

# NEW VISTAS APARTMENTS

PO BOX 48, IVANHOE, MN 56142

507-694-1552



Dear Applicant,

Please find the enclosed the New Vistas Apartments application packet. It is important that you read through the entire application packet and make certain all areas of the application are filled in. If something does not apply to you, please fill in "N/A". **The application is not considered complete unless everything is filled in and it is signed and dated.**

All available units are on a first-come-first-serve basis, provided guidelines are met.

You will be notified of acceptance/non-acceptance after your completed application has been received and reviewed.

If you should have any questions, please feel free to contact our office at 507-694-1552 or contact our Director of Housing Services, Gretchen, at 507-530-3040.

Respectively,

Gretchen Tommeraasen

Director of Housing Services

DSI/New Vistas Apartments

# NEW VISTAS APARTMENTS

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## Rental application checklist

Please check the box on the left to confirm you have completed the following:

- I understand: If any information is reported *knowingly* incorrect, my application may be eliminated from the housing assistance process and I may face fraud charges. This is a legal document.
- If you have income from any sources such as Social Security, pensions, life insurance, investments, etc. you have provided a copy of the most current statement for each source of income. You can request copies of Social Security statements from your local Social Security office.
- Copy of the deed to any property is attached. To request a copy, please contact your County Recorder's Office.
- Your financial institution (bank) statements from the last three months.
- A copy of EACH family member's social security card is attached.
- A copy of EACH family member's (those who drive) drivers' license.
- Applicants who receive child support, a copy of either your bank statement or court order for child support is attached.
- All residents over the age of 18 residing in the home must sign the application form AND HUD 9886, Authorization for Release of Information.

Please review the application to confirm you have provided:

- \* *Complete* mailing addresses of all employers for all residents over the age of 18 who were employed at any time over the past 12 months. May be listed on the application or a separate worksheet.
- \* *Complete* mailing addresses of all sources of income, including Social Security, pensions, life insurance, investments, etc. for all residents over the age of 18.

If you need to mail original items to us, we will make copies and the originals will be sent back to you as quickly as possible. Your help with this information will speed up the process of your application.

Items can be mailed to: Lincoln County HRA  
Attn: Gretchen Tommeraasen  
PO Box 27  
Ivanhoe, MN 56142

# NEW VISTAS APARTMENTS

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## PLEASE READ BEFORE YOU COMPLETE THE APPLICATION FOR HOUSING ASSISTANCE

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority!**

- The application must be completed in the handwriting of the HEAD of HOUSEHOLD. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak, or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please PRINT all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you write N/A.
- All yes/no questions MUST be checked to indicate whether your response is "YES" or "NO".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to ALL members of the family listed on the application.
- The information that you provide on this application MUST be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

### **In order to qualify for Public Housing an applicant must:**

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits. These income limits are posted in the PHA office.
- Provide documentation of Social Security numbers for ALL family members or certify that they do not have Social Security numbers.
- Pay any money owed to the PHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

### **Americans With Disabilities Act**

**We need your help to ensure all our programs, services, and activities are fully accessible to person with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.**

**APPLICATION FOR PUBLIC HOUSING**

**PART A. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

Head of Household/Person completing this form: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

List all person's **age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. All boxes must be completed for each member. Only those listed on this form may live in the unit.

NAME (First, Middle, Last)	RELATION TO HEAD	US CITIZEN Y/N	DISABLED Y/N	DATE OF BIRTH	SOCIAL SECURITY	Marital status
1.	HEAD					
2.						
3.						
4.						
5.						

**CHILDREN 17 AND YOUNGER**

List all children who will be living in the home, oldest to youngest.

NAME (First, Middle, Last)	RELATION TO HEAD	US CITIZEN Y/N	DISABLED Y/N	DATE OF BIRTH	SS # OR ALIEN #	SCHOOL NAME
1.						
2.						
3.						
4.						
5.						

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD**

**Race:** Check the appropriate race. (More than one category can be entered if applicable.)

White       Black/African American       American Indian/Alaskan Native

Asian       Native Hawaiian/Other Pacific Islander

**Ethnicity:** (Check appropriate ethnicity)       Hispanic or Latino       Not Hispanic or Latino

**Answer the following questions about all members of this household:**

- Has any adult who will live in the home previously lived in another State other than Minnesota?  Yes  No  
If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
\_\_\_\_\_ State lived? \_\_\_\_\_
- Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes  No      If yes, who? \_\_\_\_\_
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes  No      If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home expecting a child?  
 Yes  No      If yes, who? \_\_\_\_\_
- Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No      If yes, who? \_\_\_\_\_
- Has anyone who will be living the home ever used another social security number other than the one listed on this application?  Yes  No      If yes, who? \_\_\_\_\_
- Has anyone who will be living in the home ever used another name, other than the one they are using now?  
 Yes  No      If yes, who? \_\_\_\_\_
- Is there anyone who will be living the home who is 18 or over and a full-time student?  
 Yes  No      If yes, who? \_\_\_\_\_
- Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 Yes  No      If yes, who? \_\_\_\_\_  
What do they require? \_\_\_\_\_

APPLICATION FOR PUBLIC HOUSING

CONTACT INFORMATION: List the names, addresses, telephone numbers, and email addresses of two relatives or friends who live in the area and generally know how to contact you:

- 1. Contact Name: Phone: Address: City/State/Zip: Email address:
2. Contact Name: Phone: Address: City/State/Zip: Email address:

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses for the past five (5) years.

- 1. Current Landlord: Phone: Address: City/State/Zip: Email address: How long a tenant?
2. Previous Landlord: Phone: Address: City/State/Zip: Email address: How long a tenant?
3. Other Landlord: Phone: Address: City/State/Zip: Email address: How long a tenant?

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all the members of your household.

- 1. Has any household member ever been arrested for any crime? Yes No
2. Has any household member ever been convicted of any crime? Yes No
3. Is any household member subject to lifetime sex offender registration? Yes No
4. Is any household member currently using illegal drugs? Yes No
5. Has any household member ever been evicted from any type of housing? Yes No
6. Does any household member abuse alcohol in a way that threatens the health, welfare, or safety of other persons? Yes No
7. Has any household member been treated or is currently in treatment for drug or alcohol abuse? Yes No
8. Has any household member received rental assistance in public housing or HCV? Yes No



**APPLICATION FOR PUBLIC HOUSING**

**PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An **asset** is something of value that can be converted to cash.)*

1. Do you or any family member own or have access to any of the following?

- Savings account?    Yes   No                      Checking account?    Yes   No  
 Certificate of deposit? Yes   No                      Money market account? Yes   No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks                      Yes   No                      Bonds                      Yes   No  
 Real property (land)    Yes   No                      Trust Funds   Yes   No  
 Pensions                      Yes   No                      Individual Retirement Accounts    Yes   No  
 Inheritance                      Yes   No                      Life insurance policies                      Yes   No  
 Any other type of capital investment?   Yes   No

Please explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

**PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child 12 years or younger? ..... Yes   No

If yes, complete the following:

Minor's Name	Care Provider			Amount Paid Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? ..... Yes   No

If yes, how much is reimbursed per month? \$ \_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?

(Could be the person with disabilities) Yes   No   If yes, complete the following:

Care Attendant			Amount Paid Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult family member to work?

(Could be the person with disabilities) Yes   No   If yes, what is the monthly cost: \$ \_\_\_\_\_





**APPLICATION FOR PUBLIC HOUSING**

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**PROGRAM INFORMATION**

What size of unit are you requesting?  1 bedroom  2 bedroom

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? YES  NO

Do you wish to have priority for a handicap accessible unit with special design features? YES  NO

Do you have a Letter of Priority issued by USDA – Rural Development due to displacement from another property?

YES  NO

Have you ever been evicted from any type of housing? YES  NO

Have you ever been convicted of a felony? YES  NO

Are you currently a user of an illegal controlled substance? YES  NO

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?

YES  NO

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?

YES  NO

Are you now or will you become a part time or full-time student prior to move-in? YES  NO

How did you hear about this housing?

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## APPLICATION FOR PUBLIC HOUSING

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### Certification of the Applicant

I/We hereby certify that the unit applied for will be the household's permanent residence; that I/we will not maintain a separate subsidized rental unit in another location; that I/we must pay a security deposit for this unit and are responsible for any pet deposit for ONE PHA authorized pet; that my/our eligibility for housing will be based on USDA-Rural Development income guidelines and tenant selection criteria; and that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy.

I/We hereby certify that all of the information I/we have provided on this application is true and complete. I/We understand that I/we am/are required to notify the housing authority in writing (within 5 days) if any member of the family moves out of the unit, and that I/we cannot permit anyone to move into my unit without prior approval of the housing authority. I/we understand that I/we must notify the housing authority in writing of any changes to the household due to birth, adoption, living arrangement, or court-awarded custody. I/we also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

I/We do hereby authorize Development Services Inc and/or New Vistas Inc. and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our application for housing in programs administered by Rural Development. Further I/we consent to the release of wage matching data to the RHS and the borrower.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR CO-HEAD

\_\_\_\_\_  
DATE

### Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

If application was mailed and received by PHA staff via postal mail or email, correspondence was made by the following PHA staff to the applicant to be certain all questions were fully understood and fully answered.

\_\_\_\_\_  
SIGNATURE OF PHA REPRESENTATIVE

\_\_\_\_\_  
DATE

## APPLICATION FOR PUBLIC HOUSING

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The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Race:

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**AUTHORIZATION FOR RELEASE OF INFORMATION**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Lincoln County HRA any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Public 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 Rural Development (RD) and Minnesota Housing 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   | Residency/Rental activity |
| Medical costs / Case Management | Child Care costs and allowances | Credit/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 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:

- |                                     |                                     |                                |
|-------------------------------------|-------------------------------------|--------------------------------|
| American Indian Tribes              | Insurance/Medical/Pharmacy Agencies | Social Security Administration |
| Local/State/Federal Auditors        | Post Office                         | State/County /Welfare Agencies |
| Banks/Financial Institutions        | Rental History Reports              | State Unemployment Agencies    |
| Child care providers                | Representative Payees/Guardians     | Support/Alimony Providers      |
| Credit providers and Credit Bureaus | Retirement Systems                  | Veterans Administration        |
| Criminal Background/Court resources | SAVE/ INS Citizenship               | Utility Companies              |
| Employers – Past & Present          | Schools and Colleges                |                                |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that RD, MN Housing, or the LC HRA 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. RD may in the course of its duties exchange such automated information with other federal, state, or local agencies, included but not limited to: state employment security agencies, department of defense, office of personnel management, the US postal service, the social security administration, 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 15 months from the date of signature.

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Applicant print name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Co-Head/Adult member print name: \_\_\_\_\_

Co-Head/Adult signature: \_\_\_\_\_

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

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WARNING: Section 1001 of Title 18 of the US Code makes it a criminal office to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

