



323 S NAUMKEAG ST  
 SHAKOPEE, MN 55379  
 PHONE: (952) 402.9022  
 FAX: (952) 496.2852  
 SCOTTCDA.ORG

Tips on completing this form:

- \* List the legal name for each member of the household as it appears on their social security card or driver's license.
- \* **This form must be signed by all Household Members that are age 18 or over.**

**What is the total number of people in your household?** \_\_\_\_\_ **Tenant ID#** \_\_\_\_\_

**HEAD OF HOUSEHOLD:**

<u>1. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u> <b>HEAD</b>
<u>Phone Number</u>		<u>Email</u>	
<u>Address</u>  <i>(Street/PO Box/Apartment Number)</i> <span style="float: right;"><i>(City, State, Zip Code)</i></span>			

**OTHER HOUSEHOLD MEMBERS:**

<u>2. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u>

<u>3. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u>

<u>4. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u>

**OTHER HOUSEHOLD MEMBERS** *Continued:*

<u>5. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u>

<u>6. First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
<u>Citizen</u> [ ] YES [ ] NO *if NO ↓	<u>Student</u> [ ] YES [ ] NO	<u>Disabled</u> [ ] YES [ ] NO	<u>Employed or Other Income</u> [ ] YES [ ] NO
<u>Alien Registration ID</u>	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Relationship to Head</u>

**FULL-TIME STUDENTS:** If you marked **YES** to any adult (18 years of age and older) being a **Full Time Student**, fill out the information as requested below:

Name of Household Member	Name of School	Address of School
1.		
2.		
3.		

**HOUSEHOLD COMPOSITION QUESTIONS:**

Does anyone live with you now who is not listed on Page 1 or 2? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed on Page 1 or 2? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Does any member of your household have elevated blood levels due to lead poisoning? \_\_\_ Yes \_\_\_ No

\_\_\_ Never been tested

Does any member require specific accommodations to fully utilize our services? \_\_\_ Yes \_\_\_ No

If any member listed is disabled, please identify special housing needs required as a result of the disability:

Do you or an adult in your household speak English? \_\_\_ Yes \_\_\_ No

Do you or an adult in your household read English? \_\_\_ Yes \_\_\_ No

**\*\*\* If you need an interpreter, allow 3 business days before your appointment or your appointment may be rescheduled.**

**DRUG/CRIMINAL ACTIVITY:** Federal regulation require housing agencies to question applicants and participants concerning drug-related or violent criminal actives.

Have you or anyone listed in the household ever committed, been arrested, found guilty or pled guilty to a misdemeanor, felony or equivalent crime or offense anywhere? \_\_\_ Yes \_\_\_ No If Yes, complete the chart below:

Name of Household Member	Nature of Crime/Offense	Where?	When?
1.			
2.			
3.			

Are you or any member of your household subject to lifetime registration as a sex offender? \_\_\_ Yes \_\_\_ No  
If Yes, who? \_\_\_\_\_

**CURRENT HOUSING STATUS INFORMATION:**

If you do not live in Scott County, do you work, attend school full-time, or have an immediate family member living in Scott County? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

Have you or will you have to move because of a fire, flood, tornado, or government action? \_\_\_ Yes \_\_\_ No  
If Yes, please explain: \_\_\_\_\_

Have you moved or will you have to move because of physical violence against you or your family from someone you live with? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

Are you homeless? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

Are you now living in a government subsidies unit \*example: Public Housing, Section 8, Section 23, or Section 221(d)(3) subsidized project) \_\_\_ Yes \_\_\_ No If Yes, when and where? \_\_\_\_\_

Have you ever participated in the Section 8 Program or lived in Public Housing? \_\_\_ Yes \_\_\_ No If Yes, when and where? \_\_\_\_\_

**RENTAL HISTORY:**

Have you or any person listed in the household ever been evicted, had an eviction action filed against them, or been terminated for cause? \_\_\_ Yes \_\_\_ No If Yes, complete the chart below:

Name of Household Member	Where?	When?
1.		
2.		
3.		

Indicate where you have lived for the past 5 years in the sections provided below and on the next page. **THIS INFORMATION IS REQUIRED.** Use additional paper if needed:

<b>Present</b> Address:	City:	State:	Zip Code:
Landlord Name:	Landlord Phone:	Rent Paid per Month: \$	
Name(s) listed on lease:		Date of Move-in:	
		Date of Move-out: <i>CURRENT RESIDENCE</i>	

<i>Previous</i> Address:	City:	State:	Zip Code:
Landlord Name:	Landlord Phone:	Rent Paid per Month: \$	
Name(s) listed on lease:		Date of Move-in:	
		Date of Move-out:	

Previous Address:	City:	State:	Zip Code:
Landlord Name:	Landlord Phone:	Rent Paid per Month: \$	
Name(s) listed on lease:		Date of Move-in:	
		Date of Move-out:	

Previous Address:	City:	State:	Zip Code:
Landlord Name:	Landlord Phone:	Rent Paid per Month: \$	
Name(s) listed on lease:		Date of Move-in:	
		Date of Move-out:	

Previous Address:	City:	State:	Zip Code:
Landlord Name:	Landlord Phone:	Rent Paid per Month: \$	
Name(s) listed on lease:		Date of Move-in:	
		Date of Move-out:	

Do you owe money to any landlord (previous or present) \_\_\_ Yes \_\_\_ No If Yes, complete the following:

Amount Owed: \$ \_\_\_\_\_ \*\* Name of Landlord: \_\_\_\_\_

**\*\*If money is owed to a landlord, prospective residents MUST make satisfactory payment arrangements to meet eligibility requirements.**

**INCOME INFORMATION:** If you marked **YES** to any household member being employed or receiving any income, **check the appropriate boxes** for your household income and fill out the information as requested:

**EMPLOYMENT**

Name of Household Member	Name of Employer	Monthly Gross

**PUBLIC ASSISTANCE (MFIP, GA, DWP, MSA, SNAP, etc.)**

Name of Household Member	Type of Assistance	Monthly Benefit

**CHILD SUPPORT**

Name of Household Member	State Regulated or Direct Pay	Monthly Amount

**SOCIAL SECURITY/SSI/SSDI**

Name of Household Member	Type of Benefit	Monthly Gross

**UNEMPLOYMENT**

Name of Household Member	Date Unemployment Began	Weekly Benefit Amount

**SELF EMPLOYMENT**

Name of Household Member	Date Self Employment Began	Weekly Benefit Amount

**REGULAR CASH CONTRIBUTIONS**

**PENSION/ANNUITY**

**CASH JOB**

**STUDENT GRANTS**

**OTHER**

Name of Household Member	Description of Income	Monthly Gross

**ASSET INFORMATION:** Please complete all questions below by marking YES or NO.

Enter your current account balance next to any item where you answered YES.

	YES	NO	CURRENT BALANCE
1. Does any member of your household have cash on hand over \$100?			
2. Does any member of your household have any checking accounts or savings accounts? *If YES, enter in chart below			
3. Does any member of your household have any certificates of deposit or annuities? * If YES, enter in chart below.			
4. Does any member of your household have any IRA, Keogh, or other retirement savings accounts? * If YES, enter in chart below.			
5. Does any member of your household have any stocks/bonds/mutual or money market funds? * If YES, enter in chart below.			
6. Does any member of your household own any real estate, mobile home or contract for deed? * If YES, enter in chart below.			
7. Have you sold or given away assets for less than their fair market value in the past two years? If yes, describe the asset, its fair market value, the amount you received, and the date of disposal below.			
8. Do you own any personal property which is held for investment purposes? (Examples: gems, jewelry, antiques, silver, gold, coin/stamp/gun collections, etc.) Description (in chart below) & Current Appraised Value:			

**IF YOU ANSWERED YES TO ANY QUESTION ABOVE,  
ENTER ADDITIONAL INFORMATION IN THE CHART BELOW**

Household Member	Type of Asset	Name of Financial Institution	Interest Rate

**CHILDCARE EXPENSE INFORMATION (IF APPLICABLE):**

Do you pay for childcare while a family member is employed or going to school?  Yes  No

If yes, list the childcare provider's name, address, and telephone number:

CHILDCARE PROVIDER'S NAME

CHILD'S NAME THEY PROVIDE CARE FOR

STREET

CITY

STATE

ZIP

PHONE NUMBER

Cost Per: WEEK \$ \_\_\_\_\_ OR MONTH \$ \_\_\_\_\_

Does Scott County or any other agency or source pay for this expense?  Yes  No

If yes, please explain \_\_\_\_\_

**MEDICAL EXPENSE INFORMATION (ELDERLY/HANDICAPPED/DISABLED PERSONS ONLY):**

Do you have Medicare?  Yes  No. If yes, what is your monthly premium? \$ \_\_\_\_\_

Do you have any other medical insurance?  Yes  No. If yes, do you pay the premium?  Yes  No

If yes, company name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Premium: \$ \_\_\_\_\_ per month

Are you receiving Medical Assistance through the County/State?  Yes  No

Do you pay for prescription drugs on a regular basis?  Yes  No

If yes, pharmacy name and address: \_\_\_\_\_

Are you making consistent monthly payments on any outstanding medical bills?  Yes  No.

If yes, to whom: \_\_\_\_\_

Do you pay for a care attendant or any special equipment for a handicapped family member necessary to permit that Member of another family member to work?  Yes  No.

If yes, please explain: \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list names, addresses, and phone numbers of two relatives or friends who will generally know how to contact you.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_



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

**APPLICANT CERTIFICATION:**

I/We certify that the information given to the Scott County CDA 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 and State law. I/We also understand that false statements or information are grounds for termination of housing assistance.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult – age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult – age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult – age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult – age 18 or Older: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of  
Scott County CDA: \_\_\_\_\_ Date: \_\_\_\_\_

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

**IMPORTANT**

**What Property Are You Applying for? (Check one or both)**

- Belle Haven, Belle Plaine, MN (efficiency, 1 and 2-bedroom units)**
- Britland, Jordan, MN (1, 2, and 3-bedroom units)**

**CLARIFYING INFORMATION/COMMENTS (STAFF USE ONLY)**

