



110 SARGENT STREET, SUITE 1
CROOKSTON, MINNESOTA 56716
PHONE 218-281-5334
FAX 218-281-6214

Dear Applicant:

Enclosed are the application forms necessary to place you on our waiting list for the Housing Choice Voucher Program, Agassiz Townhomes, and/or for the Oak Court Apartments. Please complete and return the enclosed application. Application must be complete and signed in order to be eligible for placement on the waiting list.

- Pre-Application for Admission

- Proof of Residency for Polk County Applicants. (ex: copy of photo ID, utility bill, rent receipt, copy of lease.)

- Assisted living prescreening form.(When applying for Oak Court - preference is given to households who qualify for Assisted Living services)

It is important that you contact our office if you have moved or changed your mailing address so that we are able to contact you when we update our waiting list and if you reach the top of the list.

For Oak Court applicants, be sure to also contact us if your status for assisted living has changed. These items could affect your place on the waiting list.

Once your application is processed you will receive a confirmation letter.

CHEDA
Housing Specialist



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

CROOKSTON HOUSING & ECONOMIC DEVELOPMENT AUTHORITY -
 110 SARGENT ST., CROOKSTON, MN 56716 •PHONE 218-281-5334 •FAX 218-281-6214

Name _____ Maiden Name _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Phone # _____ Cell Phone # _____ Work/message Phone # _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____ PREVIOUS ADDRESS _____

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

NAME	RELATIONSHIP	ADDRESS	PHONE #

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

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

1.	NAMES OF FAMILY MEMBERS			SOC. SEC # OR ALIEN REG #	RELATIONSHIP TO FAMILY HEAD	DATE OF BIRTH	DISABILITY Y/N	AGE	SEX
	LAST	FIRST	MIDDLE						
1.					HEAD				
2.									
3.									
4.									
5.									
6.									
7.									

Are you currently homeless? YES NO

Do you expect changes in the number of persons in your household? YES NO If yes, explain:

Is any member of the household who is over 18 a student enrolled in higher education? YES NO If yes, list names:

EARNED INCOME FOR ALL HOUSEHOLD MEMBERS: (LIST BOTH FULL AND/OR PARTIME EMPLOYMENT AND/OR INCOME FROM SELF EMPLOYMENT)

HOUSEHOLD MEMBER	SOURCE	County	GROSS EARNINGS
			\$ per
			\$ per
			\$ per
			\$ per

OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS: (Example MFIP, GA, SOCIAL SECURITY, SSI, DISABILITY COMPENSATION, ALIMONY, CHILD SUPPORT, DIVIDENDS, PENSIONS, TRUST FUNDS, INCOME FROM RENTAL PROPERTY, ARMED FORCES RESERVES, AND MINNESOTA SUPPLEMENTAL AID (MSA), ETC.)

HOUSEHOLD MEMBER	SOURCE	GROSS EARNINGS
		\$ per
		\$ per
		\$ per
		\$ per

ASSETS OF ALL HOUSEHOLD MEMBERS: (EXAMPLE: CASH, SAVINGS AND CHECKING ACCOUNTS, CASH MANAGEMENT ACCOUNTS, SAVINGS CERTIFICATES, CREDIT UNION SHARES, MONEY MARKET FUNDS, STOCKS, BONDS, IRA ACCOUNT, ANNUITIES, MUTUAL FUNDS, ETC.)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION	AMOUNT

NON-ECONOMIC INFORMATION:

Are you or any household member required to register under any state's sex offender registration program?

Yes No If yes, explain: _____

Have you or any member of your household **EVER** lived in Public Housing or participated in the Section 8 Program?

Yes No If yes, when and where: _____

I/We are applying for the following program(s): Housing Choice Voucher Public Housing (Oak Court Apts)

***** NEW ***** Project Based Vouchers (Agassiz Townhomes)

Circle waiting list for Oak Court Apts

0 Bedroom 1 Bedroom Both

House hold #	*race (may use more than one)	*Hispanic/Ethnicity Code	Place of Birth City and State
1.			
2.			
3.			
4.			
5.			
6.			

***Race Code:**

1. WHITE
2. BLACK
3. AMERICAN INDIAN/NATIVE ALASKAN
4. ASIAN
5. NATIVE HAWAIIAN/PACIFIC ISLANDER

***Hispanic/Ethnicity Code:**

1. HISPANIC
2. NON-HISPANIC

*This information is required, for statistical purposes 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 and takes precedence over any conflicting State or Local requirements.

Did anyone help you fill out this application? Yes No

If yes, provide the following:

NAME _____ SIGNATURE _____

TITLE/RELATIONSHIP _____ DATE _____

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE CROOKSTON HOUSING & ECONOMIC DEVELOPMENT AUTHORITY ON HOUSEHOLD COMPOSITION, INCOME, NET 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 US 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. PUNISHMENT SHALL BE A FINE NOT MORE THAN \$10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-669-9777.

*After verification by this Agency, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____

SIGNATURE OF OTHER

ADULT HOUSEHOLD MEMBER _____ DATE _____

Please remit application to:

Crookston Housing & Economic Development Authority
110 Sargent St. Suite 1
Crookston, MN 56716



Customized Living Prescreening Form

Please complete the assessment information below as a prescreening tool to determine if you need Customized Living services.

Name: _____

Please check the box that best describes your needs and abilities.

Level of Independence	Independent	Supervision	Aid of 1	Use Device	Totally Dependent
Medications					
Bathing					
Dressing					
Grooming					
Eating					
Toileting					
Walking					
Transferring					
Bed Mobility					
Self Preservation					
Cleaning					
Laundry					
Shopping					
Meal Prep					
Handling Money					
Using Phone					

Comments:

Check all below that may apply to your needs:

- Tube Feedings
- Wound Care
- IV Fluids
- Symptom Control/Terminal Illness
- Observe & Evaluate for Acute Symptoms
- Blood Drawn
- Oxygen/Respiratory Therapy
- Skin Care
- IV Meds
- Ostomies/Catheter
- Hyperal/Hickman Cath
- Drainage Tubes
- IM Injections
- Setup Meds
- Blood Sugar Checks

Do you use any special equipment? _____