



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



OFFICE USE ONLY: DATE/TIME RECEIVED:.....



Equal Housing Opportunity



SCOTT COUNTY CDA: APPLICATION FOR OCCUPANCY

Check one or both apartment buildings:

BELLE HAVEN APARTMENTS Belle Plaine (1 & 2 BR Units)

BRITLAND APARTMENTS Jordan (1, 2, & 3 BR Units)

PLEASE PRINT - RETURN COMPLETED APPLICATION TO:

Scott County CDA
Attn: Housing Specialist
323 S. Naumkeag Street
Shakopee MN 55379

An applicant may be interviewed only after a completed Application is received. Completed applications are processed in order of date and time received. You may contact the rental office for assistance in completing the application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Current Address _____

City/State/Zip _____

Telephone _____

List all persons who will live in the apartment. List head of household first.

NAME	RELATIONSHIP	DOB	SOCIAL SEC #	SEX
1.	Head of household			
2.				
3.				
4.				
5.				
6.				
7.				

Is anyone in this household a full-time student? Yes _____ No _____

Name(s) _____

B. REFERENCE INFORMATION

Current Landlord

Name:

Address: City/State/Zip:

Telephone:

Previous Landlord

Name:

Address: City/State/Zip:

Telephone:

Non-related Personal References

Reference #1 Name:

Address: City/State/Zip:

Telephone:

Reference #2 Name:

Address: City/State/Zip:

Telephone:

Reference #3 Name:

Address: City/State/Zip:

Telephone:

SIGNATURES:

Tenant

Co-Tenant

Date

Date

C. HOUSEHOLD INCOME

List all sources of income for all household members.

NAME	SOURCE OF INCOME	MONTHLY GROSS
	Wages / Employer:	
	Wages / Employer:	
	Wages / Employer:	
	Social Security	
	Social Security	
	SSI Benefits	
	SSI Benefits	
	Veterans Benefits	
	Pension(s) / Source of Pension:	
	Unemployment Comp.	
	AFDC	
	Alimony / Source:	
	Child Support / Source:	
	Full-Time Student Income (only full-time students 18+)	
Total Gross Monthly Income:		
Total Gross Annual Income (based on monthly amount and x12)		

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____
 If yes, explain:

D. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Money Market Account(s) # _____ Bank _____ Balance \$ _____
 Trust Accounts # _____ Bank _____ Balance \$ _____
 Certificates of Deposit # _____ Bank _____ Balance \$ _____
 IRA # _____ Company _____ Balance \$ _____
 Savings Bonds # _____ Cash Value _____
 Whole Life Insurance Policy # _____ Cash Value _____

Real Property: Do you own any property? Yes _____ No _____

If yes, state type of property _____
 Location: _____
 Current Market Value: _____

Outstanding Mortgage Balance: _____

Have you sold/disposed of any business, property or other assets in the last 2 years? Yes ___ No ___

If yes, state type of business, property or asset _____

Date of Sale/Disposition _____

Market Value When Sold/Disposed Of _____

Amount Sold/Disposed For _____

Do you have any other assets not listed above (ie recreational vehicle or mobile home; do not include personal property)? Yes ___ No ___

If yes, please list: _____

E. MEDICAL/HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled.

Medicare Premiums: Monthly Amount \$ _____

Medical Insurance Coverage: Monthly Amount \$ _____

Name of Company _____ Address _____

Anticipated medical expenses NOT covered by insurance NOR reimbursed:

Monthly Amount \$ _____

Medical bills or outstanding costs on which you are making monthly payments:

Monthly Amount \$ _____

Medical related travel costs:

Monthly amount \$ _____

Any other medical expenses (list type and amounts):

_____ Monthly Amount \$ _____

_____ Monthly Amount \$ _____

Handicap Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed.

Specialized Medical Attendant Care: state name of care giver and cost

_____ \$ _____

Auxiliary Apparatus: list type and cost

_____ \$ _____

_____ \$ _____

_____ \$ _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Name of person/agency caring for children: _____

Address: _____

Telephone: _____

Weekly cost of child care due to employment: \$ _____

Weekly cost of child care due to education: \$ _____

G. PROGRAM INFORMATION

What size of unit are you requesting?

1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled?

Yes ___ No ___

Do you wish to have priority for a handicapped accessible unit with special design features?

Yes ___ No ___

Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property?

Yes ___ No ___

Have you ever been evicted from any type of housing?

Yes ___ No ___

Have you ever been convicted of a felony?

Yes ___ No ___

Are you currently a user of an illegal controlled substance?

Yes ___ No ___

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?

Yes ___ No ___

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?

Yes ___ No ___

Are you now or will you become a part time or full-time student prior to move-in?

Yes ___ No ___

How did you hear about this housing? _____

H. OTHER INFORMATION

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: _____ Year/Make: _____ Color: _____

License Plate No. _____ Registered To: _____

Type of Vehicle: _____ Year/Make: _____ Color: _____

License Plate No. _____ Registered To: _____

Do you own any pets? Yes ___ No ___

If yes, describe _____

Note: Pets are not allowed except in designated elderly projects.

In case of emergency notify:

Address: _____

Telephone: _____

I. CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.
I/We understand that I/we must pay a security deposit for this unit.
I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.
I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy.

SIGNATURES:

Tenant

Co-Tenant

Date

Date

J. AUTHORIZATION/CONSENT

I/We do hereby authorize _____ and its staff or authorized representative to contact any agencies, law enforcement offices, companies, groups or organizations to verify any information contained in this Application or to obtain and verify any additional information or materials which are deemed necessary to complete my/our Application for housing in programs administered by _____.
Further, I/we consent to the release of wage matching data to the RHS and the borrower.

SIGNATURES:

Tenant

Co-Tenant

Date

Date

"The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (Mark one or more)

1 American Indian/Alaska Native _____

2 Asian _____

3 Black or African American _____

4 Native Hawaiian or Other Pacific Islander _____ 5 White _____

Gender:

Male _____

Female _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency organization, business, or individuals to release to Scott County Community Development Agency any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher, Public Housing, Rural Development, Workforce Housing and/or any other housing programs administered by the CDA. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Rural Development or Minnesota Housing Finance Agency in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Residences and Rental Activity
Medical or Child Care Allowance	Credit and Criminal Activity	

I understand that this authorization will be used to obtain information about me that is pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Banks and other Financial Institutions	Courts and Post Offices	Welfare Agencies
Credit providers and Credit Bureaus	Law Enforcement Agencies	Retirement Systems
State Unemployment Agencies	Social Security Administration	Utility Companies
Support and Alimony Providers	Medical and Child Care Providers	Schools and Colleges

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD, Rural Development or Scott County CDA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

AUTHORIZATION FOR FRAUD INVESTIGATIONS AND AUDITS

I understand and agree that third parties may share information about me with the Scott County CDA for fraud investigations and for conducting Federal or State audits. In addition, I understand and agree that Scott County CDA may share information about me with other government entities to the extent permitted by law or to investigate allegations of fraud by these entities.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

SIGNATURE	PRINT NAME	DATE
Head of Household		
Spouse		
Adult Member		
Adult Member		
Adult Member		

YOUR PRIVACY RIGHTS

This sheet tells you about your rights under the Minnesota Data Practices Act. This Act protects your privacy, but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you. It applies to all future contacts you have with this agency. Those contacts may be in person, by mail, or on the telephone.

WHY DO WE ASK YOU FOR INFORMATION?

We may ask you for information so we can:

- Tell you from other persons by the same or similar name.
- Decide if you can get money or services from us and what or how much you can get.
- Collect money from the state or federal government for help we give to you.
- Make reports, do research, audit and evaluate our programs.
- Investigate reports of people who may lie about the help they need.

DO YOU HAVE TO ANSWER THE QUESTIONS WE ASK?

Generally, the law does not say you have to give us this information. Federal laws require that you give us your Social Security number and the Social Security number of all members of your household age six or older if you want housing assistance.

WHAT WILL HAPPEN IF YOU DO NOT ANSWER THE QUESTIONS WE ASK?

We need information about you to tell if you can get help from this agency. Without some information, we may not be able to help you. It may be that we can help you but the help may be late or not enough. Giving us wrong information on purpose may result in investigating and charging you with fraud.

WHO MAY WE SHARE THE INFORMATION ABOUT YOU WITH?

We may give information about you to the following agencies. This does not mean we always share information about you with these people, but there is a law that says we may share with these people sometimes.

- U.S. Department of Housing and Urban Development
- U.S. Department of Health and Human Services
- Credit bureaus
- County attorney, attorney general, or other law enforcement officials
- Minnesota Department of Human Services
- State and federal auditors
- Other housing authorities

YOU HAVE THE RIGHT TO COPIES OF INFORMATION WE HAVE ABOUT YOU

- You may ask if we have any information about you.
- If we have information about you, you may ask for copies. You may have to pay for the copies.
- You may give other people permission to see and have copies of private data about you.
- If the information is unclear, you may ask to have it explained to you.

WHAT YOU CAN DO IF YOU THINK INFORMATION ABOUT YOU IS NOT ACCURATE OR COMPLETE

Your objection must be in writing and be sent to the head of this agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts with which you do not agree. For more information on how to do this, ask your agency representative.

WHAT PRIVACY RIGHTS DO CHILDREN HAVE?

If you are under 18, your parents may see data about you and authorize others to see this data, unless you have asked that this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If this agency agrees with you that not sharing the data would be in your best interest, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

IF YOU HAVE QUESTIONS ABOUT THE INFORMATION ON THIS FORM, ASK YOUR AGENCY REPRESENTATIVE.

Client Signature	Date
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SCOTT COUNTY CDA: APPLICANT SCREENING CRITERIA

1. **RESIDENT/RENTAL HISTORY** This information must be complete with addresses and phone numbers where it may be verified. Prior evictions, unsatisfied judgments, outstanding debt to previous landlords, poor rental references or Unlawful Detainers (UD's) may result in the denial of the application.

2. **INCOME** Your monthly income must be verifiable. Your monthly rent will be based upon 30% of the household's adjusted income when rental assistance is available. If you are self-employed, additional information is needed (previous tax information, bank records or check stubs).

3. **CREDIT** Your credit status will be obtained through the appropriate credit bureau. Unsatisfactory credit history including charge-off accounts, collections, bankruptcies, liens, or judgments may result in the denial of the application.

4. **CRIMINAL HISTORY** A criminal background investigation is required of all applications. Previous criminal history will be reviewed during the application process and criminal or drug related convictions may be denied. Police "service calls" may be verified at the applicant's current and past addresses and may result in the denial of the application.

IF WE ARE UNABLE TO VERIFY ANY OF THE ABOVE CATEGORIES, YOUR APPLICATION MAY BE DENIED BASED ON THE LACK OF INFORMATION.

- Adult applicants must provide original Social Security card, current driver's license or state issued photo ID card, and birth certificate.
- Applicants must provide original Social Security cards and birth certificates for all minor household members.
- Each household member, if not a U.S. citizen, must provide official documents verifying immigration status.
- All applications are processed by:

**Rental Research
725 Mitchell Rd #301
Eden Prairie, MN 55344
(952)935-5700**

Signature **Date**

Signature **Date**

Signature **Date**

Signature **Date**



SCOTT COUNTY CDA: REQUEST FOR REASONABLE ACCOMODATION

Note: This form may be submitted to Scott County CDA at any time. If you need assistance with this form or have any additional questions, please contact Scott County CDA at 952-402-9022.

Date of Request

Name of Applicant/Resident/Participant

Address

City/State/Zip

Phone Number

 None at this time (initials)

Reasonable accommodation requested:

(what)

Reasonable accommodation requested for:

(household member name)

Reason for requesting this accommodation:

(why)

Name and contact information of professional to verify this request:

I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give Scott County CDA permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Signature of Applicant/Resident/Participant

Please return this form to:
Scott County CDA
323 S. Naumkeag St.
Shakopee, MN 55379
Fax#: 952.496.2852

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and /or imprisonment of not more than 5 years.