



Office Hours 8am-2pm, M-F

## Minneapolis Housing Authority

114 S Rock St, PO Box 227

Minneapolis, KS 67467

(785) 392-3272 Office

(785) 392-2701 Fax

[mhaoffice@eaglecom.net](mailto:mhaoffice@eaglecom.net)

Chris Burlew, Executive Director

Whom it may concern:

We need copies of all these items when we process your application,

Birth Certificate

Driver License/ID

Auto Insurance & Registration

SS card

Bank Statement

Last year Income tax

Letter from SS Administration for SS/SSI amounts

If applies:

Adoption Stipend

Child Support Letters and case number

Proof of pet vaccinations

Proof of need of service animal, comfort animal, emotional support animal

**IF ANY OF THE CRITERIA BELOW PERTAINS TO YOU, YOU MAY BE INELIGIBLE FOR PUBLIC HOUSING**

**1. History of Recent Serious Criminal Activity**

Includes cases in which a member of the family who is expected to reside in the household was, or is engaged in prostitution, sale of narcotics, or another serious criminal activity. Involvement in such activity shall be grounds for ineligibility if it occurred within five (5) years prior to application.

**2. Pattern of Violent Behavior:**

Includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupancy of neighbors.

**3. Confirmed Drug Addiction:**

Includes evidence of confirmed drug addiction such as a record of more than one arrest for possession, use of narcotics, reports from probation officer, a social agency, or the family itself to the effect that the individual is addicted. In cases where the confirmed addict is undergoing follow-up treatment by a professional agency after discharge from an institution, the applicant shall be considered eligible.

**4. Rape or Sexual Deviation:**

Includes individuals who have been involved as offenders in rape, indecent exposure, sodomy, carnal abuse and impairing the morals of a minor. Exception is permitted in the case of an individual under 16 years of age when he/she was involved in such offense and evidence from a reliable source shows that the individual may be considered rehabilitated.

**5. Initiated Threats:**

Behaving in a manner indicating an intent to assault others. employees or other tenants of a Housing Authority.

**6. Grossly Unsanitary or Hazardous Housekeeping:**

Includes the creation of a fire hazard through such acts as hoarding of rags and papers; severe damage to premises and equipment, if it is established that the family is responsible for the condition; seriously affecting neighbors by causing infestation. foul odors, or depositing garbage improperly; or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or to lack of orderliness or where such conditions do not create a problem for neighbors.

**7. Intentionally Falsifying an Application for Leasing:**

Includes giving false information regarding family income, size, and /or utilization of an alias on the application for housing.

**8. Record of Serious Disturbances:**

Includes disturbances of neighbors, of property or other disruptive or other dangerous behavior. Consisting of pattern of behavior which endanger the life, safety, morals, or welfare of other persons by physical violence, gross negligence or irresponsibility; which damage the equipment or premises in which applicant resides; or which seriously disturb neighbors or disrupt sound family and community life, indicating the applicant's inability to adapt to living in multi-family setting. Includes neglect of children which endangers their health, safety or welfare; termination by the courts of tenancy in previous housing on the grounds of nuisance or objectionable conduct or frequent loud parties which have resulted in serious disturbance to neighbors.

**APPLICANT MUST PROVIDE:**

**a. Applicant's Credit History:**

Must have three (3) forms of acceptable/ recent past credit history.  
Electric companies; Gas companies; Bank loans; etc.

**b. Applicant's past two (2) years Tenant History:**

**c. Disclosure of Social Security Numbers:**

**APPLICANT MUST ALLOW:**

**Background Check:**

This is mandatory of all household members eighteen (18) years of age and older.

I have read and understand the above. *(This is mandatory for all household members of applicant eighteen (18) years of age and older).*

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Applicant Signature

Date

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Applicant Signature

Date

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Applicant Signature

Date

## **Minneapolis Housing Authority**

### **NOTICE TO ALL ADULT MEMBERS OF FAMILIES APPLYING FOR HOUSING ASSISTANCE REGARDING CRIMINAL HISTORY INVESTIGATION**

The Federal law provides that the Housing Authority may not provide housing assistance for persons who have a history of violent or drug related criminal activity. Nor will housing assistance be provide for registered offenders. Therefore, the Housing Authority must investigate every adult family member's criminal history, prior to approving housing assistance. The agency will gather criminal history data through all available sources, including the Federal Bureau of Investigation {FBI}, state bureaus of investigation (such as the KBI), and other applicable records.

The Housing Authority requires that each family member who has attained age 18, provide the personal data required on the Initial Preliminary Application Form and sign the Release(s) of Information form(s) (attached), as part of the preliminary application process. The agency will conduct the criminal history investigation prior to the Housing Authority sending out the verifications given by the applicant.

The Housing Authority will not process an application for housing assistance when any one adult member of the family fails/refuses to provide the required information and/or fails to sign the appropriate release forms.

The Housing Authority will use any and/all criminal history information gathered, along with other information, to determine the family's eligibility for housing assistance.



MINNEAPOLIS HOUSING AUTHORITY  
BACKGROUND CHECK

Property: Minneapolis Housing Authority Date: \_\_\_\_\_

*This information is necessary to establish the eligibility to live in the Minneapolis Housing Authority.*

Management: Minneapolis Housing Authority  
114 S. Rock  
Minneapolis, KS 67467

*I \_\_\_\_\_ hereby authorize the Minneapolis Housing Authority to run a background check through all available sources of law enforcement agencies on all parties requesting tenancy in the Housing Authority. HUD is authorized to collect this information by the U.S. Housing Act of 1937, Title VI of the Civil Rights Act of 1964 and the Fair Housing Act. I understand failure to provide any requested information may result in a delay or rejection of eligibility approval.*

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ If so, when? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_  
Month Day Year

Current Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID or DL Number: \_\_\_\_\_  
State Number

# APPLICATION FOR ADMISSION

## HOUSING AUTHORITY OF THE CITY OF MINNEAPOLIS

**PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION.**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ S.S. # \_\_\_\_\_

**HUD requires a two-year residential history. Please complete for each address lived at for the past two years even if you did not pay a landlord. If you need additional space, please attach a separate piece of paper.**

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ REASON FOR MOVING \_\_\_\_\_

APPLICANTS PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NAMES OF ALL OCCUPANTS OF APARTMENT:

NAME (First, MI, Last) Applicants name on line 1.	SEX	DOB	S.S.#	RELATIONSHIP
1. _____	M F	/ /	/ /	HEAD OF HOUSEHOLD
2. _____	M F	/ /	/ /	
3. _____	M F	/ /	/ /	
4. _____	M F	/ /	/ /	
5. _____	M F	/ /	/ /	

The emergency contact information is used only if you become a tenant and an emergency arises.

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

INDICATE IF ANYONE IN HOUSEHOLD IS RECEIVING THE FOLLOWING:

S.S. \_\_\_ SSI \_\_\_ TANF \_\_\_ DISABILITY \_\_\_ UNEMPLOYMENT \_\_\_ CHILD SUPPORT \_\_\_

TOTAL AMOUNT RECEIVED PER MONTH \$ \_\_\_\_\_ CHILDCARE EXPENSES \$ \_\_\_\_\_

MEDICAL EXPENSES (elderly only) \$ \_\_\_\_\_ CHILD SUPPORT PAID \$ \_\_\_\_\_

LIST ASSETS (All household members combined).

CASH ON HAND \$ \_\_\_\_\_ CHECKING ACCOUNT \$ \_\_\_\_\_ SAVINGS ACCOUNT \$ \_\_\_\_\_

Does anyone outside of your household pay for any of your bill or give you money? Yes \_\_\_ No \_\_\_ If yes, please explain.

What is the amount \$ \_\_\_\_\_

Have you or any adult members of the household ever used any other names (such as a maiden or former married name) or social security numbers other than the ones currently being used? YES \_\_\_ NO \_\_\_ If yes, please explain

Have you or any member of your household lived in any subsidized housing? YES \_\_\_ NO \_\_\_ If yes, where and when?

Have you ever committed any fraud in a federally assisted housing program or be requested to repay money for knowingly misrepresenting information for such housing programs? YES \_\_\_ NO \_\_\_ If yes, please explain.

CREDIT REFERENCES:

UTILITY COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

UTILITY COMPANY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ PHONE # \_\_\_\_\_

PERSONAL REFERENCE: \_\_\_\_\_ PHONE # \_\_\_\_\_

Will there be children under 12 years of age left unattended at any time? YES \_\_\_ NO \_\_\_

How many vehicles do you have? \_\_\_ Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag # \_\_\_\_\_



**Vehicles parked on MHA property must have current tags and registration.**

If vehicle(s) is owned by you do you have insurance on the vehicles(s)? YES \_\_\_\_\_ NO \_\_\_\_\_

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Insurance company

location of company

phone number

I learned about the Minneapolis Housing Authority from \_\_\_\_\_

This application must contain accurate and complete information required and returned to the Minneapolis Housing Authority. Incomplete applications will not be processed.

**APPLICANT(S) CERTIFICATION**

I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand false statements or information are punishable under Federal and/or state laws. I also understand false statements or information are grounds for denial of housing and assistance.

This application is submitted with the understanding that it is to be used to confirm assets, credit, landlord(s), employer(s), utility companies, and character references. I have no objection to inquiries for the purpose of verification of the above statement. This also includes a **CRIMINAL BACKGROUND CHECK**. It is understood the information will be held in strict confidence. I also understand this application is good for only six (6) months from the date of completion. I must renew this application each six (6) months thereafter if I desire my application to remain active.

I understand this is a preliminary application and give no lease or rent right. I understand to qualify, I must meet all HUD requirements, including the verification of American citizenship. I understand the Minneapolis Housing Authority will perform a **credit check** to determine my eligibility.

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Signature of Head of Household

Date

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Spouses Signature

Date

Phone number to call regarding status of application \_\_\_\_\_

**NOTE:**

**COMPLETE ALL FORMS.** When all from are complete, **RETURN ALL FORMS** to the **MINNEAPOLIS HOUSING AUTHORITY**. Incomplete application will not be processed until compete. The Minneapolis Housing Staff will mail verification and reference forms for you. **It is against HUD rules for the applicant to send out the verification forms for completion.** If this process is not strictly adhered to, you will have to repeat the application process. If you have any questions, please contact the management office at **(785)392-3272**

Thank you.





**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information; and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



Prior EMPLOYMENT VERIFICATION FORM

Name of Employer: \_\_\_\_\_

PLEASE RETURN FORM TO:

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

Minneapolis Housing Authority  
114 S Rock Street  
Minneapolis, Ks 67467

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by Employer  
(Please answer all questions. Answer N/A if the question doesn't apply.)

- Date First Employed: \_\_\_\_\_
- Base pay rate (Gross Pay) (select one): Per hour \$ \_\_\_\_\_ OR Annual Salary \$ \_\_\_\_\_  
Date present rate became effective \_\_\_\_\_  
Overtime pay rate: Per hour \$ \_\_\_\_\_  
Expected average hours to be worked per week: \_\_\_\_\_
- Other compensation not included above (specify for commissions, bonuses, tips, etc.):  
For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
- Total anticipated base pay earnings for the next 12 calendar months \$ \_\_\_\_\_  
Total anticipated overtime earnings for the next 12 calendar months \$ \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person  
Supplying the Information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: 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 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).

Please return form to the address listed above. Thank you.



# PRESENT LANDLORD VERIFICATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Print name of Landlord or Manager

**PLEASE RETURN THIS FORM TO:**

**Minneapolis Housing Authority**

**114 S. Rock St.**

**Minneapolis, KS 67467**

Office: **785-392-3272**

Fax: **785-392-2701**

Address

City

St.

Zip

REGARDING: \_\_\_\_\_

Applicants name.

Present Address

City

St.

Zip

I hereby authorize the release of the requested information.

APPLICANTS SIGNATURE: \_\_\_\_\_

In order to determine eligibility and suitability for housing assistance, we must obtain rental history for this applicant. Please provide us your cooperation by answering the questions below. Thank you for your prompt response.

MANAGEMENT SIGNATURE: \_\_\_\_\_

**PLEASE DO NOT COMPLETE FORM BELOW UNLESS APPLICANT AND DIRECTOR SIGNED ABOVE AND FORM WAS RECEIVED FROM THE MINNEAPOLIS HOUSING AUTHORITY.**

DATE OF TENANCY: \_\_\_\_\_ Was a lease signed \_\_\_\_ YES \_\_\_\_ NO.

Rent amount; \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_ Were utilities maintained by tenant? \_\_\_\_ YES \_\_\_\_ NO.

Did tenant pay rent on a timely basis? \_\_\_\_ YES \_\_\_\_ NO Has the tenant ever paid rent late? \_\_\_\_ YES \_\_\_\_ NO.

Were any written notices to vacate premises issued to tenant at any time during tenancy? \_\_\_\_ YES \_\_\_\_ NO.

If YES, please explain: \_\_\_\_\_

Do you have any knowledge of any behavior that was detrimental or nuisance to others? \_\_\_\_ YES \_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Did tenant keep residence in clean and sanitary condition? \_\_\_\_ YES \_\_\_\_ NO.

Did the tenant abide by all conditions of lease? \_\_\_\_ YES \_\_\_\_ NO. If NO, please explain: \_\_\_\_\_

Does the tenant permit persons other than those on the lease to live in the unit on a regular basis? \_\_\_\_ YES \_\_\_\_ NO.

Will the tenant vacate the premises owing a balance \_\_\_\_ YES \_\_\_\_ NO If YES, How much? \$ \_\_\_\_\_

Would you rent to this person again? \_\_\_\_ YES \_\_\_\_ NO.

Please provide any other information you think may be helpful: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please Print

LANDLORD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# PRIOR LANDLORD VERIFICATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Print name of Landlord or Manager

Address

City

St.

Zip

**PLEASE RETURN THIS FORM TO:**

**Minneapolis Housing Authority**

**114 S. Rock St.**

**Minneapolis, KS 67467**

Office: **785-392-3272**

Fax: **785-392-2701**

REGARDING: \_\_\_\_\_

Applicants name.

Present Address

City

St.

Zip

I hereby authorize the release of the requested information.

APPLICANTS SIGNATURE: \_\_\_\_\_

In order to determine eligibility and suitability for housing assistance, we must obtain rental history for this applicant. Please provide us your cooperation by answering the questions below. Thank you for your prompt response.

MANAGEMENT SIGNATURE: \_\_\_\_\_

**PLEASE DO NOT COMPLETE FORM BELOW UNLESS APPLICANT AND DIRECTOR SIGNED ABOVE AND FORM WAS RECEIVED FROM THE MINNEAPOLIS HOUSING AUTHORITY.**

DATE OF TENANCY: \_\_\_\_\_ Was a lease signed \_\_\_\_ YES \_\_\_\_ NO.

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Were any written notices to vacate premises issued to tenant at any time during tenancy? \_\_\_\_ YES \_\_\_\_ NO.

If YES, please explain: \_\_\_\_\_

Do you have any knowledge of any behavior that was detrimental or nuisance to others? \_\_\_\_ YES \_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Did tenant keep residence in clean and sanitary condition? \_\_\_\_ YES \_\_\_\_ NO.

Did the tenant abide by all conditions of lease? \_\_\_\_ YES \_\_\_\_ NO. If NO, please explain: \_\_\_\_\_

Does the tenant permit persons other than those on the lease to live in the unit on a regular basis? \_\_\_\_ YES \_\_\_\_ NO.

Will the tenant vacate the premises owing a balance \_\_\_\_ YES \_\_\_\_ NO If YES, How much? \$ \_\_\_\_\_

Would your rent to this person again? \_\_\_\_ YES \_\_\_\_ NO.

Please provide any other information you think may be helpful: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Please Print

LANDLORD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## PROCEDURE FOR DISPOSITION OF PROPERTY

The Minneapolis Housing Authority must make residents aware of procedures so they can make necessary arrangements for disposal of their property should the resident be placed in a care facility, (permanently / temporarily) or pass away while living in a unit of the Minneapolis Housing Authority. The Applicant/resident will provide authorized third-party information to the Minneapolis Housing Authority.

Each resident, solely occupying a unit, shall be required to file with the Minneapolis Housing Authority, a notification of authorization for a third party to enter the unit following an emergency and/or death and to take the appropriate action to remove all or part of the resident's personal property from the unit.

- A. In the event of an emergency or death of a Minneapolis Housing Authority resident, the following guidelines should be followed.
  1. Upon the discovery or notification of a resident's death within Minneapolis Housing property, the Police Department must be notified immediately and given a detailed description of the situation and circumstances.
    - a) Call the police department. Describe the situation and circumstances in detail. The police instructions should be followed.
    - b) Secure the deceased resident's apartment. If the deceased lived alone, change the locks immediately!
  2. The Minneapolis Housing Authority, (in case of the deceased living alone) must immediately take steps to notify the closest living relative as listed on page two of this form.
  3. No one is allowed to enter the apartment, (family members included) unless accompanied by Minneapolis Housing Authority personnel. Family members who wish to obtain clothes for burial or search for Will of the deceased or Life Insurance Policies, will be allowed to do so in the presence of Minneapolis Housing Authority Personnel.
    - a) If the authorized person(s) do not wish to possess or dispose of property left in the apartment, they must sign a statement giving the Minneapolis Housing Authority the right to dispose of the property. The Minneapolis Housing Authority will retain this signed statement in the file.
    - b) When the authorized person(s) has signed a statement giving the Minneapolis Housing Authority possession of property left in the unit, it will be disposed of as abandoned property.



### Third Party Authorization

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I \_\_\_\_\_ hereby give authorization to  
Resident Signature

\_\_\_\_\_ and/or \_\_\_\_\_  
Authorized Person Authorized Person

to enter my apartment located at \_\_\_\_\_  
Apartment Address

following an emergency and/ or death and take appropriate action to remove all or part of my personal property from the unit. The authorized person will follow regulations and instructions set forth in my lease. Also, the authorized person will be the contact person between the Minneapolis Housing Authority and myself if I am unable to do so.

\_\_\_\_\_  
Authorized Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Authorized Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

I have read, understand and received three copies of the Procedure for Disposition of Property (one for myself, one for each authorized person). I also understand the original copy will be placed in my file for the Minneapolis Housing Authority if needed for this policy procedure. I also know and understand it is my responsibility to notify the above authorized person of their duty.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date