



I am applying for:
 1 Bedroom Cottage
 2 Bedroom Cottage

HOUSING APPLICATION

Please print.

Head of Household Name: _____ Maiden Name/AKA: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

CONTACT PERSON: Name of person who could be notified in case you cannot be reached.

Name: _____ Phone: _____

I have a **court appointed guardian or conservator.**

Guardian Name: _____ Phone: _____

FAMILY COMPOSITION: List all persons, including yourself, who will be part of the household.

LAST NAME, FIRST NAME	MI	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	SEX (M/F)	PLACE OF BIRTH (CITY/STATE)	DATE OF BIRTH MM/DD/YYYY	RACE ETHNICITY	AGE	VET (Y/N)
		HEAD							

INCOME: Please check all that apply.

Then list the details in the boxes below. List any and all other sources of income under OTHER.

	YES	NO		YES	NO
Wages from Employment	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
County Benefits (MFIP, GA, MSA, Hsg. Assist. Grant, Food Support)	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Armed Forces/Reserves	<input type="checkbox"/>	<input type="checkbox"/>	Income from friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>	Business Income/Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Alimony/Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Plasma Donations	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Payments/Per Capita	<input type="checkbox"/>	<input type="checkbox"/>	Other: (i.e. Financial Aid)	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD MEMBER	SOURCE OF INCOME	GROSS EARNINGS
		\$ Per
		\$ Per
		\$ Per
		\$ Per

If you need more room, please attach an additional sheet.

CRIMINAL HISTORY:

Has any member of your household EVER been convicted of or charged with an illegal act other than a minor traffic citation? Explain: _____

YES **NO**

Are you NOW or have you EVER been required to register with the Police Department, Parole, Probation, or any similar agency as a SEX OFFENDER?



HOUSING INFORMATION:

YES **NO**

Does anyone in your household owe money to the Duluth HRA or any other landlord?

Are there any animals currently in your household?

If yes, please list below the animals you have (type, weight):

YOU MUST PROVIDE THE LAST 24 MONTHS OF RESIDENCY HISTORY OR YOUR APPLICATION WILL NOT BE PROCESSED.

1 Where do you currently live? _____

Dates of Residency: From: _____ To: _____

Do you currently: Own Rent

If you rent, please fill out the landlord information below.

Landlord Name: _____

Landlord Address: _____

Is this landlord a friend or relative? YES NO Explain: _____

2 Previous Residence: _____

Dates of Residency: From: _____ To: _____

Do you currently: Own Rent

If you rent, please fill out the landlord information below.

Landlord Name: _____

Landlord Address: _____

Is this landlord a friend or relative? YES NO Explain: _____

3 Previous Residence: _____

Dates of Residency: From: _____ To: _____

Do you currently: Own Rent

If you rent, please fill out the landlord information below.

Landlord Name: _____

Landlord Address: _____

Is this landlord a friend or relative? YES NO Explain: _____

4 Previous Residence: _____

Dates of Residency: From: _____ To: _____

Do you currently: Own Rent

If you rent, please fill out the landlord information below.

Landlord Name: _____

Landlord Address: _____

Is this landlord a friend or relative? YES NO Explain: _____



I have been homeless for the last 24 months.

I do not have any past rental history.

PLEASE BE AWARE: A Rental History Report (RHR) is run for all adults in a household prior to determining eligibility. This report is a comprehensive tenant screening report, outlining individual credit history, identity and fraud, rental and eviction history, and criminal background.

HRA will run a background check to verify residency history.
Failure to provide full history may result in your application being withdrawn.

If you cannot provide a name and address of previous landlord, please explain below:

CERTIFICATION

I/We understand that this is not a contract and does not bind either party. I/We certify that all of the information given to the Housing and Redevelopment Authority of Duluth, Minnesota on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We are required to report any change in the household size within fourteen (14) days of the occurrence. I/We understand that false statements or information is punishable under federal law. **I/We understand that false statements or information are grounds for denial of housing admission and termination of housing assistance.**

I/We certify that the cottage will be my principal residence and I/We acknowledge and understand that sub-leasing is not allowed. I/We will not live anywhere else without notifying the HRA in writing. I/We certify that we do not owe any money to any public housing authority (PHA, HRA, CDA, or similar government entity).

I/We understand that the HRA must verify all information prior to offering me/us housing and that its staff may contact any agencies, offices, groups, or organizations to obtain any information or materials which it deems necessary to complete my application.

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.

Signature of Head of Household

Date

Signature of Other Adult Member

Date

The foregoing information has been reviewed and discussed with the tenant by:

HRA Representative

Date

FOR OFFICE USE ONLY:

Application Received By: _____	Application Fee Received: \$ _____
_____ DATE	_____ TIME
_____ DATE	_____ TIME