## **CERTIFICATION APPLICATION**

Equal Housing Opportunity

HOUSEHOLD ADDRESS									
CUI	RRENT Address:								
City						State:	Zip:		
Day	/time Phone: ()			Cell Phor	ne: (	)			
E-m	nail:								
۵dd	lress of property to be <b>PURCHASE</b>	<b>D</b> (if known):							
City						State:	Zin:		
-	· imated Purchase / Closing Date (if k	(nown);				State.	Zip:		
LSu	mated Fulchase / Closing Date (if K	(nown).							
		HOUSEH		OMPOS	ΙΤΙΟΙ	N			
	licant, complete in your own handw chased giving the relationship of ea Each househol	ach household r	nember	to the He	ead.		heets, if nec		operty
Household Member's full name Relationship Date Will this Member be a   Household Member's full name to HEAD of of Sex Full Time Student in the Soc						ial Secu Number			
1		HEAD							
2									
3									
4									
5									
6									
8									
9									
10									
11									
12									
							YES	NO	
Are the household members citizens or legal residents of the United States? <b>If no</b> , explain:									
Will any household member, including children, live in the unit on a less than full time basis? <b>If yes</b> , explain:									
	Do you anticipate any change in your household (someone moving in or out) during the next 12 months? <b>If yes</b> , explain:								
	you currently living in a subsidized hou t program/agency:	using unit or recei	-	al assistan	ce su	bsidy? <b>If yes</b> , where	or from		
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 <b>ethnicity AND race</b> of the <b>Head of the Household</b> . You are not required to answer, nor does your answer affect your eligibility for housing.							
ETHNICITY of the Head of Household							
Please circle <u>ONE</u> .	NON Hispanic or Latino			Hispanic or Latino			
RACE of Head of Household				American	Native		
Please circle <u>ALL</u> that are needed to give the best representation of the Head of the Household.	White	Black/African American	Asian	Indian/Alaska Native	Hawaiian/Other Pacific Islander		

HOUSEHOLD INCOME INFORMATION							
twelv spor and	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 <u>ALL</u> full time, part time, sporadic and/or seasonal income even if completing this application in the off season. Check <b>YES</b> or <b>NO</b> to each item, as applicable, and include the <b>total</b> gross (before deductions) monthly amount. <b>DO YOU RECEIVE OR EXPECT TO RECEIVE: YES NO Gross MONTHLY</b>						
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):						
	ny of the ADULT member(s) of the household have <b>zero income</b> ? <b>If yes</b> , please list aber(s):						

	For the previous INCOME items1-20, provide further information for <u>all</u> "YES" checked items. If a household member has more than one source of income, use a separate line for each source. Attach additional sheets, if necessary.					
ITEM #	HH MEMBER	NAME AND MAILING ADDRESS (STREET ADDRESS/CITY/ZIP) OF COMPANY or SOURCE	CONTACT NAME & PHONE/FAX NUMBER			

Doe	es ANY Household Member (Including Children) have money held in:	YES	NO	Current Balance
1	Checking Accounts? (Average six month balance)			\$
2	Savings Accounts?			\$
3	Stocks?			\$
4	Certificates of Deposits?			\$
5	Bonds? (Savings bonds, etc.)			\$
6	Trusts**? Securities? Capital Investments?			\$
7	Whole Life Insurance Policy? (do not list term life insurance)			\$
8	401K**?			\$
9	IRA/KEOGH Accounts?			\$
10	Pension / Retirement/Annuity accounts**?			\$
11	Money Market funds?			\$
12	Treasury Bills?			\$
13	Lump Sum Payments (i.e. inheritance, insurance settlement, lottery winnings, capital gains)?			\$
14	Other? (list)			\$

	For the previous ASSET items 1-14, provide further information for <u>all</u> "YES" checked items. If a household member has more than one asset, use a separate line for each asset. Attach additional sheets, if necessary.					
ITEM #	HH MEMBER	NAME AND MAILING ADDRESS (STREET ADDRESS/CITY/ZIP) OF FINANCIAL INSTITUTION or SOURCE	CONTACT NAME & PHONE/FAX NUMBER			

	YES	NO	Current Value		
Do you currently own Real Estate for occupancy, rental or under a Contract for Deed?			\$		
If yes, please list the address(s), number of acres owned, any expenses incurred (i.e. mortgage, taxes, insurance) and any income received from it and include the required documentation when you submit your application.					
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes (do not consider wedding rings or personal jewelry)?			\$		
If yes, please list the items and include the required documentation when you submit your application.					
Are any assets held jointly with another person? If <b>yes</b> , please list the person(s) and the asset(s).					

I/We hereby certify that I/We (have ORhave not) (check one) sold or disposed of any asset(s) for less than their Fair Market Value during the two year (24 months) period preceding the date of this application. List below any asset(s) sold or disposed of during the preceding two years for less than their Fair Market Value and provide documentation when you submit your application.						
Asset Owner Asset & Estimated Value Date sold/disposed of Amount Received						
			\$			
			\$			
			\$			



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	