

Valhalla Apartments

Stephanie Brock, Director

FOR OFFICE USE ONLY:

APPLICATION NO: _____ DATE: _____ TIME: _____

PUBLIC HOUSING AGENCY APPLICATION FOR ADMISSION

Name _____ Maiden Name _____

Address _____ Apt # _____ City _____ State _____ Zip Code _____

County _____ E-mail Address _____

Phone # _____ Work/Message Phone # _____

NAME OF PERSON WE MAY CONTACT IF WE CANNOT REACH YOU:

NAME	RELATIONSHIP	ADDRESS	PHONE #/E-MAIL

- Do you speak English? ☐ Yes ☐ No If not, what language do you speak? _____

NAME OF ENGLISH SPEAKING CONTACT PERSON (IF AVAILABLE):

NAME	RELATIONSHIP	ADDRESS	PHONE #

HOUSEHOLD COMPOSITION: (LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL BE PART OF THE HOUSEHOLD)

LAST	FIRST	MIDDLE	SOC. SEC. #	RELATION TO FAMILY HEAD	DATE OF BIRTH	AGE	SEX

Do you expect changes in the number of persons in your household? ☐ Yes ☐ No If yes, explain: _____Is any member of the household a full time student over 18 years of age? ☐ Yes ☐ No If yes, list names _____

Household #	*Race (May Use More Than One)	* Hispanic/ Ethnicity Code	Place of Birth City, State, County

*** Race Code:**

- White
- Black
- American Indian/Native Alaskan
- Asian
- Native Hawaiian/Pacific Islander

*** Hispanic/Ethnicity Code:**

- Hispanic
- Non-Hispanic

*This information is required, for statistical purposes only, so the Department of Housing and Urban Development (HUD) may determine the degree to which minority families utilize its programs. The General counsel of HUD has ruled that the regulation issued on behalf of the Secretary requiring collection of racial and ethnic data has the force and effect of law takes precedence over any conflicting State or Local requirements.

EARNED AND OTHER INCOME FOR ALL HOUSEHOLD MEMBERS: (LIST BOTH FULL AND/OR PART TIME EMPLOYMENT AND/OR INCOME FROM SELF-EMPLOYMENT, SOCIAL SECURITY, SSI, DISABILITY COMPENSATION, ALIMONY, CHILD SUPPORT, DIVIDENDS, PENSIONS, TRUST FUNDS, ANNUITIES, INCOME FROM RENTAL PROPERTY, ETC.)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF EMPLOYER / SOURCE OF INCOME	GROSS EARNINGS
		\$ per
		\$ per
		\$ per
		\$ per
		\$ per

ASSETS OF ALL HOUSEHOLD MEMBERS: (EXAMPLE: SAVINGS AND CHECKING ACCOUNTS, SAVINGS CERTIFICATES, CREDIT UNION SHARES, MONEY MARKET FUNDS, STOCKS, BONDS, IRAS, ETC.)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION	ACCOUNT NO.	AMOUNT

- Do you currently own real estate? ☐ Yes ☐ No If yes, please state location and value of the property.

HOUSEHOLD MEMBER	LOCATION	VALUE

- Have you sold or transferred real estate within the last 12 months? ☐ Yes ☐ No If yes, when? _____
- Do you have Life Insurance? ☐ Yes ☐ No If yes, list company name, address, policy # and loan value:

COMPANY NAME	ADDRESS	POLICY NUMBER	LOAN VALUE

DEDUCTIONS:

- Do you pay for childcare while a family member is employed or attending school? ☐ Yes ☐ No

Name of family member(s) employed or attending school: _____

List child care provider's name: _____

Address and zip code: _____

And telephone number: _____ Cost \$ _____ Per _____

Are you receiving assistance with childcare costs? ☐ Yes ☐ No If yes, list the source and amount of assistance: _____

- Does your household incur expenses related to a handicap or disability that allows a family member to work?

☐ Yes ☐ No If yes, explain: _____

**IF THE HEAD OF HOUSEHOLD OR SPOUSE ARE AGE 62 OR OLDER AND/OR DISABLED,
PLEASE ANSWER QUESTIONS 3 THROUGH 8 BELOW:**

3. Are you or a household member receiving Medicare benefits? ☐ **Yes** ☐ **No**
4. Are you or a household member receiving Medical Assistance through the Welfare Department? ☐ **Yes** ☐ **No**
5. Do you or a household member pay for any medical insurance/hospitalization (such as BlueCross, etc.)
☐ **Yes** ☐ **No** If yes, indicate amount of premium and how often paid: \$_____ per _____
6. Are you or a household member making payments on outstanding medical bills? ☐ **Yes** ☐ **No**
To whom? _____ Amount per month \$ _____
7. Do you or a household member incur expenses for prescription drugs or medical supplies on a regular basis that are not covered by Medical Assistance or health insurance? ☐ **Yes** ☐ **No** If yes, list name and address of pharmacy:

8. Do you or a household member anticipate any health care related expenses for the next 12 months which are not covered by Medical Assistance or health insurance not covered by Medical Assistance or health insurance?
☐ **Yes** ☐ **No**

NON-ECONOMIC INFORMATION:

1. Have you or any household member EVER been **charged** with or **arrested** for a criminal offense or other unlawful act? ☐ **Yes** ☐ **No**
Was this charge or arrest related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? ☐ **Yes** ☐ **No**. If yes, explain and list **ALL** arrest dates:

Where did the **charge(s)** or **arrest(s)** occur? City _____ County _____
State _____
2. Have you or any household member EVER been **convicted** of a criminal offense or other unlawful act (include all levels of conviction)? ☐ **Yes** ☐ **No**. Was the conviction related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? ☐ **Yes** ☐ **No** If yes, explain and list **ALL** conviction dates: _____
Where did the conviction(s) occur? City _____ County _____ State _____
3. Have you or any household member EVER been evicted from a federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal activity?
☐ **Yes** ☐ **No** If yes, explain: _____
4. Are you or is any member of your household required to register under any state's sex offender registration program?
☐ **Yes** ☐ **No** If yes, is this a **lifetime** registration requirement? ☐ **Yes** ☐ **No**
5. Are you currently on probation/parole due to a conviction for a criminal offense or other unlawful act?
☐ **Yes** ☐ **No** If yes, state name and address of probation/parole officer: _____
Dates of probation/parole: **from:** _____ **to** _____

6. Have any of the children listed as household members or any child(ren) expected to become a household member EVER been diagnosed as having an elevated level of lead in their blood? ☐ **Yes** ☐ **No** If yes, list names of the child(ren) diagnosed with the condition_____
7. Do you or any household member(s) require any modification in PHA procedures or special adaptations to a housing unit in order to accommodate a handicap or disability? ☐ **Yes** ☐ **No** If yes, describe the reasonable accommodation you need:_____
8. Have you or any member of your household EVER lived in Public Housing? ☐ **Yes** ☐ **No** If yes, when and where:_____

Did anyone help you fill out this application? ☐ **Yes** ☐ **No**

If yes, provide the following:

NAME_____SIGNATURE_____

TITLE/RELATIONSHIP_____DATE_____

I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE PUBLIC HOUSING AUTHORITY OF CLARKFIELD ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

I HAVE NO OBJECTIONS TO INQUIRES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN, INCLUDING BUT NOT LIMITED TO CRIMINAL BACKGROUND CHECK, LANDLORD HISTORY, AND CREDIT REPORT.

SIGNATURE OF APPLICANT_____DATE_____

SIGNATURE OF ADULT
HOUSEHOLD MEMBER_____DATE_____

SIGNATURE OF ADULT
HOUSEHOLD MEMBER_____DATE_____

INTERVIEWED BY_____DATE_____

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STATEMENT OF ASSETS

I understand that the value of equity in real property, stocks, bonds, and other forms of capital investment are considered assets and that all assets and all income from assets such as interest, dividends, and net income from the operation of any kind of real property or personal property must be declared.

As Head of Household, I declare that members of my household have no ownership, in full or in part, of any assets other than those identified below:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Management Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Deposit |
| <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Burial Account |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuities |
| <input type="checkbox"/> | <input type="checkbox"/> | Money Market Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | IRA Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | U.S. Savings Bonds |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract for Deed |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate |
| <input type="checkbox"/> | <input type="checkbox"/> | Business |
| <input type="checkbox"/> | <input type="checkbox"/> | Given away, sold or otherwise disposed of assets at less than fair market value in the past two years. |

If YES, complete the following information:

What was the asset? _____

Date of disposal of asset(s): _____ Amount received: _____

Market value at time of disposal: _____

Signature

Date

PREVIOUS ADDRESS

PHA staff must be able to verify your previous residence before you can be approved for public housing. If you do not provide a complete list of places where you lived, your application for public housing may be delayed or denied. Do not leave gaps. Include rental units and also care facilities, treatment centers, family or friends you lived with even if you did not have a lease, shelters, jail, etc.

I CERTIFY THAT THE INFORMATION LISTED BELOW IS TRUE AND CORRECT:

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

List the city, county, state and country of all places of residence since the age of 18.

City	County	State	Country

List detailed information of ALL places of residency during the last three (3) years.

1. Your Present Residence—Where do you live now?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	
2. Your Previous Residence—Where did you live before your present address?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

2. Your Previous Residence—Where did you live before #2?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	
2. Your Previous Residence—Where did you live before #3?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	
2. Your Previous Residence—Where did you live before #4?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	
2. Your Previous Residence—Where did you live before #5?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

ATTACH MORE PAPERS IF NEEDED