



Housing & Redevelopment Authority of Virginia, Minnesota

Name _____ Race _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone () _____ Message () _____

Email: _____

Landlord Name: _____ Phone () _____

Your unit is:

☐ Single Family home ☐ 3-Plex/4-Plex ☐ Mobile Home

☐ Apartment building ☐ Garage Apartment ☐ Duplex

UTILITY INFORMATION:

Do you pay for:	Yes	No
Heat	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>
Hot water	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Trash	<input type="checkbox"/>	<input type="checkbox"/>
Your stove?	<input type="checkbox"/>	<input type="checkbox"/>
Your refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>

1. Number of bedrooms: _____
2. Full Rent Amount: _____
3. Is apartment furnished? _____
4. Do you have a garage? _____
5. Do you plan to move? _____

***Would you be interested in receiving information about the Family Self-Sufficiency Program, Homeownership?** YES _____ NO _____

LIST ALL HOUSEHOLD MEMBERS WHO LIVE OR WILL LIVE IN THE UNIT:

	LAST NAME	FIRST NAME	MI	RELATION	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER	DISABLED
1				SELF				
2								
3								
4								
5								
6								
7								

Place of Birth (City, State, Country) – Head of Household: _____

Place of Birth (City, State, Country) – Spouse _____

Place of Birth (City, State, Country) – Additional Adult _____

Are you anticipating any changes in income? Yes ☐ No ☐

If yes, please explain: _____

Are you anticipating any changes in family composition? Yes ☐ No ☐

If yes, please explain: _____

Are you or will you be a full time student in the next 12 months? Yes ☐ No ☐

If yes, please explain: _____

INCOME:

TYPE	RECIPIENT	GROSS AMOUNT PER MONTH	TYPE	RECIPIENT	GROSS AMOUNT PER MONTH
Wages		\$	RSDI		\$

Unemployment		\$	Pension		\$
Alimony		\$	Pension		\$
Child Support		\$	Annuities		\$
MFIP		\$	Veterans Benefits		\$
GA/ MSA		\$	National Guard		\$
Social Security		\$	Daycare Income		\$
Social Security		\$	Cash Income		\$
SSI		\$	Other		\$

ASSETS:

TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR	TYPE	NAME OF INSTITUTION	CURRENT BALANCE	INTEREST PER YEAR
Checking		\$	\$	Life Insurance		\$	\$
Savings		\$	\$	Annuity		\$	\$
Burial		\$	\$	Mutual Funds		\$	\$
Certificates		\$	\$	Stocks/Bonds		\$	\$
Cash Mgmt. Account		\$	\$	Savings Bonds		\$	\$
Money Market		\$	\$	Rental Income		\$	\$
IRA		\$	\$	Contract for Deed		\$	\$

Do you own any real estate or a home? ☐ Yes ☐ No If yes, estimated market value: _____

Have you opened any new accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name _____

Have you closed any accounts within the past 12 months? ☐ Yes ☐ No If yes, Bank name _____

Have you disposed of any assets for less than fair market value in the past 2 years? ☐ Yes ☐ No

If yes, date of disposal: _____ Amount received \$ _____ Market value at time of disposal \$ _____

EXPENSES:

Do you have any daycare costs while a family member is employed or attending school? ☐ Yes ☐ No

If yes: Name of provider _____ Address _____

Cost per week: \$ _____ Month: \$ _____

If you are of 62 years of age or older **OR** receiving disability benefits answer the following:

Are you receiving Medical assistance from the county? ☐ Yes ☐ No

Are you receiving Medicare benefits from Social Security? ☐ Yes ☐ No

Do you have any expenses related to a handicap that are necessary for employment? ☐ Yes ☐ No

If yes: Cost per week: \$ _____ Per month: \$ _____

Do you pay for medical insurance? ☐ Yes ☐ No

Do you pay for prescription drugs on a regular basis? (include co-pays) ☐ Yes ☐ No

If yes: cost per month: \$ _____

Have you been making regular payments on outstand medical bill for at least 3 months or longer? ☐ Yes ☐ No

If yes: amount per month \$ _____

Do you anticipate any health care related expenses within the next 12 months, which are not covered by insurance?

☐ Yes ☐ No

APPLICATION DECLARATION AND AUTHORIZATION:

ACCURATE INFORMATION- You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any questions or give false information, we may reject the application; retain all application fees as liquidated damages for our time and expense. Giving false information is a serious crime offense.

AUTHORIZATION- You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and other consumer reporting agencies, public records resources, and other rental housing owners. Your further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

X _____
Signature of Head of Household Date

X _____
Signature of Spouse or Additional Adult Date

PRIVACY ACT NOTICE:

The information requested about you is necessary to determine your eligibility for housing program benefits. It is used to determine the amount of rent you must pay and meet other requirements in the administration of legally authorized housing programs. Most of the information is classified as "private" or "confidential" information under Minnesota law. (M.S. 15.1611-15.1699) Use of the information is limited to Virginia HRA employees, employees assisting you under a contract with the HRA, and other agencies authorized by the state or federal law, including the U.S. Department of Housing and Urban Development, Civil, criminal or regulatory investigators or prosecutors. You do not have to give us the information, but if you refuse to supply necessary information, the HRA may not be able to provide you with the housing assistance.

This is to acknowledge that I have given the above information. X _____
Signature of Head of Household Date

REQUEST FOR REASONABLE ACCOMMODATIONS:

Any request for reasonable accommodations under the Fair Housing Law for a disability may be made in writing to the HRA or by calling (218) 741-2610 for assistance and specify the nature of the accommodation requested.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hotline at (800) 424-8590.

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Housing & Redevelopment Authority of Virginia, Minnesota

RELEASE OF INFORMATION

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce programs rules and policies.

Authorization

The undersigned hereby authorize the release of information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Legal Aid
- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payment Program.
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

I authorize only the Virginia Housing and Redevelopment Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security Number/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS for 4506

Individual or Organizations That May Release Information

- Banks and other Financial Institutions
- Courts, Law Enforcement Agencies and Credit Bureaus
- Probation Offices
- Employers, Past and Present
- Landlords, Past and Present
- Mental Health Centers
- Work Force Center

442 PINE MILL COURT, VIRGINIA MN 55792
Phone 218-741-2610
Fax 218-748-7067

- Range Transitional Housing
- Arrowhead Center
- St.Louis County Fraud Investigations
- St.Louis County Child Protection Services
- St.Louis County Financial Services & Child Support
-

Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Schools/Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies: Virginia Public Utilities
- Welfare Agencies

I agree that the Virginia Housing and Redevelopment Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. Further, I authorize the Virginia Housing and Redevelopment Authority to share information received through this authorization with other governmental agencies as part of the monitoring and enforcement of the program rules and policies of the Virginia Housing and Redevelopment Authority.

Conditions

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

Signature of Head of Household

Date

Signature of Other Adult

Date

442 PINE MILL COURT, VIRGINIA MN 55792
Phone 218-741-2610
Fax 218-748-7067



Housing & Redevelopment Authority of Virginia, Minnesota

St Louis County PHHS MFIP/GA/MSA Verification Form

Family Name _____ Social Security # _____ Case # _____

DOB: _____

Monthly Amounts Unless Specified

Please Return To: **Greg Lee** **greg@vhra.org**

GA: \$ _____ SSI: \$ _____ Month of Re-exam _____

MSA: \$ _____ Social Sec: \$ _____

Food Portion \$ _____ RSDI: \$ _____

Wages: \$ _____

Other: \$ _____ How many people in the household? _____ Names: _____

MFIP: \$ _____ Family Wage Level \$ _____

Food Portion: \$ _____ Full Standard \$ _____

Over Payment Amounts

Total Owed \$ _____ Deducted Monthly \$ _____

Other Income

_____ Earned Income \$ _____

Child Support * (Please include a printout of child support received for the timeframe of at least 1 year)

Months Remaining: _____

Additional Comments: _____

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I, _____, hereby grant the Housing and Redevelopment Authority of
Virginia, MN to make inquiries regarding my income and assets. I understand that this info is for the
purpose of determining my eligibility and rent and will be kept confidential.

X
SIGNATURE _____

DATE _____

.....
Completed By: _____ (Thank you for all your help!!!)

Signature: _____ Date: _____



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