Morrison County Housing and Redevelopment Authority

304 2nd St SE

Little Falls, MN 56345

320-632-4506

FAX 320-632-4534

**HOUSING CHOICE VOUCHER APPLICATION FOR CERTIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Recertification Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Are You Giving Notice & Moving?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State Zip Code Email

NAME & TELEPHONE NUMBER OF FRIEND OR RELATIVE WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY COMPOSITION**

List yourself and the complete names of all who live with you.

Social Security numbers MUST be listed for all members.

Member 1 Member 2 Member 3 Member 4 Member 5 Member 6

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  First and Last |  |  |  |  |  |  |
| Relation to You | Self |  |  |  |  |  |
| Birth Date |  |  |  |  |  |  |
| Age |  |  |  |  |  |  |
| Sex |  |  |  |  |  |  |
| Full Time High School Student |  |  |  |  |  |  |
| Person with a Disability |  |  |  |  |  |  |
| Social Security Number |  |  |  |  |  |  |

List additional members on a separate page

**INCOME-LIST ALL SOURCES OF HOUSEHOLD INCOME**

Include income of household members18 & Older

**Column A** **Column B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Monthly $ Amount | Source | Monthly $ Amount | Name of Source of Income in Column B Only |
| MFIP |  | Pension |  |  |
| GA |  | Employment |  |  |
| Social Security |  | Child Support |  |  |
| SSI |  | Unemployment |  |  |
| MSA |  | Other Income |  |  |

# STATEMENT OF ASSETS

I understand that the value of equity in real property, stock, bonds, and other forms of capital investment are considered assets and that all income from assets such as interest, dividends, net income from the operation of a business must be reported.

As the Head of Household, I state that I or any members of my household have no ownership, in full or in part, of any assets other than those identified below, the value of which I have listed on this form. Check “yes” or “no” on each line. If “yes”, provide all additional information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Yes/No** | **Name of Bank** | **Amount** | **Interest Rate/Dividend** |
| Cash on hand over $100.00 |  |  |  |  |
| Checking Account |  |  |  |  |
| Saving Account |  |  |  |  |
| Certificate of Deposit |  |  |  |  |
| Money Market Funds |  |  |  |  |
| IRA Account |  |  |  |  |
| Cash Management Accounts |  |  |  |  |
| Annuities |  |  |  |  |
| Stocks/Bonds/Mutual Funds |  |  |  |  |
| U.S. Savings Bonds |  |  |  |  |
| Business |  |  |  |  |
| Contract for Deed |  |  |  |  |
| Real Estate |  |  |  |  |

OTHER (please describe below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you given away or sold any assets for less than Fair Market Value in the past two years? \_\_\_Yes \_\_\_ No. If yes, complete the following information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sold/Given Away Amount Received Market Value at Time of Disposal

**CRIMINAL ACTIVITY ELLIGIBILITY & SCREENING CRITERA**

The Morrison County HRA will terminate assistance or deny admission if:

* A household member is subject to a lifetime sex offender registration requirement. The period of denial is lifetime.
* A household member has been convicted of a crime involving physical violence against persons or

property and/or any sex related offenses, this includes but is not limited to murder, manslaughter, kidnapping, assault, criminal sexual conduct, stalking, domestic violence, battery, arson, robbery, and burglary. The period of denial from the date of conviction is three years for a misdemeanor, five years for a gross misdemeanor, and lifetime for a felony.

* A household member has been convicted of the manufacture of methamphetamine. The period of denial is lifetime.
* A household member has been convicted of fraud, bribery, or any other corruption in connection with any Federal Housing Assistance Program. The period of denial is lifetime.
* A household member is currently illegally using a controlled substance (or pattern of illegal use) or abuse (or pattern of abuse) of alcohol, is determined to interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The household member will be denied until they have taken steps to rehabilitate, has been rehabilitated and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol, or the period of denial/termination is three years from the date of conviction.
* A household member has engaged in or threatened abusive or violent behavior towards any HRA staff or residents. The period of denial is lifetime.
* A household member has been evicted from federally assisted housing for drug related criminal activity, the period of denial/termination is five years from the date of eviction.

All household members over the age of 18 must have read/understand the Criminal Activity Eligibility & Screening Criteria. The violation of this criteria will result in denial of admission or termination of assistance.

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date

Morrison County Housing and Redevelopment Authority

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320-632-4506

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**AUTHORIZATION OF RELEASE OF INFORMATION**

Last Name First Name Middle Name

Maiden, Alias, or Former Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (M or F) \_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize any State or Local Repository of Criminal Records to disclose to Morrison County HRA the following information, public or private, contained in my file:

Any criminal activity, charges, arrests and/or convictions with respect to the following:

1. Criminal activity, which has one or more of its elements the use, attempted use or threatened use of physical force against a person or property of another.

2. Drug-related criminal activity including but not limited to:

(a) Possession, usage, distribution, transportation, sale, manufacture or storage of illegal drugs and/or paraphernalia; or

(b) Convictions of violating any state or federal laws relating to illegal drugs

And/or paraphernalia.

This information may be used to determine eligibility for Section 8 Housing Choice Voucher Rental Assistance. This release shall be effective thirteen (13) months from the date it is signed.

Signature Date

FOR OFFICE USE ONLY – In accordance with Public Law 104-120 Section 9 of the Housing Opportunity Program Extension Act of 1996.

Requested By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agency \_\_\_\_\_ has \_\_\_\_\_ has not had contact with the above named subject.

Yes No

\_\_\_ \_\_\_ Drug/Alcohol Involvement

\_\_\_ \_\_\_ Felony Convictions

\_\_\_ \_\_\_ Convictions for admissions of or substantial evidence of an act or assault or child battering or child abuse or child molestation or child neglect

\_\_\_ \_\_\_ Subject to lifetime registration under a state sex offender program

**PAST RENTAL HISTORY**

Have you ever been evicted? \_\_\_\_\_\_\_\_\_\_\_ If yes, how many times and what year(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently being evicted? \_\_\_\_\_\_\_\_\_\_\_ If yes, please explain why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current monthly rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people live in your unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently under a lease? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever lived Public Housing? If yes, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever participated in a Section 8 Rental Assistance Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you owe any money to a rental assistance program? If yes please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING QUALITY STANDARDS**

The Morrison County Housing and Redevelopment Authority is required to inspect and approve all rental units for which assistance payments are made. The Housing Quality Standards are established by HUD and are the same across the Country. Housing Assistance Payments cannot be made on units which do not meet all of these standards.

If a unit fails to meet Housing Quality Standards, the tenant may be responsible for the rent until any needed repairs are complete.

**MORRISON COUNTY HRA PREFERENCES**

|  |  |
| --- | --- |
|  | Homeless |
|  | Victim of Domestic Violence |
|  | Local |
|  | Elderly (62 and older) |
|  | Disabled |
|  | Veteran |

Morrison County HRA gives certain individuals preferences on the waitlist. Please check any of the preferences below if they apply to you:

**MEDICAL EXPENSES**

|  |
| --- |
| **MEDICAL** (COMPLETE **ONLY** IF THE HEAD OF HOUSEHOLD OR SPOUSE IS 62 YEARS OF AGE OR OLDER, OR A PERSON WITH A DISABILITY.) |
| Are you on medical assistance? \_\_\_\_\_Yes \_\_\_\_\_No spenddown? \_\_\_\_\_Yes \_\_\_\_\_No  If you are on a spenddown, give monthly amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you pay for Medicare? \_\_\_\_\_Yes \_\_\_\_\_No Is your Medicare paid by another source? \_\_\_\_\_Yes \_\_\_\_\_ No  Do you pay for medical/dental or hospital insurance (other than Medicare)? \_\_\_\_\_Yes \_\_\_\_\_No  Name and address of insurance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy number of insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly premium amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you enrolled in a Medicare approved drug plan? \_\_\_\_\_Yes \_\_\_\_\_No  If so, what is the amount approved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you pay for prescription drugs? \_\_\_\_\_Yes \_\_\_\_\_No Monthly $ amount in co-pays? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you pay for non-prescription drugs prescribed by a doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many pharmacies do you use? \_\_\_\_\_\_\_ Name(s) of the pharmacy(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you currently making regular payments on medical bills for which you will NOT be reimbursed by Medicare or another insurance company? \_\_\_\_\_\_\_\_\_\_\_ If yes, list names of clinics, doctors, hospitals, etc below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have any expenses related to a disability that are necessary for your employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

As a person with a disability, do you require a specific request for a reasonable accommodation to fully utilize the Housing Choice Voucher Program? If so, contact the Morrison County HRA at 320-632-4506.

# CHILD CARE EXPENSES

Child Care \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Are you on a “Sliding Fee”? \_\_\_\_\_\_Yes \_\_\_\_\_\_No If so, monthly amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, Telephone Number of Daycare Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN ON THIS FORM IS COMPLETE AND ACCURATE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Household Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Household Members 18 & Older Signature Date

WARNING: I understand it is illegal to provide false information and that my rent assistance would be terminated as a result and I could be prosecuted for fraud.

**AUTHORIZATION**

**For Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Morrison County HRA** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity

Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous, Current, Prospective

Landlords (including Past and Present Employers Veterans Administration

Public Housing Agencies) Social Service Agencies Retirement Systems

Courts and Post Offices State Unemployment Agencies Banks and other Financial Institutions

Schools and College Social Security Administration Credit providers and Credit Bureaus

Law Enforcement Agencies Medical and Child Care Providers Utility Companies

Child Support and Alimony Providers Public Health Departments

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for 2 years and one month from the date signed.

SIGNATURES PRINTED/TYPED NAME

Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Adult Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Adult Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Adult Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.**

|  |  |  |
| --- | --- | --- |
| **Race and Ethnic Data Reporting Form** | **U.S. Department of Housing and Urban Development** | OMB Approval No. 2502-0204(Exp. 06/30/2017) |

Office of Housing

**Name of Property Project No. Address of Property**

**Name of Owner/Managing Agent Type of Assistance or Program Title:**

**Name of Head of Household Name of Household Member**

**Date** (mm/dd/yyyy)**:**

|  |  |
| --- | --- |
| **Ethnic Categories\*** | **Select One** |
| Hispanic or Latino |  |
| Not-Hispanic or Latino |  |
| **Racial Categories\*** | **Select**  **All that**  **Apply** |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Other |  |

**\*Definitions of these categories may be found on the next page.**

**There is no penalty for persons who do not complete the form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Signature Date

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to “self certify’ during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

# Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

**A. General Instructions:**

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

The two ethnic categories you should choose from are defined below. You should check one of the two categories.

* **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
* **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below: You should check as many as apply to you.

* **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
* **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
* **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
* **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Morrison County Housing & Redevelopment Authority**

**Family Obligations**

To remain in good standings with the Housing Choice Voucher Program, you must:

* Report all changes in income and household **immediately, in writing**. Verification will be required.
* Report **immediately, in writing**, the birth, adoption, or court-awarded custody of a child.
* Submit a written request for approval of any adult person to your lease **before** allowing that person to move in to the unit. Anyone staying in the unit **more than 14 days per year** without prior approval from the HRA as a guest must be added to the household.
* If you fail to attend an appointment with your housing representative, your housing assistance may be terminated.
* You must pay your entire portion of the rent on time each month. If you don’t pay your portion of the rent on time each month, the owner can evict you through the courts. If you fail to pay your portion of the rent you will be in serious violation of your lease. Serious violation of the lease is a violation of your Family obligations under the Housing Choice Voucher Program. **If you are evicted, your assistance will be terminated.**
* **You must pay your utility bills and keep utilities on in the unit.** If your utilities are shut off for nonpayment you will have twenty four (24) hours to have service reinstated. If you fail to have utilities back on within 24 hours, you will have caused the unit to fail HUD Housing Quality Standards and your assistance will be terminated.
* **You are responsible for the actions of your family, friends, and guests while they are in your unit.** If damages occur in the unit while you are leasing the unit, you will be held responsible.
* **You must give the landlord and the Housing Authority a written 31 day notice before moving out of your unit.**
* **You must allow the housing agency to inspect your unit at reasonable times, after reasonable notice, or your assistance will be terminated. You are only allowed 2 missed inspections.**
* **You may not engage in or allow others to engage in violent criminal or drug-related activity in or near your unit.** If you or your family members, or guests engage in violent criminal activity, your rental assistance may be terminated. **Conviction is not necessary to warrant termination**. Arrest or preponderance of evidence is sufficient.
* **The only people allowed to live in your unit are the people listed on your Housing Choice Voucher approved lease**.
* **All persons age 18 or older who live in your unit must attend all certification, recertification, and interim appointments with your housing representative**.
* **When you are recertified, it is your responsibility to report all income of any kind that comes into your household for all household members, including children.** Failure to report income can be interpreted as fraud, which may result in the termination of your rental assistance.

**PARTICIPANT CERTIFICATION**

I have read the above, I have been given the opportunity to have my questions answered, and I understand my responsibilities while participating in the Housing Choice Voucher Program.

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date

**MORRISON COUNTY HRA**

**STATEMENT OF RESPONSIBILITIES**

**Cooperation**

I understand I am required to cooperate in supplying all requested information in the timeframe required by the HRA to determine my eligibility and amount of rent assistance.

Cooperation includes:

* Attending pre-scheduled appointments;
* Completing, signing, and returning necessary forms;
* Disclosing and verifying the social security numbers for all family members;
* Cooperating with the inspection process; and
* Providing evidence of citizenship or eligible immigration status for all family members.

**I understand that my assistance will be denied or terminated if:**

* I have missed 2 scheduled appointments, including, but not limited to, briefings, home or office visits and inspections.
* Engaging in or threatening, abusive or violent behavior toward Morrison County HRA personnel. *Abusive or violent behavior* includes verbal as well as physical abuse or violence. Threatened refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

**Giving True and Complete Information**

I certify that the information given to the Morrison County HRA on my household members, income, assets, deductions and allowances is true, accurate and complete to the best of my knowledge and belief.

**Reporting Household Members**

*Household member*- a person who **cannot** verify a permanent address elsewhere and lives or stays in my home more than thirty (30) days.

*Visitor*- a person who **can** verify a permanent address elsewhere and lives or stays in my home less than thirty (30) days.

I understand and certify that:

* The people I have listed on my most recent recertification application, lease and voucher are the only people that live or stay in my home.
* I must notify the HRA in **writing** if anyone moves in or out of my home (including any birth, adoption, court-awarded custody, or marriage) within **thirty (30) days**.
* I must provide the HRA a copy of written approval from my landlord for all household members I am requesting be added to my lease. All household members must be approved prior to them moving into my home, **including foster children and live-in-aids**.
* Morrison County HRA will increase my voucher size if members are added to my household by birth, adoption or court-awarded custody of a child.
* My voucher will not increase for all other household members added until they have lived in my home for at least twelve (12) months. The increase will take place at the next annual recertification following the twelve (12) month requirement.
* I will be required to pay back money overpaid on my behalf due to untimely reporting or noncooperation.
* **If anyone receives mail at your address and they are not listed on your voucher the HRA will consider them an unauthorized resident and your voucher will be terminated.**

**Reporting Household Income**

The HRA is required to review my household income when I start the program and every year thereafter. I understand and certify that:

* I must provide true and complete information regarding my entire household’s income.
* If I have changes in my household income prior to my next scheduled recertification, I must contact the HRA within **ten (10) days** of the change and complete an interim request form.
* I must provide the HRA any required verifications with the interim form before a rent change will be made.
* I will be required to pay back money overpaid on my behalf due to untimely reporting or noncooperation.

**Moving**

I understand and certify that:

* My household can only receive rent assistance in one (1) unit in any twelve (12) month period.
* I must give the HRA written notice, at least 30 days, before moving out of my rental unit. This applies even if I am moving to another unit in the same building.
* I must give my landlord proper notice, according to my lease, prior to the move-out date. I must provide the HRA with a copy of that notice.
* If I move prior to the end of my lease, I must submit an agreement signed by my landlord.
* I understand I must be in good standing with my landlord at the time I move out.
* I understand that an exception may be considered in accordance with the Violence against Women Act (VAWA) or as a reasonable accommodation request.

**The HRA may deny permission to move, or terminate my assistance, if:**

* I move prior to fulfilling the twelve (12) month minimum requirement;
* My household has violated the Statement of Responsibilities;
* I owe money to any HRA;
* I owe money to my landlord while on the program;
* I have not given proper written notice to the HRA and my landlord.

**Lease Violations, Evictions and Moving Without Notifying Landlord**

I understand and certify that:

I must not commit any serious or repeated lease violations. Serious and repeated lease violations will include, but are not limited to:

* Nonpayment of rent, utilities or other fees.
* Moving without proper notice.
* Disturbance to neighbors.
* Unauthorized guests.
* Destruction of property, or living or housekeeping habits that cause damage to the unit or premises.
* Criminal activity.
* I must give the HRA a copy of any eviction notice I receive within ten (10) days of receipt.
* If I am evicted by court order or I move out before the end of my lease without my landlord’s permission (skip), the HRA will terminate my rent assistance.

## **Inspections**

The HRA is required to inspect my home prior to rental assistance beginning and every year thereafter to make sure it is decent, safe and sanitary housing. I understand and certify that:

* I must allow the HRA to inspect my unit at reasonable times and after reasonable notice.
* The Request for Tenancy Approval (RTA) form must be turned into the Morrison County HRA by the 20th of the month prior to the move. If the 20th falls on a weekend or holiday, the RTA must be received by next business day.
* Full assistance will not be paid if my unit does not pass inspection prior to or on my move in date or recertification date.
* If full assistance is not paid due to failed inspection, it is my responsibility to negotiate the rent difference with the owner.
* Inspection violations caused by my household members or guests are my responsibility to correct, and must be corrected within the time set by the HRA.
* An adult, 18 years or older, must be present for the inspection.
* **If the inspector has not been able to get into my unit to complete an inspection due to my lack of cooperation, my assistance will be terminated after two (2) missed appointments.**

## **Units Owned by Relatives**

I understand that I must not receive rent assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of my family. The HRA may approve renting from a relative as a reasonable accommodation for a family member who is a person with disabilities. It is your responsibility to request an accommodation for HRA consideration.

## **Reasonable Accommodation/Violence Against Women Act (VAWA)**

An exception to program rules may be considered in accordance with the Violence Against Women Act (VAWA) or as a reasonable accommodation request for persons with disabilities. It is your responsibility to contact the Morrison County HRA and request an accommodation, in writing, if you are a victim of VAWA or are a person with disabilities. You must explain what accommodation or exception is being requested and how it will help you utilize the program. The request must be reasonable

## **Drug-Related or Violent Criminal Activity Notice**

I understand that my assistance **will be denied or terminated** if:

* Any member of my household has been convicted or adjudicated within the last three (3) years for any of the following criminal activities:

1. drug-related criminal activity;
2. violent criminal activity; or
3. other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises, including alcohol abuse.

* I have been **evicted within the last five (5) years** from federally assisted housing (including a termination from the HCV/Section 8 program) for drug-related or violent criminal activity.
* Any household member has been convicted of manufacturing or producing methamphetamine (permanent denial).
* Any household member that is currently registered as a sex offender under a state registration requirement (permanent denial).

## **Duplicate Assistance/Own/Sublease**

I understand and certify that:

* I live in the unit the Morrison County HRA is helping pay rent on;
* The unit that the Morrison County HRA is helping pay rent on will be my only residence and I will not receive rental assistance for any other unit for the same time period;
* Household members living in my home are not living in another rental unit or receiving another rent subsidy;
* I must not own or have any ownership interest in my rental unit, unless I am on the homeownership program though the Morrison County HRA; and
* I must not sublease or rent any part of my unit to anyone else. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

## **Side Payments**

I understand and certify that:

* All lease agreements with the landlord must be approved by the Morrison County HRA.
* I am not allowed to pay my landlord any more than my rent portion as approved by the Morrison County HRA.
* Making a side payment or entering into a separate lease agreement is a violation of the HCV/Section 8 Program.
* Payments made to my landlord and approved by the Morrison County HRA for additional amenities such as garages, pet deposit, washer and dryer are not considered side payments.

## **Absence from Unit**

I understand and certify that:

* I must notify the Morrison County HRA in writing prior to being absent from my unit for more than thirty (30) consecutive days.
* I may be required to provide appropriate documentation as to the likelihood and timing of my return to my unit.
* I must continue to pay my portion of the rent in my absence. If I cannot pay my rent, I should give proper notice to vacate my unit.
* If the family is absent from the unit for more than 180 consecutive calendar days (six months), the family’s assistance will be terminated.

## **Debts Owed to a Housing Authority**

I understand my rental assistance may be denied or terminated if:

* I owe rent or other amounts to the Morrison County HRA or to any other HRA in connection with the HCV/Section 8 or public housing programs or I am not current with any repayment agreements.
* If I owe money to an owner under a HAP contract for rent, damages, utilities I am responsible for under the lease, or other amounts owed by the family under the lease.
* I am not current with any repayment agreements.

**Landlord Screening**

Landlords are responsible for screening all prospective tenants for their ability to pay the rent, take care of the unit and other lease responsibilities. I understand that Morrison County HRA must give prospective owners my current address and name and address of current and previous landlords, if known to the Morrison County HRA.

**Security Deposit**

I understand that the Owner/Landlord may collect a security deposit that is up to, but not greater than, the amount they would collect from an unassisted tenant. The Morrison County HRA does not pay any portion of the Security Deposit.

**National Portability**

HCV/Section 8 rent assistance can be used anywhere in the United States where there is a housing authority operating the HCV/Section 8 program. You will, however, be required to live in the Morrison County HRA’s service area for one (1) year prior to moving to another housing authority’s service area.

## **Criminal and Administrative Action for False Information**

I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds which could result in theft and fraud charges under the state and federal law.

## **Fraud/Bribery/Corrupt/Criminal Acts**

I understand I must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.

## **Signature and Date of All Adult Household Members**

(Head of household, spouse, and all household members over the age of 18) I have read and understand the Statement of Responsibilities and understand that the violation of these responsibilities may result in termination of assistance.

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date

Printed Name of Participant Participants Signature Date