

OFFICE USE ONLY  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Received By: \_\_\_\_\_

**HOUSING AND REDEVELOPMENT AUTHORITY OF DOUGLAS COUNTY**  
**SUBSIDIZED HOUSING APPLICATION**  
 1224 N Nokomis St NE, PO Box 965, Alexandria, MN 56308



**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS AS INCOMPLETE APPLICATIONS WILL BE RETURNED**

**SECTION A: YOU MUST CHECK IN WHICH TOWN(S) YOU ARE WILLING TO LIVE. (You may check for more than one)**

- Alexandria 56308                       Evansville 56326                       Miliona 56354  
 Osakis 56360                       Brandon 56315                       Kensington 56343

**You will only receive one unit offer. If declined, you will be removed from the waiting list and need to reapply.**

**SECTION B: PREFERENCES (Check all that apply)**

- Local Jurisdiction (Head of Household and/or Co-Head live, work, or go to school in Douglas or Pope County)  
 Handicapped/Disabled                       Homeless

Number of Bedrooms Requested (must equal needs according to family size):    2                       3                       4

\*\*\*\*All applicants on the waiting list will be maintained in the order of date and time the completed application is received in the PHA office and by preference points.\*\*\*\*

**SECTION C: HEAD OF HOUSEHOLD \*\*\* Must NOT be declared a dependent of Parent/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred Method of contact:    Phone                       Email                       Text                       Mail

**Note: You are required to update any changes to the above information as you will be removed from the waiting list if you cannot be contacted.**

**SECTION D: FAMILY**      List all additional members of the family that will be living with you.

Name (Last, First, Middle Initial)	Relationship	Date of Birth	Place of Birth	Sex	Race	Ethnicity	Social Security Number
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Race : 1-White, 2-Black, 3-American Indian/Alaska Native 4- Asian                      Ethnicity: 1-Hispanic 2-Non-Hispanic

Do you have at least 51% physical custody of minor children in the household?       Yes                       No

Does anyone plan to live with you in the future who is not listed above?       Yes                       No

If yes, please explain: \_\_\_\_\_

**SECTION E: HOUSEHOLD INCOME** Place a "X" on the line to those that apply.

<u>Source of Income</u>	<u>Gross Monthly Amount Received</u>
_____ Public Aid	\$ _____ (TANF, GA, MFIP)
_____ Social Security/RSDI/SSI	\$ _____ For who? _____
_____ Pension	\$ _____ For who? _____
_____ Employment	\$ _____ For who? _____
_____ Child Support/Alimony	\$ _____ For who? _____
_____ Unemployment/Disability	\$ _____ For who? _____
_____ Cash	\$ _____ For who? _____
_____ Other	\$ _____ Specify: _____

<b>SECTION F: BACKGROUND</b>	<b>YES</b>	<b>NO</b>
1. Do you owe any money to a Public Housing Authority?		
2. Have you or anyone in the household ever been convicted or are currently being prosecuted for a crime? If yes, explain _____		
3. Have you or anyone in the household ever engaged in the felonious use or possession of drugs?		
4. Have you ever been evicted? If yes, explain _____		
5. Are you or anyone in the household subject to a lifetime registration requirement under a State Sex Offender Program? If yes, who and which state: _____		

WARNING: Title 18, Section 1001 of the United States code, state that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the United States.

I/we certify that the information given is complete and accurate. I/we hereby authorize the Douglas County HRA to verify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit or report. I/we declare under penalty of perjury under the laws of the United States of America and the State of Minnesota that the information contained in this statement of facts is true, correct, and complete. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.

**All adults 18 and over in the household must sign the application.**

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

\_\_\_\_\_  
Household Member Age 18 and Over Date

\_\_\_\_\_  
Household Member Age 18 and Over Date

\_\_\_\_\_  
Household Member Age 18 and Over Date

\*If non-citizen, please give Alien Identification Number \_\_\_\_\_

\*\*\*In accordance with Federal Law and the US Department of HUD's policy, this institution is prohibited from discriminating on the bases of

race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs)\*\*\*

\*\*\*To file a complaint or discrimination, write to US Department of HUD, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410 or call 800-669-9777 (voice) or 800-927-9275 (TDD)\*\*\*

## Housing and Redevelopment Authority of Douglas County Minnesota

1224 N. Nokomis Street, P.O. Box 965, Alexandria, MN 56308

Office: 320-762-3074 Fax: 320-762-3034

# Declaration of Section 214 Status

All family members who will benefit under the housing assistance program must either be a citizen/national of the United States (U.S.) or be a citizen with eligible immigration status, as determined by the U.S. Department of Housing and Urban Development (HUD) and U.S. Citizenship & Immigration Services (USCIS).

### INSTRUCTIONS:

All family members who claim to be a citizen/national of the U.S. or a noncitizen with eligible immigration status should be listed on this form and should check one box. If there are family members residing in the unit that do not claim to be either a citizen/national of the U.S. OR a noncitizen with eligible immigration status, they should not check any box; these members should fill out the "Non-Contending Form." Please read and complete this form carefully; please feel free to consult with an immigration lawyer or another immigration expert of your choice.

The head of household and all adult household members must sign; for all members under 18, the form must be signed by an adult member of the household who is responsible for the child.

### CERTIFICATION:

I/we certify under penalty of perjury that, to the best of my/our knowledge I/we, and all minor members of my/our household listed below, are lawfully within the United States because I/we am/have (fill in the appropriate information below):

- |  |  |
|--|--|
| A. Citizen by birth or Naturalized citizen/national of the US<br>B. Eligible immigrant 62+ years of age<br>C. Immigrant Status<br>D. Permanent Resident Status | E. Refugee, Asylum or Conditional Entry Status<br>F. Parole Status<br>G. Threat to life or freedom<br>H. Amnesty |
|--|--|

(See back side for description of the above categories)

### CATEGORIES OF CITIZEN/IMMIGRATION STATUS

SEE LIST ABOVE – CHECK APPROPRIATE BOX

FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	A	B	C	D	E	F	G	H
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Age 18 and Over

\_\_\_\_\_  
Date

Household Member Age 18 and Over

Date

Household Member Age 18 and Over

Date

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### Description of Immigration Status Categories

**B. Eligible Immigration Status and 62 years of age or older:** For non-citizens who are 62 years of age or older were receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration is required.

**C. Immigration Status under § 101(a)(15) or 101 (a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101 (a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)( 15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary status.

**D. Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but, who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

**E. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. I 153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

**F. Parole Status under §212 (d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S. 1182(d)(5)) [*parole status*].

**G. Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

**H. Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].