

Bayview Terrace Housing Application
HRA of Two Harbors 505 First Avenue
Two Harbors, MN 55616
218-834-2728



Name: _____

Address: _____ Apartment _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

Who may we contact if we are unable to reach you? Name: _____

Phone: _____ Email: _____ Relationship : _____

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

Last Name	First Name	Middle Name	Sex	DoB	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you receiving disability benefits? _____ Amount \$ _____

Are you employed? _____ Where? _____

Previous Employment: _____

Household Member	Source of Income	Amount	Frequency
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____



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 elderly, 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 \$ _____



References

Have you or any member of your household lived in any assisted housing? _____

If yes, list address: _____

Street Apt # City State Zip Code

For how long? From: _____ to: _____

MM/DD/YY

MM/DD/YY

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:

Have you had utility service/s in your name at a previous address? _____

If yes, list the company name and the address where the service was provided.

Utility Company/s: _____

Previous address: _____

Street Apt # City State Zip Code

Please list the following information on your last two rental units:

Address of the Unit	Owner name and Address	# of years
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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 (Tenant data summary), a computer-generated facsimile of the form or on magnetic tape.

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



For all applicants, please provide us with the complete addresses including phone number of the following references in order to process your application promptly. 2 Credit references (example: utilities, cable, fuel vendors, banks, stores, etc.) 2 Personal references - cannot be relatives 2 Previous landlords - list the most current first

CREDIT REFERENCE

Name

Phone #

Address

Credit for how long?

Name

Phone #

Address

Credit for how long?

PERSONAL REFERENCE

Name

Phone #

Address

Known for how long?

Name

Phone #

Address

Known for how long?



LANDLORD REFERENCES

Have you or any member of your household, been evicted?

If yes, explain: _____

Name_____Phone_____

Address of Landlord:_____

Address of unit rented:_____

Rented from: _____to: _____

Name_____Phone_____

Address of Landlord_____

Address of unit rented_____

Rented from: _____to: _____