



**THE HOUSING & REDEVELOPMENT AUTHORITY OF OWATONNA**

Dear Applicant,

Attached to this cover letter is the application for the Housing Choice Voucher Rental Assistance Program waiting list. PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE ALL OF THE ENCLOSED FORMS.

To be placed on the waiting list, you must complete the enclosed forms and return them to THE HOUSING & REDEVELOPMENT AUTHORITY OF OWATONNA (Owatonna HRA) office. Incomplete applications will be returned and ineligible applicants will be notified.

The Housing Choice Voucher waiting list is open for preference only. To receive the residency preference, you must live, work, be hired to work or attend school full-time in Steele County.

Applicants will be placed on the wait list according to the date and time of the application and preference eligibility.

**WHAT TO DO, mark an "X" on next to each number once complete**

- 1. Fill out the application completely, including all household members.**
- 2. All household members over 18 years old MUST sign and date the forms.**
- 3. MUST attach one of the following as proof of residency.**  
**CURRENT: lease, utility bill, paystub, or school registration.**

**Incomplete or unsigned forms will be returned and cannot be placed on the wait list until completed.**

When your name comes to the top of the wait list, you will be contacted by letter. Therefore, it is important to notify the Owatonna HRA in writing with all changes to your address. Failure to provide address changes will result in the removal of your name from the waiting list.

Thank you,  
Kim Stewart  
Housing Specialist  
kim.stewart@owatonna.gov



**What is the Housing Choice Voucher Program?**

The Housing Choice Voucher Program is a program designed to help low-income families and individuals to pay rent in private market-rate rental housing. Eligible participants may choose rental apartments, duplexes, triplexes, mobile homes, or single-family units provided the units meet federal inspection standards and rent guidelines.

**Am I eligible for a Preference for placement on wait list?**

Currently, the wait list is open to only applicants with a residency preference. To receive the residency preference, you must live, work, be hired to work or attend school full-time in Steele County. For applicants with a residency preference, we will also look at current housing status for additional preferences that factor into moving through the wait list including rent burden, homelessness, and disability.

**How Soon Will I Receive Assistance?**

The HRA maintains a waiting list of applicants who have been determined to meet preliminary eligibility requirements. We are unable to determine how long it may take for you to receive rental assistance. Currently the estimated wait time is approximately 2-4 years. Many factors effect when a participant goes off the program and the voucher is available for a new applicant. Federal funding, economic conditions, and the number of households on the wait list all factor into the wait time. When your name comes to the top of the waiting-list we will notify you by mail. From the time that you are selected and have located a unit where you would like to receive assistance, it will take will take approximately 30-60 days before assistance will begin provided you are program approved and unit passes inspection.

**What are the rent limits for the program?**

These limits vary depending upon your income and what utilities you are required to pay. We have provided the payment standards in our program brochure and we will review these standards with your income to determine the guideline that you will need to follow for program participation.

**How Much Will I pay?**

The HRA will calculate the subsidy that you will be required to pay based on your income, the payment standard for the bedroom size which you qualify, eligible program deductions. We anticipate that your monthly payment will be between 30-40% of your adjusted monthly income. The HRA pays this subsidy directly to the owner and you pay the remaining amount to the owner.

**Must I Move to Participate in the Program?**

If you already live in a unit that meets the guidelines for participation, you may be able to stay in your unit and receive rental assistance. Once your name reaches the top of the list, the HRA will review your eligibility in the selected unit and coordinate with your landlord or property management.

# HOUSING APPLICATION

## Housing Choice Voucher Program HCV-Formerly known as Section 8

Date:	Email:	Race Status choose one	Ethnic Status choose one
First Name:	Middle Name:	Last Name:	
Address:		White	Asian
City:		Black	Hispanic
State:		Non-Hispanic	
Zip Code:		Native American	
Home Phone:	Cell Phone:		
Other Contact(s):		Time application completed:	

How did you hear about our program? \_\_\_\_\_

Extent of homelessness prior to Program Intake:

Not Homeless                       First Time Homeless                       2nd or 3rd Time Homeless

Long Term Homeless ( homeless for 12 or more consecutive months or 4 times in the last 3 years )

Previous living situation prior to Program Intake: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List the head of household and all other persons who will live in the rental unit. Indicate if any member is a full time student or foster child

FULL NAME	RELATIONSHIP TO HEAD	BIRTH DATE	BIRTH PLACE	SEX M/F	DISABLED YES or NO	SOCIAL SECURITY NUMBER
1	Head of Household					
2						
3						
4						
5						
6						
7						
8						

**LEGIBLE SOCIAL SECURITY CARDS MUST BE PROVIDED FOR EACH HOUSEHOLD MEMBER BEFORE APPLICATION WILL BE ACCEPTED.**

PLACE AN **X** ON ANY THAT APPLY

Marital Status:                       Unmarried                       Married                       Separated

Does anyone live with you now who is not listed above?                       YES                       NO

Does anyone plan to live with you in the future who is not listed?                       YES                       NO

Indicate any absent household members: \_\_\_\_\_

**INCOME:** List all income for household members. Include full and part-time employment, self-employment, welfare, social security, SSI, pension, disability compensation, interest, child care earnings, alimony, child support, annuities, dividends, income from rental properties, Armed Forces Reserves, scholarships, grants, net income from operation of business, etc.

HOUSEHOLD MEMBER	SOURCE OF INCOME <small>If income from wages, list employer name.</small>	ADDRESS	GROSS INCOME		
			\$	PER	
			\$	PER	
			\$	PER	
			\$	PER	
			\$	PER	

**ASSETS: Check YES or NO on all of the following lines. If YES, enter all information.**

	YES	NO	Bank Name/Address	Balance/Value	Interest
Cash on hand \$100 +					
Checking Accounts					
Savings Accounts					
Certificate of Deposit					
Stocks,Bonds, Investments					
Contract for Deed					
Real Estate					
Business Assets					

Other Assets:

**HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS?**

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      If yes, please describe:

Date of Disposition: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ Market Value: \_\_\_\_\_

**CHILDCARE EXPENSE:**

Do you pay for childcare for children 12 years old or younger while a family member is employed or going to school? YES      NO  
 If yes, list the childcare providers name, address, telephone number, and amount of payment.

Name/Address	Phone	Cost per month	Child's Name
		\$	
		\$	
		\$	

**ELIGIBILITY AND PREFERENCES**

	YES	NO
Head/Co-head is a permanent resident in Steele County?		
Head/co-head of household works or is hired to work within Steele County?		
Head/Co-head of household attends school of higher-education (Full-time) within Steele County?		
A household member was evicted/terminated from Public, Indian, Section 23, Section 8, HCV in past 3 years?		
A household member currently lives in public, Section 8, HCV, Mainstream voucher or federally subsidized housing?		
A household has a disability that requires a special accomodation in oder to fully utilize our programs and services?		
If yes, specify type of special accommodation needed:		

**MEDICAL EXPENSES: Complete only if Head or Spouse is Elderly, Handicapped, or Disabled.**

	YES	NO
Do you receive Medicare Benefits?		
Do you receive Medical Assistance through Welfare?		
Do you pay for additional medical Insurance? (Blue Cross, AARP, etc)		
Do you have a "Spend Down" for Medical Assistance?                      List Amount:		

Indicate medical expense paid by you:	SOURCE:	AMOUNT
Prescription Drugs:		
Regular Payments on Outstanding Medical Bills:		

Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member to be employed?  
 (Do not consider expenses paid to a family member or reimbursed by another source.)

Explain:

**CURRENT HOUSING INFORMATION:**

What is the amount of your monthly rent?	\$	
Number of Bedrooms:		
What is the amount of your monthly utility costs? (phone and cable are NOT included)	\$	
	YES	NO
Have any household member been charged with drug related criminal activity within the last 3 years?		
Have any household members been involved in methamphetamine drug activity?		
Have any household members been subject to a lifetime registration under a State sex offender registration program?		

**APPLICANT(S)/TENANT(S) STATEMENT:**

I/We certify that the information \* given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of Housing Assistance and Termination of Tenancy.

<b>SIGNATURE OF HEAD OF HOUSEHOLD:</b>	<b>DATE:</b>
<b>SIGNATURE OF CO-HEAD OF HOUSEHOLD:</b>	<b>DATE:</b>

**RETURN FILLED OUT APPLICATIONS TO:**

**The Housing and Redevelopment Authority of Owatonna**  
**540 West Hills Circle**  
**Owatonna, MN 55060**  
[kim.Stewart@owatonna.gov](mailto:kim.Stewart@owatonna.gov)  
**PHONE: 507-774-7313**

\*After verification by this Housing Agent, the information will be submitted to the Department of Housing and Urban Development on HUD Form 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.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline at 1-800-424-8590.

**WARNING:** Section 1001 of Title 18 of the US 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.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

The Housing and Redevelopment Authority of Owatonna

RELEASE OF CRIMINAL HISTORY INFORMATION

One page MUST be completed per adult.

**Please Print Clearly**

First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden, Alias or Former Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Month/Day/ Year

Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize the Housing Coordinator of the Housing and Redevelopment Authority of Owatonna (Owatonna HRA) to obtain Minnesota Criminal History Record Information/background check information by using the website per MN Statute Section 13.87, subdivision 3 (f). Falsifying a record obtained by the website is punishable by law.

I hereby authorize the Minnesota Bureau of Criminal Apprehension and/or the Owatonna Police Department to disclose Minnesota Criminal History Record Information/Background Check Information to the Housing Coordinator of the Owatonna HRA

The Owatonna HRA will inspect and gather information retained by local, county, state, and federal agencies (as necessary) to determine:

- Eligibility for Rental Housing Assistance under the Housing Choice Voucher, Mainstream Voucher, MHFA Bridges program, County Bridges-Like Program or other rental housing programs administered by the Owatonna HRA.

I realize I am not legally required to sign this form, but if I do not, the Owatonna HRA will not be able to determine program eligibility. In the event the Owatonna HRA determines my conviction record is related to program eligibility, I will be notified in writing.

I release those persons, employers, and organizations from any liability for damage in providing this information to the Owatonna HRA. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date