



Scott County
Community Development Agency
Prior Manor Apartments

16049 Franklin Trail S.E.
Prior Lake, MN 55372

Phone: 952.447.8855
Fax: 952.447.8865

For Office Use Only:	Date: _____	1BR____ 2BR____
Res Pref: _____ Displaced: _____		

PRE-APPLICATION for PUBLIC HOUSING

Please complete both sides of this form. Please print legibly. You must use the correct legal name for each member of your household as it appears on their Social Security card.

Legal Name: _____ SS#: _____ - _____ - _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Work #: _____ Cell#: _____

* Do you speak English? Yes___No___ If no, what language do you speak? _____

Name (First MI Last)	Social Security #	Relationship to Family Head	Sex	Birth Date	Age	Handi- cap or Disabled
1.		Head				
2.						
3.						
4.						

For each household member listed above, complete the information below. For example, in No. 1 below, complete the race, ethnicity and place of birth for the Head of Household. Then do the same for the remaining household members.

House - hold #	*Race (may use more than one)	*Ethni- city	Place of Birth City, State, County
1.			
2.			
3.			
4.			

<p>*Race Code</p> <ol style="list-style-type: none"> 1. White 2. Black 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Pacific Islander <p>*Ethnicity Code</p> <ol style="list-style-type: none"> 1. Hispanic 2. Non-Hispanic <p align="center">*This information is required for statistical purposes only.</p>
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Economic Information

1. Income/Assets	Total
a. Total annual gross household income. Check all that apply ___Wages ___MFIP ___SS ___SSI ___Pension ___Child Support ___Other	\$

b. Total value of assets. Check all that apply. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Life Insurance <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Other	\$
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Non-Economic Information

1. Criminal Information	Yes	No
a. Have you or any household member EVER been arrested for, charged with, or convicted of a criminal offense or other unlawful act?		
If yes, was this arrest, charge, or conviction related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance?		
b. Are you or is any member of your household required to register under any state's sex offender registration program?		
If yes, is this a lifetime registration requirement?		
2. Housing Information	Yes	No
a. Have you or any member of your household EVER lived in Public Housing, participated in the Section 8 Program or received housing assistance through another federally subsidized housing program anywhere? If yes, when and where?		
b. Have you or any household member EVER been evicted from a federally subsidized housing program or found ineligible for rent assistance by another housing authority due to a drug related criminal activity?		
If yes, did you engage in the manufacture or production of methamphetamine on the premises of any federally assisted housing?		

Checklist for local preferences- Answer all of the following questions as they apply to the head of household and/or co-head. Please answer each question accurately. The information you furnish will be used to determine your place on the waiting list. Any preference that you claim now *will be verified* through a third party at the time you are interviewed for eligibility.

1. Residency Preference	Yes	No
a. Do you or the co-head work at least 20 hrs in Scott County? _____		
a. Do you or the co-head live in Scott County?		
2. Displaced Preference	Yes	No
a. Was/is your family displaced by government action? (condemned by city/state)		
b. Were you displaced due to a natural disaster, declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws? (ie-Hurricane Katrina survivor)		
3. Homeless Preference	Yes	No
a. Do you meet the definition of Homeless as found in Title 42, Chapter 119, Subchapter 1 of the United States Code (copy of the definition available for your review)		

Applicant Certification: I/We certify that the information on this application is correct and complete to the best of my/our knowledge and belief. I/We understand that such information will be verified and any false statements made on this application will cause me/us to be disqualified for admission I/We also understand that false statements or information are punishable under Federal law.

Signature of Applicant: _____ Date: _____

Signature of other adult: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Privacy Statement

If you do not understand this form, please ask CDA staff to help you.

Terms used:

1. CDA - The CDA is the Scott County Community Development Agency.
2. HUD- HUD is the U.S. Department of Housing and Urban Development, which gives money to the CDA for housing.

The CDA asks you for many facts and papers when you apply for housing. While you live in public housing we ask you for more facts. Why?

1. When you apply for housing, we ask how much money you receive and have. We ask where you have been living and how much rent you pay. We ask who lives with you. We do this to learn if you can receive housing assistance and how soon. We also use these facts to set the amount of your rent; and we decide what size unit your family needs.
2. While you receive public housing assistance, we ask you each year for more facts about your money and your family. Again, we must do this to see if you can continue to receive public housing assistance; and we must check that your rent is the right amount. We also check how many bedrooms your family needs.
3. We ask for some facts like your family size, income and expenses, because we must report them to HUD and other public agencies. We also use these facts to run the Public Housing and Section 8 Programs well.
4. You do not have to give us the facts and papers we ask for. If you decide not to, the CDA may not be able to provide you with housing assistance. Please ask CDA staff if you do not know whether to give us certain facts. We can explain more about why we need the facts and whether we must have them.
5. Most of the facts we ask you for are PRIVATE under state law. We will not give out private facts about you or your family unless a law says we can or must. Sometimes we also ask you to sign papers which say we can give out certain private facts about you to a certain person or office (like welfare).
6. When a state or U.S. law says we can, we may give facts about you (usually just your name and address) to any of these agencies or people:
 - a. HUD and other public housing agencies
 - b. People who work for or with the CDA. Also volunteer programs helping you or the CDA.
 - c. Health and human service agencies which have contracts with the CDA.
 - d. Scott County Human Services (the welfare office).
 - e. School districts.
 - f. Fire Department and paramedics in an emergency or for investigations into the cause of a fire.
 - g. Utility Companies, cable TV company, phone company.
 - h. U.S. Census Bureau
 - i. Scott County City Departments: Police, Citizen Service Office, Housing and Code Enforcement
 - j. Federal, State, or local auditors
 - k. Minnesota Department of Revenue (tax office)
 - l. Other state and U.S. agencies which the law allows to see CDA files.
7. Housing tenants who may have broken the law may be investigated by police, county, state, or other officers. The CDA will give out facts needed by these people when the law permits it. The CDA will also give facts to a court when required.

8. The law says private facts about a minor (a person under 18) must be given to the parent or guardian. The minor can ask the CDA not to give facts to the parent or guardian. The minor must write the request, state the reason, and sign it.
9. When the CDA gives private facts to another agency, that agency must also keep the facts private
10. When you move out of public housing, we will keep facts about you in our files. State and U.S. laws say we must do this. We will destroy the files when the law says we can. Most records about tenants are kept for at least three years, some for longer.
11. If we send facts to the CDA's lawyer to prepare for going to court, those facts are CONFIDENTIAL. That means we do not have to show these facts to you. We will only show those facts to our staff, our lawyer, and other people covered by the law. You do have the right to know if we have confidential facts about you. Once we tell you that we will raise your rent or evict you, you and your representative may see all facts we have relating to the case.
12. You may ask to see any private facts we have about you. You may also tell the CDA to show those facts to someone else. We will do this for free. If you ask for copies of papers, we may ask you to pay for them. You may ask to see private facts the CDA has about you every six months. You may ask more often if we have new facts. You may also ask more often if these is a legal question about your privacy rights.

IF YOU THINK FACTS THE CDA HAS ABOUT YOU ARE WRONG OR NOT COMPLETE:

1. Write to us and tell us what you think is wrong. Write to the CDA's "Public Housing Department" at:

Scott County CDA
323 S Naumkeag Street
Shakopee, MN 55379

2. The law says we must answer you in 30 days.

If you are a public housing tenant and have questions about your privacy rights, please ask the Housing Director.

If you are applying for housing and have questions, please ask the Prior Manor Office Coordinator.

You may also call the CDA's office at 952-402-9022 and ask for the Housing Director.

Again, if you do not understand this form, ask us to explain it to you.

I agree that I have read this form or it has been read to me and I understand it.

NAME: _____ DATE: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.