

READ CAREFULLY AND COMPLETE AS INSTRUCTED

1. Answer all questions **completely** and be sure to sign and date the **Application**, the **Cooperation Agreement** and the **Statement of Arrest or Convictions** forms. All household members 18 years of age and older must sign.
2. **YOU MUST USE THE NAMES AS THEY APPEAR ON THE SOCIAL SECURITY CARDS.**
3. Be sure to indicate which program you are interested in applying for:
 - A. **Rental Assistance** (rental unit of your choice)
 - B. **Public Housing** (rental units owned and managed by the HRA).
 - C. **Riverview Heights Highrise** (owned by the HRA).
(For description of programs, next page).
4. You **CAN NOT** rent from an owner who is a parent, child, grandparent, grandchild, sister or brother of any member of the family UNLESS the HRA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities.
5. **Applications not FULLY completed will be returned for completion.**
6. Waiting list is based on date and time completed application is returned.
7. If you have an **address or income change** after submitting your application please contact our office with your **new address/income information immediately**. We will notify you by mail when your name comes to the top of the waiting list.

If you have any questions regarding the application process or any of the programs, please contact our office between the hours of 7:30 am -12:00 or 1:00 pm - 4:30 pm, Mon-Fri. Phone 218-739-3249

RETURN ONLY **PAGES 3-8** OF THE APPLICATION TO:

Fergus Falls/Otter Tail County HRA
1151 Friberg Ave
Fergus Falls, MN 56537

DROP BOX AVAILABLE AT FRONT ENTRANCE AFTER HOURS

This is important housing information. If you do not understand it have someone translate it for you now.
Información importante acerca de las viviendas. Si usted no lo comprende, pida a alguien que le traduzca ahora.
Qhov no yog lus tseem ceeb heev qhia txog tsev nyob. Yog tias koj tsis tau taub thov hais rau lwm tus pab txhais rau koj.
Kani waa warbixin muhiim ah ee ku saabsan guriyaha. Haddii aadan fahamsaneyn waa in aad heshaa hadeertaan qof kuu tarjuma

FERGUS FALLS HRA HOUSING PROGRAMS

SECTION 8 RENTAL ASSISTANCE

The Section 8 Rental Assistance Program is designed to help low-income families in renting decent, safe and sanitary housing. In order to be eligible, your household must meet income guidelines. You must complete an application and be placed on a waiting list. You can rent any type of unit: apartment, house, duplex, town home, or mobile home that is suitable to your family size. In order for a rental unit to qualify, the unit must pass federal inspection standards, the owner's lease must be approved and they must agree to participate in the program. The rent to owner must be reasonable in comparison to other units in the area. Participants in the Rental Assistance Program pay 30-40% of their adjusted gross monthly income towards the rent that the landlord is charging per month. The HRA would pay the remainder of the rent directly to the Landlord.

RIVERVIEW HEIGHTS

One-bedroom units in high-rise building. Preference will be given to elderly/handicapped individuals. Rent is determined according to income.

PUBLIC HOUSING

The Fergus Falls/Otter Tail County Housing and Redevelopment Authority owns and manages 3-Bedroom Duplexes in Fergus Falls, as well as 3-Bedroom Duplexes and 3 and 4 Bedroom Single Family Units in Underwood, Henning, New York Mills and Pelican Rapids In Otter Tail County.

Consider an application for any of these newly remodeled rental units. Rent is determined according to income.

FOR MORE INFORMATION ON PROGRAMS PLEASE CALL:

218-739-3249 or Email: ffhra@prtel.com

THIS SECTION FOR OFFICE USE ONLY: BEDROOM SIZE____ **RESIDENT**____ **NON-RESIDENT**____
SINGLE____ **H/D**____ **ELD**____ **ELD SF**____ **SF**____ **LF**____ **ELI**____ **VLI**____

PRE-APPLICATION FOR ADMISSION

Name: _____ Resident of Otter Tail County Yes ____ No ____
 Address: _____ Hispanic: Yes ____ No ____
 City/State: _____ Zip _____ Friend/relative to contact if we are unable to contact you
 Phone: Home _____ Work _____ Phone: _____

INDICATE WHICH WAITING LIST YOU WANT TO BE ON (YOU MAY SELECT MORE THAN ONE)

RENTAL ASSISTANCE – (SECTION 8)

Check if applying for assistance in private sector

_____ Within City Limits of Fergus Falls
 _____ Surrounding Cities and Rural Otter Tail Co

RIVERVIEW HEIGHTS – Owned by the HRA

_____ Riverview Heights Highrise in Fergus Falls
 (1 Bedrooms Only)

_____ Assisted Living Needed (Physical assistance)

*****Elderly/disabled persons will be given preference for these units**

PUBLIC HOUSING – Owned by the HRA

_____ Fergus Falls Family Units (3 Br units – in Fergus Falls)

_____ Otter Tail County Family Units (3 & 4 Br Units)

****If applying for Otter Tail County Family units indicate your preference as to where you would like to live below: You will only be contacted if units become available in towns you select.**

_____ Underwood _____ New York Mills
 _____ Henning _____ Pelican Rapids

FAMILY COMPOSITION: (List all household members, including yourself, who now live in, or will live in the unit. Please identify foster children or children who are in the household temporarily.)

Last Name, First, MI (As on Social Security Card)	Relationship to Head	Sex	Birth Date	Race	Social Security #	Place of Birth (City/State/Country)
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

List name and address of any absent parent of children named above:

Name: _____ Address: _____

Name: _____ Address: _____

Do you have full custody of your children? _____ Yes _____ No If no, explain custody arrangements _____

Does anyone live with you now that is not listed above? _____ Yes _____ No If yes, please explain: _____

Do you plan to have anyone live with you in the future that are not listed above? _____ Yes _____ No
If yes, please explain. _____

Is any adult member (18 or older) of the household a student in college or high school? _____ Yes _____ No

If yes, name of student(s): _____

Name of school attending: _____ Address: _____

Income Information: Answer all of the following questions. For each "YES" answer, provide the detail in chart below.

	Yes	No
1. Is any member of your household employed, full-time, part-time or seasonally?		
2. Does any member of your household expect to work for any period during the next 12 months?		
3. Does any member of your household work for someone who pays them in cash?		
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
5. Does any member of your household now receive, or expect to receive unemployment benefits, workers compensation or severance pay?		
6. Does any member of your household now receive, or expect to receive income from babysitting/child care services?		
7. Does any member of your household receive or expect to receive economic assistance such as MFIP, GA, MSA and/or SSI?		
8. Does any member of your household receive or expect to receive Social Security Benefits?		
9. Does any member of your household receive or expect to receive income from a pension or annuity?		
10. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, or income from rental property?		
11. Does any member of your family now receive or expect to receive child support?		
12. Is any member of your household entitled to child support that he/she is not receiving?		
13. Does any member of your household now receive or expect to receive spousal maintenance/ alimony payments?		
14. Is any member of your household entitled to spousal maintenance/ alimony payments that he/she is not receiving?		
15. Does any member of your household receive <u>regular</u> cash contributions from individuals not living in the unit or from agencies and/or does anyone outside your household regularly pay for any of your bills or give you money?		
16. Does any member of your household receive or expect to receive income from an educational scholarship grant, or work study program? 16a. If yes, is a portion of the scholarship, grant or work study income specifically made available to you for general livings expenses such as room and board? 16b. Is there any money left from the scholarship, grant or work study income after you pay your monthly tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses related to school?		
17. Does any member of your household receive life insurance dividends?		
18. Does any member of your household hold a Contract for Deed?		
19. Does any member of your household now receive any income from rental property?		
20. Does any member of your household receive income from any source other than those listed above?		

I/We certify that all information* given to the Fergus Falls and Otter Tail County Housing Agency on this application 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 or denial of housing assistance and termination of tenancy.

I/We also hereby authorize that information may be shared in written or verbal form within and between the Fergus Falls HRA and Otter Tail County HRA in regard to household income, family composition, and any other pertinent information regarding housing needs for myself and my family which may include, but is not limited to, application(s), verification forms, file documentation.

ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT.

SIGNATURE (HEAD OF HOUSEHOLD)

DATE

SIGNATURE OF SPOUSE OR OTHER ADULT MEMBER

DATE

SIGNATURE OF OTHER ADULT MEMBER

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 Housing 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.

ALL AREAS OF THIS FORM MUST BE PROPERLY COMPLETED AND SIGNED OR THE FORM WILL BE RETURNED FOR COMPLETION. WAITING LISTS ARE BASED ON DATE AND TIME OF APPLICATION, INCOMPLETE APPLICATIONS MAY DELAY YOUR NAME BEING ADDED TO THE WAITING LIST.

*******WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.********

Return Application To:
Fergus Falls/Otter Tail Co HRA
1151 Friberg Ave
Fergus Falls, MN 56537
218-739-3249

Statement of Arrest or Convictions

LIST ALL ADULTS IN HOUSEHOLD (**This form Must be completed**)

Name: First: _____ Last: _____ Middle: _____

Name: First: _____ Last: _____ Middle: _____

Name: First: _____ Last: _____ Middle: _____

Name: First: _____ Last: _____ Middle: _____

Has any household member **ever** been **Charged, Arrested or Convicted** with **any** violent criminal activity which has as one of its elements the use, attempted use or threatened use of physical force against a person or property of another? _____ No _____ Yes, If yes, please explain (Family member, date, where occurred, nature of arrest or charge) _____

Has any household member **ever** been **Charged, Arrested or Convicted** of **any** illegal drug activity? _____ No _____ Yes

Drug related criminal activity including but not limited to: Possession, usage, distribution, transportation, sale, manufacture or storage of illegal drugs and/or drug paraphernalia; or Conviction of violating any state or federal laws relating to illegal drugs and/or drug paraphernalia.

If yes, please explain. (Family member, date, where occurred, nature of arrest or charge)

Has any household member been convicted of a felony? _____ No _____ Yes

If yes, explain: _____

Has any household member ever been convicted of, plead guilty, or “no contest” to any sexual offenses?

_____ No _____ Yes

Is any household member a registered sex offender?

_____ No _____ Yes

If yes, length of registration: _____

I/We certify that the information given to the Fergus Falls/Otter Tail County HRA is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination or denial of housing assistance and termination of tenancy.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

******Federal Regulations require criminal records to be verified and assistance WILL be denied if records indicate drug related activity, or violent criminal activity within the previous 12-month period. Lifetime registered sex offenders, or if ever convicted of manufacturing or production of methamphetamine on federally assisted premises will be denied for lifetime.**

NOTICE OF HRA COOPERATION WITH LAW ENFORCEMENT AGENCIES

The Housing and Community Development Act of 1987 (42 U.S.C. 2000d), requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. In addition, the Fergus Falls/Otter Tail County Housing Authority will comply, on a case-by-case basis, with information requests from Federal, State and local law enforcement officers regarding possible fugitive felons and/or a parole or probation violators. The Fergus Falls/Otter Tail County Housing Authority will supply on legitimate request (1) the current address (2) Social Security number and (3) photograph (if available) of any recipient of assistance.

The undersigned authorizes the release to Federal, State and local law enforcement officials the name, Social Security number, current address and photo (if available) of all family members, including members under the age of 18, upon the request of such officials (pursuant to Section 9.7 of the Section 8 Administrative Plan).

This is important housing information. If you do not understand it have someone translate it for you now.
Información importante acerca de las viviendas. Si usted no lo comprende, pida a alguien que le traduzca ahora.
Qhov no yog lus tseem ceeb heev qhia txog tsev nyob. Yog tias koj tsis tau taub thov hais rau lwm tus pab txhais rau koj.
Kani waa warbixin muhiim ah ee ku saabsan guriyaha. Haddii aadan fahamsaneyn waa in aad heshaa hadeertaan qof kuu tarjumaa

Signature of Head of Household

Date

Signature of Spouse/Co-Head or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and as a result of your disability you need:

- A modification in the rules or policies to give you an equal opportunity to use the facilities or take part in the Public Housing/Section 8 Housing Choice Voucher Program(s)
- A modification in the way we communicate with you or give you information
- A modification to your Public Housing unit
- A transfer to another Public Housing/Section 8 unit
- Other: _____

You may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 30 days of when the Housing Authority receives the completed Verification of Need document from the medical professional. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we deny your request, we will explain the reasons and you can give us more information, if you think that will help.

If you need help completing a Reasonable Accommodation Request Form or if you want to give us your request in some other way, contact our office to schedule an appointment.

Reasonable Accommodation Request Forms are available anytime at the front desk of the Fergus Falls/Otter Tail County HRA, located at 1151 Friberg Avenue, Fergus Falls, MN. If you are a resident of Riverview Heights you may also obtain a request form from the Property Manager at 205 North Sheridan, Fergus Falls, MN.

A Reasonable Accommodation Request Form is located on the back of this form.

REQUEST FOR REASONABLE ACCOMMODATION

Sometimes people with disabilities may need reasonable accommodation in order to take full advantage of the Fergus Falls/Otter Tail County 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 Fergus Falls/Otter Tail County Housing and 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.

NAME: _____ DOB: _____

ADDRESS: _____ PHONE NUMBER: _____

The following member of my household has a disability: _____

1. As an applicant or tenant, I need a reasonable accommodation. (State Request):

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 impairment, or is regarded as having such impairment. (The disability may not be apparent to others, i.e. a heart condition.)

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

The change I am requesting will accommodate my disability in these ways:

I understand that I must provide proof of the need for this accommodation and proof that this accommodation will likely allow me or my family member with a disability to live as successfully as other residents in public assisted housing. This proof is to be provided by a medical professional on the Verification of Need for Reasonable Accommodation form. I am requesting the verification from:

Name: _____
Medical Professional Title

Address: _____

Phone: _____

Signature _____ Date _____
Head of Household