registered sex offender? Yes No If yes, explain: _____

Has any household member been convicted on any illegal activity in the last 5 years? Yes No

If yes, explain: _____

Have you ever been given a move-out notice by a landlord? Yes No If yes, explain: _____

APPLICANT(S)/TENANT(S) STATEMENT:

1. This application is taken and subject to the approval of the owner.
2. Before approval to occupy the unit, I authorize the owners to:
 - a. Complete a credit check on the applicant and any adult household members (18 years and older).
 - b. Complete a criminal background check on the applicant and any adult household members (18 years and older).
 - c. Complete reference checks on the applicant and any adult household members (18 years and older).
3. I/We certify that the information given to the Northwest Minnesota Multi-County HRA in this application is accurate and complete to the best of my/our knowledge and belief. If you falsify information your application will be denied.
4. I/We understand the Lease is made on the strength of this application and may be terminated at any time at the owner's option if any information herein is false.

Head of Household Signature: _____ Date: _____

Other Adult Member Signature: _____ Date: _____