

CERTIFICATION APPLICATION
Equal Housing Opportunity

HOUSEHOLD ADDRESS

CURRENT Address:

City:	State:	Zip:
Daytime Phone: (____) ____-____	Cell Phone: (____) ____-____	
E-mail:		

Address of property to be **PURCHASED** (if known):

City:	State:	Zip:
Estimated Purchase / Closing Date (if known):		

HOUSEHOLD COMPOSITION

Applicant, complete in your own handwriting. List the Head of Household and all other people who will live in the property purchased giving the relationship of each household member to the Head. Attach additional sheets, if necessary.

Each household member 18 years and older must sign this application.

#	Household Member's full name (First, Middle, Last)	Relationship to HEAD of Household	Date of Birth	Sex M / F	Will this Member be a Full Time Student in the next 12 months? Yes / No	Social Security Number
1		HEAD				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

	YES	NO
Are the household members citizens or legal residents of the United States? If no , explain: _____		
Will any household member, including children, live in the unit on a less than full time basis? If yes , explain: _____		
Do you anticipate any change in your household (someone moving in or out) during the next 12 months? If yes , explain: _____		
Are you currently living in a subsidized housing unit or receiving rental assistance subsidy? If yes , where or from what program/agency: _____		
Has any member of your household owned a home in the last three years? If yes , who? _____ AND When? From _____ to _____		

The Department of Housing and Urban Development (HUD) requires that, for statistical purposes only, we report the **ethnicity AND race** of the **Head of the Household**. You are not required to answer, nor does your answer affect your eligibility for housing.

ETHNICITY of the Head of Household Please circle ONE .	NON Hispanic or Latino	Hispanic or Latino			
RACE of Head of Household Please circle ALL that are needed to give the best representation of the Head of the Household .	White	Black/African American	Asian	American Indian/Alaska Native	Native Hawaiian/Other Pacific Islander

HOUSEHOLD INCOME INFORMATION

For each household member age 18 or older (including family member temporarily absent), list current and anticipated income for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include **ALL** full time, part time, sporadic and/or seasonal income even if completing this application in the off season. Check **YES** or **NO** to each item, as applicable, and include the **total** gross (before deductions) monthly amount.

	DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	Gross MONTHLY
1	Wages, salaries (includes overtime, tips, bonuses, commissions)?			\$
2	Does any member have self employment?			\$
3	Does any member work for someone who pays them in cash?			\$
4	Regular pay for a member of the armed forces?			\$
5	Public Assistance (MFIP, GA, MSA)?			\$
6	Workers Compensation			\$
7	Unemployment benefits or severance pay?			\$
8	Alimony or Spousal Support?			\$
9	Child Support? (check yes if you are supposed to receive support, even if you are receiving less than the full amount that is due each month)			\$
10	Social Security payments (SS, SSI, RSDI) (including unearned income of minor children)?			\$
11	Student Financial Assistance (education grants, scholarships or VA student Benefits public or private, not including student loans)?			\$
12	Regular payments from Pensions (PERA, railroad, etc.)?			\$
13	Regular payments from Retirement Benefits?			\$
14	Death Benefits payments?			\$
15	Regular payments from Annuities or life insurance dividends?			\$
16	Regular payments from inheritance, insurance settlements, lottery winning, etc.)?			\$
17	Net income from rental property?			\$
18	Regular cash or non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)?			\$
19	Other? (list) _____			\$
20	Other? (list) _____			\$
Do you anticipate an increase(s) in your income in the next twelve months? If yes , please list the anticipated amount(s) and approximated date(s) of the increase(s): _____				\$
Do any of the ADULT member(s) of the household have zero income ? If yes , please list member(s): _____				

TENNESSEN WARNING AND DATA PRIVACY ACT NOTICE

Minneapolis Homes Program

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

Private data requested to enable the processing of your application under the Minneapolis Homes Program is required to determine if you qualify for participation in the program described above and to help the City of Minneapolis manage the program.

Other than your name and address, all other data collected by the City to evaluate your application is classified as private data on individuals by Minnesota Statutes 13.462. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application (unless the information is specifically identified in the application materials as optional). The information will be shared with City of Minneapolis staff and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

I have read and understand the above information regarding my rights as a subject of government data.

Print Name _____

Print Name _____

Date: _____ Signature _____

Date: _____ Signature _____

Print Name _____

Print Name _____

Date: _____ Signature _____

Date: _____ Signature _____