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| FOR OFFICE USE ONLY | |
| Date: | _____ |
| Time: | _____ |

**255 IOWA AVE SE
HURON, SD 57350
(605) 352-1520**

APPLICATION FOR DONNIE WAHL APARTMENTS

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.

All applicants must meet income eligibility requirements.

Applicants must be handicapped or disabled and be receiving case management services.

Head of Household Legal Name _____ Male ____ Female ____

Address _____
Street City State Zip Code

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

The following is requested by the federal government for certain types of loans and grants in order to monitor compliance with the Federal Civil Rights laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application and the law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Ethnicity: _____ Hispanic/Latino Race: _____ White _____ Black/African American
(Check One) _____ Not Hispanic/Latino (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 | Elderly? | Disabled? | Date of Birth | Social Security Number |
|-----------------------------|-------------------------------|----------|-----------|---------------|------------------------|
| | | Yes/No | Yes/No | | |
| | Head | | | | |
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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 _____

Do you have a Case Manager?

Yes _____ No _____

Do you have a Representative Payee?

Yes _____ No _____

If yes, please list name(s) and telephone number(s):

Case Manager: _____

Phone Number: _____

Representative Payee: _____

Phone Number: _____

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 | | |
| | | | | |
| | | | | |
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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 |
|-----------------------|--|---------|-----------------------|
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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, housing assisted by the Section 8 program 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 ever 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
 _____ Own Home
 _____ Rented Apartment
 _____ Other: _____
 _____ Rented Mobile Home
 _____ Own Mobile Home
 _____ In the Home of Relative or Friend
 Lot Rent \$ _____

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 makes false written statements when the statement is material and he does not believe it to be true.

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.

My signature below constitutes my consent for the Huron Housing & Redevelopment Authority to obtain verifying information from any necessary source.

 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 |

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

HURON CRIME FREE MULTI-HOUSING PROGRAM

“Keeping Illegal Activity Out of Rental Property”



Designed as a partnership between law enforcement, managers and tenants to help tenants, managers and owners in keeping drug and criminal activity out of rental property.

The program is based on a national program that originated in Mesa, Arizona in 1992 and currently is an international program. The program has shown a national average of 50%-60% reduction in crime and/or police calls for those properties actively working the program.

The program is designed to help rental property managers, with the assistance of tenants, deal with potential and current renters who may be involved in criminal activities within the rental property. By using the Crime Free Lease Addendum and the following standards, managers are able to prevent potential criminal behavior from

moving onto the property. This creates a safer place for the resident to call home. Huron has been part of this national program since 1997 and property managers and tenants started seeing the positive effects within three months of joining the program.

Even though no program can guarantee that there will never be any criminal activity on a property, the Crime Free Multi-Housing program has shown that it can help make a property safer and better for the tenants.

If you have any questions about the program or the minimum standards, you are encouraged to speak with the manager or contact:

Huron Police Department
239 Wisconsin Ave. SW
Huron, SD 57350
(605) 353-8550

Huron Crime Free Multi-Housing Minimum Standards

1. South Dakota criminal backgrounds checks on all applicants.
2. No registered sex offenders allowed to reside on property.
3. No person with a felony drug conviction in the last 5 years allowed to reside on property.
4. No person with a felony assaultive behavior conviction in the last 5 years allowed to reside on property.
5. Apartment doors will be equipped with 180-degree eye-viewers, deadbolt with 1" throw and strike plate installed with 2 ½ to 3" screws.
6. Apartment sliding doors and windows will have 2 locks.
7. Owners/Managers will have completed a Crime Free Multi-Housing Manager Seminar.
8. Apartment buildings will have adequate lighting as determined by the Huron Police Department.