

Bayview Terrace AR Declaration
HRA of Two Harbors



Head of Household Name: _____

Nickname: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

Do you want to be on the entry way phone panel? _____

Do you want to be on the Bayview Terrace informational text group? _____

In an emergency, are you able to use the stairs? _____

Family Information

Please list all household members who live with you in the unit, including yourself.

*Race is an optional field: Use the code that best categorizes the race of each family member. You may choose multiple categories. W=White B=Black NA=Native American or Native Alaskan A=Asian/Pacific Islander H=Hispanic

Use the following codes under relationship and add an additional page if required for more family members: Head of Household (H) Spouse (S) Children under 18 (Y) Co-Head/Significant other (K) Foster Children (F) Other Adult Members (O) Live-in Aid (L) Full time student 18+ (E)

	Last Name	First Name	SSN	Race*	Disabled? Yes/No	Relationship to HOH	Sex	DoB mm/dd/yy
H						SELF		
1								
2								

Is any member of your household a Veteran? If so, who? _____

Is anyone in your household, 18 years or older a student?

If yes, who? _____ School Name: _____

Pet Information (If applicable)

Have you received a copy of the Pet Addendum (Lease Attachment no. 3) _____

Name: _____

Type: _____

Age: _____

Adult Size: _____

Breed: _____

Color: _____

ALTERNATE PET CUSTODIAN INFORMATION:

Name: _____

Address: _____

Phone: _____

ADDITIONAL PET INFORMATION:

Veterinarian: _____

Certification of Spay/Neuter/Declaw: Y / N Date: _____

Certification of required Vaccinations: Y / N Date: _____

Certification of required Vaccinations: Y / N Date: _____

Certification of required Vaccinations: Y / N Date: _____

License Number: _____

Exp. Date: _____

Vehicle Information (If applicable)

Is your vehicle functional? _____

Parking spot number _____

Vehicle Make and Model _____

License Plate _____

Registration Month and Year _____

Income

Check and list all income that applies to your household, including those listed below and: spousal support, contributions, gifts, worker's compensation, grants, scholarships, and educational loans. You must provide verification (2 months paystubs, printout for 3 months of child support payments, recent benefit award letter, termination of income letter, if applicable). Ask for forms to verify contributions or other types of income you have questions about. Add an additional page if needed for additional income.

Type of income	Family Member	Name of source	Address	Phone	Monthly Amount
Employer					
Employer					
Self-Employment					
Child Support					
TANF					
GAU					
ABD					
Unemployment					
Worker's Comp					
Social Security					
SSI					
SSDI					
Pension/Retirement					
Veteran's Benefits					
Native Monies					
Contributions/Gifts					
Other					

Assets

List all assets excluding personal property such as cars, boats, motorized vehicles, etc. If you do not have any of the assets listed below, write None.

Type of Asset	Source	Balance
Checking	_____	\$ _____
Savings	_____	\$ _____
Savings	_____	\$ _____
Certificates	_____	\$ _____
Certificates	_____	\$ _____
Certificates	_____	\$ _____
IRA Account	_____	\$ _____
Money Market	_____	\$ _____
Annuities	_____	\$ _____
Mutual Funds	_____	\$ _____
Stocks/Bonds	_____	\$ _____
Life Insurance	_____	\$ _____
Other	_____	\$ _____

Do you own real estate or a home? _____ Value \$ _____

Have you disposed of assets for less than fair market value in the past two years? _____

If yes, please complete the following: Date of Disposal: _____

Market value at the time of disposal? \$ _____

Amount received \$ _____

Medical Expenses

(Complete only if head of household or spouse is **62+, disabled, or handicap**).

Do you have Medicare coverage? Yes ____ No ____ If yes, do you pay the premium? ____

Amount \$ _____ Frequency _____

Are you receiving Medical Assistance? _____ Do you pay any medical insurance? ____

If yes, Amount \$ _____ Frequency _____

Do you take prescription medications on a regular basis? _____

Are you making payments on outstanding medical bills? _____

Amount \$ _____ Frequency _____ Outstanding Balance \$ _____

Do you have unreimbursed health and medical care expenses for the eligible family member(s)?

Such as doctor or healthcare provider fees; transportation to treatment costs; dental, eye, or hearing aid expenses; etc...

Disability Assistance Expenses

(Only complete this section if one or more family members is **disabled**)

Are you or any family member (excluding live-in aides and foster child/adult) disabled?

Yes ____ No ____

If yes, do you have any expenses for the care of a disabled family member that enables any member of the family to work (example: care attendant, auxiliary apparatus, or service animal)? Yes ____ No ____

Alternate/Emergency Contact

SEE HUD FORM 92006

Criminal History

Have you ever committed any type of fraud in a Federally Assisted Housing Program or been requested to repay money knowingly misrepresenting information for such housing programs? _____

If yes, please explain:

Have you or anyone in your household ever been convicted of any crime other than a traffic violation? _____ If yes, please explain:

Is anyone in your household a registered sex offender? _____

If yes, state who? _____

In what state are they registered? _____

Applicant(s)/Tenant(s) Statement

I/We certify that the information* given to the Two Harbors Housing Authority 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 law. I/We also understand that any false statements in the application to include, but not to be limited to, misrepresentation regarding eligibility criteria, prior convictions, criminal history, rental history, prior evictions, or prior fraudulent activity regarding any Federal Housing assistance program are grounds for termination of housing assistance, termination of tenancy and grounds for denial of tenancy under the Residential Lease Agreement.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

* after verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058

PRIVACY ACT NOTICE

The information requested about you is necessary to determine your eligibility for housing benefits. It is used to determine the amount of rent you must pay and meet other requirements in the administration of legally authorized housing programs.

Most information is classified as “private” or “confidential” information under Minnesota law. (M. S. 15. 1611-1699).

Use of the information is limited to the Two Harbors HRA employees assisting you under contract with the HRA of Two Harbors and other agencies authorized by state or federal law, including the US departments of Housing and Urban development, and civil, criminal or regulatory investigators or prosecutors.

You do not have to give us the information, but if you refuse to supply necessary information, the HRA of Two Harbors may not be able to provide with housing assistance. This is to acknowledge that I have been given the above information.

Signature of applicant

date



Annual Recertification

Your Recertification must be completed by:

Every year you are required to provide updated information regarding your income, assets, deductions, and family circumstances. Please carefully read and complete the attached packet according to the following instructions:

Complete the attached AR Declaration Form by answering all of the questions and providing necessary documentation where requested. Unanswered questions may delay the processing of your annual re-exam and you may have to pay additional rent retroactively to the PHA.

You and all household members 18 years of age and older must sign the Applicant(s)/Tenant(s) Statement, the Privacy Act Notice, and the Authorization for the Release of Information.

Gather the following income and asset documents and return with your completed recertification packet. **IMPORTANT:** Documents must be original, authentic, and most must be dated within 120 days of the date submitted. However, Social Security benefits, Welfare/TANF, Pension and other fixed income sources can be dated within the appropriate benefit year.

Examples of acceptable family-provided documents include: pay stubs, payroll summary reports, employer notice or letters of hire and termination, Social Security benefit verification letters, bank statements, child support payment stubs, Alimony settlement agreement, court orders, welfare benefit letters and/or printouts, and unemployment monetary benefit notices.

*Please submit the two most current and consecutive pay stubs for all working adults in your family.

*For self-employment and independent contractors (like ride share drivers) submit income tax returns with all forms and schedules attached with receipt of transmission to the IRS.

*For assets, submit the original most recent statements that reflect the current balance for any banking/financial accounts (including checking, savings, CD, stocks, bonds, retirement accounts, life insurance surrender value and any on-line banking apps.)

* For regular monthly assistance of cash or in-kind benefits (e.g. groceries, utility bill payment etc.) provide a signed and dated letter from whomever provides you the regular contribution amount confirming they will continue to contribute this amount for the next 12 months (not including food bank or similar charity organization).

* For any family member who is a student, submit financial aid award, and current enrollment as full or part time status

Submit Verification of Allowable Expenses if your family has:

- * unreimbursed childcare costs that assist an adult family member to work, go to school or look for work
- * anticipated unreimbursed health and medical care expenses if Head, Spouse or Co-Head is over 62 years of age and/or receives social security disability (or submits verification of being disabled under the HUD/SSI definition.)
- * paid someone to provide assistance/care for a disabled family member or have out of pocket expenses for disability related equipment that enable a family member to work.

Submit your packet to Dana in the HRA Office