



HURON HOUSING AND REDEVELOPMENT COMMISSION

**255 IOWA AVENUE SE
HURON, SOUTH DAKOTA 57350**

(605) 352-1520

BLUEBIRD APARTMENTS

FOR OFFICE USE ONLY

Date: _____

Time: _____

The Huron Housing and Redevelopment Commission does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Huron Housing and Redevelopment Commission is an equal opportunity provider and employer.

Please provide accurate information.

Complete every item on the application - leave nothing blank. Print N/A if an item does not apply to you.

Head of Household Legal Name _____ Male ____ Female ____

Address _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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/Latino
(Check One) _____ Not Hispanic/Latino

Race: _____ White _____ Black/African American
(Check All That Apply) _____ American Indian/Alaska Native
_____ Asian _____ Native Hawaiian/Other
Pacific Islander

HOUSEHOLD COMPOSITION:

Names of all Family Members	Relation to Head Of Household	Date of Birth	Social Security Number
	Head		

Do you have an animal that will reside with you in the unit?
____ Yes ____ No

If "Yes", what type of animal? _____

HOUSEHOLD COMPOSITION CONTINUED:

Do you or a member of your household qualify for a reasonable accommodation due to a disability?

Yes _____ No _____

Accommodation Requested: _____

Do you or any member of your household have a history of substance abuse that has not been abated through rehabilitation?

Yes _____ No _____

Have you or any member of your household been charged with a crime?

Yes _____ No _____

Are you or any member of your household a registered sex offender?

Yes _____ No _____

Did you or anyone in your household file a Federal tax return last year?

Yes _____ No _____

INCOME AND EMPLOYMENT:

List the income for the all members 18 or older, including income received on behalf of household members under 18. Include all income you expect to receive in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home. Income can include:

Alimony, child support, disability benefits, assistance to attend school, food stamps, military pay, periodic gifts, retirement, self employment, social security benefits, SSI, unemployment, wages and salaries, welfare benefits, worker's compensation, lottery winnings in periodic payments, income from assets, etc.

Name of Family Member	Gross Amount Received	How Often Received	Source of Income or Employer Name	Address
		Weekly Bi-Weekly Monthly		

Family members who are disabled, handicapped, or over age 62 may qualify for an income adjustment. Do you or any family member qualify under this provision?

Yes _____ No _____

ASSETS:

Please list assets of all household members. **Each item must be "YES" or "NO".** Please provide the name and complete address of the financial institution that can verify each asset item.

Cash on Hand: Amount \$ _____

	YES or NO	Amount \$	Name of Institution (Bank)
Checking			
Savings or CD's			
Stocks or Bonds			
Money Market Accounts			
Cash Value of Life Insurance			
Equity in Real Property			
Other			

Have you disposed of any assets (i.e. real estate, certificates of deposit, etc.) within the last two years?
 _____ Yes _____ No

If yes, please explain listing the value of the asset and the amount received. Please indicate how the proceeds from the disposed asset were invested and/or spent. _____

ALLOWANCES:

Medical expenses for elderly, handicapped or disabled persons are allowable deductions to income. Child care expenses related to work or to attend school are also allowable deductions to income. Please list the requested information for costs in the **past 12 months**.

Name of Family Member	Physician, Hospital, Clinic, Drug Store or Child Care Provider	Address	Cost Monthly/Annually

Health Insurance Company: _____

Mailing Address: _____

Premium: \$ _____ How often paid? (Circle One) Monthly/Quarterly/Semi-Annually/Annually

Please attach a statement from the company indicating the annual premium and the frequency of premium payments.

HOUSING INFORMATION:

Does your family lack a regular nighttime residence, live in a shelter, or other non-residential place? _____ Yes _____ No

Do you currently live or have you previously lived in, public housing, or any other type of federally subsidized housing?

_____ Yes _____ No

If "Yes", when and where? _____

Do you owe money to any Public Housing Authority or a provider of any type of federal housing assistance?

_____ Yes _____ No

If "Yes", please list the name and address of the Public Housing Authority or other provider and how much you owe.

Do you owe any utility provider money for unpaid utility bills? _____ Yes _____ No

If "Yes", please list.

Have you or anyone in your household been evicted? _____ Yes _____ No

Does anyone living outside your household pay for or provide money of any of your household bills or living expenses?

_____ Yes _____ No

What type of dwelling do you currently live in? (Check one)

_____ Rented Home _____ Rented Mobile Home
_____ Own Home _____ Own Mobile Home Lot Rent \$ _____
_____ Rented Apartment _____ In the Home of Relative or Friend
_____ Other: _____

Present amount of Monthly Rent: \$ _____

List all landlords within the past 2 years, listing most current landlord first:

Landlord Name	Address	Phone	Dates		
			From		To

IN THE EVENT OF AN EMERGENCY, WHO DO WE NOTIFY?

Emergency Contact Name _____

Address _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I declare that I have read and understand this application, and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under SDCL 4-9-5, a person is guilty of a felony if in a governmental matter such as this, he/she makes false written statements when the statement is material and he/she does not believe it to be true. I authorize inquiries to be made to verify the statements above.

I agree to inform the Huron Housing Authority Staff immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing.

I certify that the apartment unit applied for will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location.

Head of Household

Co - Applicant

Date

Date

AUTHORIZATION FOR RELEASE OF INFORMATION
USE FOR ALL PURPOSES

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Huron Housing and Redevelopment Authority (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 Program, and/or other housing assistance programs administered by the HRA. 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) and USDA Rural Development in administering and enforcing program rules and policies.

In addition, I authorize and consent to the exchange of information between the HRA and supportive service agencies from whom I am receiving services, i.e. Community Counseling Services, Huron Area Center for Independence, Department of Social Services, Cornerstones Career Learning Center, Inc., concerning my family's circumstances, and/or other matters relating to my disability and/or medical condition.

INFORMATION COVERED

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

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental 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 Landlords (including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Credit Providers and Credit Bureaus
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support and Alimony Providers	Medical and Child Care Providers
Retirement Systems	Veterans Administration
Welfare Agencies	Banks and other Financial Institutions
	Utility Companies

CONDITIONS

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the HRA and will stay in effect for a period of fifteen (15) months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Head of Household	_____ [State(s) of Residency In Past 3 Years]	_____ Date
_____ Spouse	_____ [State(s) of Residency In Past 3 Years]	_____ Date
_____ Adult Member Signature	_____ [State(s) of Residency In Past 3 Years]	_____ Date