



1930 Hennepin Ave S  
Minneapolis MN 55403

**For Office Use Only**

Date Received: \_\_\_\_\_  
(mm/dd/yyyy)

Time Received: \_\_\_\_\_ am/pm  
(hh:mm)

\_\_\_\_\_  
Initials

**1. PRIMARY APPLICANT/HEAD OF HOUSEHOLD**

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

Have you ever used another name?  Yes  No If Yes, please provide: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Would you like to receive communications via Email?  Yes  No If **yes**, please provide: \_\_\_\_\_

**2. HOUSEHOLD INFORMATION**

A. Beginning with the Head of Household, please list all information for each household member who will occupy the unit.

Name (Last, First, Middle Initial)	Relationship to Head of Household	Veteran? (Y/N)	Social Security Number	Date of Birth (Mo./Day/Yr.)	Mgmt Use Only form HUD- 27061-H Race & Ethnicity Data* C=completed OR R=rejected
	Head of Household	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> C <input type="checkbox"/> R

B. Questions related to household members' disability are **optional**. It is not necessary to answer the questions below about your disability to qualify for housing unless you are requesting an accommodation.

1. Do you or any household member claim a disability?  Yes  No

2. Do you need an accommodation to help you complete the application process?  Yes  No

3. Does any member of the household have a need for accessible features? (e.g. grab bars, a barrier-free unit, etc.)  
 Yes  No If **yes**, please explain: \_\_\_\_\_

C. Are there any household members who are full-time or part-time students at an institution of higher education?  
 Yes  No If **yes**, please identify all: \_\_\_\_\_

D. Do you anticipate a change in household composition during the next 12 months?  Yes  No

E. Will any of the above household members live anywhere except in the unit?  Yes  No

F. Are any household members seeking to be housed temporarily due to displacement as a result of a Presidentially-declared Disaster?  Yes  No

If **yes to D, E, or F above**, please explain: \_\_\_\_\_





#### 4. EMPLOYMENT AND OTHER EARNED INCOME

A. Include current employers for all adult household members. If more space is needed, please attach a separate sheet. If no employer, please indicate "None."

Present Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.)		TO	(mo./yr.)
Gross Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part-Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , how many hours weekly? _____					
(Please check one.)					
<input type="checkbox"/> Second Employer, or					
<input type="checkbox"/> Co-Head/Spouse Employer, or					
<input type="checkbox"/> Other Adult Employer: _____					
Employer Address: _____					
Street	City	State	Zip		
Employer Contact: _____			Title: _____		
Employer Telephone: _____			Email: _____		
Occupation: _____		Dates of Employment: _____			
		(mo./yr.)		TO	(mo./yr.)
Gross Salary: \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> month <input type="checkbox"/> year					
<input type="checkbox"/> Full-Time (at least 40 hrs. weekly) <input type="checkbox"/> Part Time How many hours weekly? _____					
Are you eligible for overtime pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , how many hours weekly? _____					

B. Please list the total estimated annual employment income of all other household members, regardless of age.

Name of Household Member	Gross Wage	Full-Time or Part-Time	Part-Time Hours (weekly)	Overtime Hours (weekly)	Tips, Bonuses, or Commission
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$
	\$	<input type="checkbox"/> FT <input type="checkbox"/> PT			\$

## 5. BENEFITS INCOME

- A. Does any household member currently receive or expect to receive income from any of the following sources? If an order of child support, divorce decree or separation agreement exists but payments are not received, please list the court-ordered amount.

Benefit Type		Gross Amount Received	Per Week, Month, etc.	Household Member Receiving Benefit (Last, First)
Social Security/SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Social Security/SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
SSI (Quarterly)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Veterans Affairs	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

## 6. OTHER INCOME

- A. Does any household member currently receive or expect to receive income from any of the following sources? If **yes**, please state the amount, frequency, and the household member receiving the income.

Income Source	Income Received?	Gross Amount Received	Per Week, etc.	Household Member Receiving Benefit (Last, First)
Income from self-owned business (daycare, babysitting, cosmetics, taxi driver, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Recurring cash contributions or gifts <u>from persons outside household</u> , including rent, utility payments, mobile phones, car notes, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Unemployment benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Retirement or Pension Benefits/IRA	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Capital Gains from Stock	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Military Reserves/National Guard/GI Bill	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Periodic Payments or Installments from Lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Member of an Native American Tribe receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Any Other Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

- B. Do you have any rental property or business property income?  Yes  No  
If **yes**, give the name and address of the renter or the business owner who leases the property you currently own:

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

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

Amount of rent charged per month: \$ \_\_\_\_\_

## 7. ASSET INCOME

- A. Does any household member own any of the following types of assets? If **yes**, please provide the current value or balance of the asset, the name of the banking institution where it is held, and the name of the household member whose name appears on the account.

Type of Asset	Own?	Current Value or Balance	Name of Financial Institution	Household Member (Last, First)
Checking Account (6-months avg)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Cash (at home)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	N/A	
Social Security Direct Express ® or other Prepaid or Debit Cards	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
401(k) or 403(b) or Other Retirement	<input type="checkbox"/> Y <input type="checkbox"/> N			
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Whole or Universal Life Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Real Estate/Mortgages/Land	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Safe Deposit Box	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Deeds or Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Own a Mobile Home	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Personal Property held for investment purposes (antiques, jewelry, other wares)	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		
Other Financial Assets	<input type="checkbox"/> Y <input type="checkbox"/> N	\$		

- B. Reviewing the list of assets above, has any household member disposed of or sold any of the above assets at less than fair market value during the past two years?  Yes  No  
If **yes**, please explain: \_\_\_\_\_

## 8. SCREENING

- A. Have you or any other adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No  
If **yes**, name(s) of household member(s): \_\_\_\_\_  
Please explain: \_\_\_\_\_
- B. Have you or any adult household member ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  Yes  No  
If **yes**, name of household member: \_\_\_\_\_  
Please explain: \_\_\_\_\_
- C. Has any household member ever been convicted of a criminal offense?  Yes  No  
If **yes**, name of household member: \_\_\_\_\_  
Please explain: \_\_\_\_\_
- D. Are you or any household member listed on a state or federal lifetime sex offender registry?  Yes  No  
If **yes**, name of household member: \_\_\_\_\_  
Please provide the location (state) where required to register: \_\_\_\_\_

E. Does any household member currently have any pending criminal charges?  Yes  No  
If **yes**, name of household member: \_\_\_\_\_  
Please explain: \_\_\_\_\_

## 9. SERVICE ANIMALS

A. Do you own a or expect to own a service animal?  Yes  No Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

## 10. VEHICLE INFORMATION

A. Please provide the following information for any vehicles owned or operated by household members that will reside at the community.

Applicant's License Number/State ID # _____	State Issued: _____
Co-Applicant's Driver's License Number/State ID # _____	State Issued: _____
Vehicle #1: Year _____ Make _____ Model _____ Color _____	
License # _____ State _____	
Vehicle #2: Year _____ Make _____ Model _____ Color _____	
License # _____ State _____	

## 11. EMERGENCY CONTACT

A. Please provide the following information for someone who should be contacted in case of an emergency.

Name of Contact: _____	First	Last		
Current Address: _____	Street	City	State	Zip
Primary Telephone Number: _____	Other Tel Number: _____			
Relationship to Head of Household: _____				

## 12. MARKETING INFORMATION

A. How did you hear about the property for which you are completing this application?

- Newspaper  Rental Magazine  HUD Website  Volunteers of America® Website  
 Other: (Please explain): \_\_\_\_\_

**13. PROGRAM INFORMATION & SIGNATURES**

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

I/We certify that I/We have been offered an opportunity to complete or reject the HUD-27061-H-Race and Ethnic Data Reporting Form. I/We understand that if this document is not completed or rejected by me/us, that my/our application is not complete and cannot be added to the waitlist or considered for occupancy at this community.

**I/We have chosen to  complete /  reject the HUD-27061-H Race and Ethnic Data Reporting Form.**

\_\_\_\_\_Initials of Head of Household

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any other owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at \*\*208(a)(6), (7) and (8).\*\*. Violations of these provisions are cited as violations of 42 U.S.C \*\*408(a) (6), (7) and (8).\*\*

**SIGNATURES: (All adult household members, age 18 and above, must sign. All signatures must be original.)**

\_\_\_\_\_

Applicant- Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Adult Household Member

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Adult Household Member

\_\_\_\_\_

Date

\_\_\_\_\_

Additional Adult Household Member

\_\_\_\_\_

Date

