

Government Data Practices Act  
Disclosure Statement

Print name(s) of Household Members signing this form:	

Funding provided by the City of Minneapolis for the development of the property listed below requires the submission of certain private information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”).

Some of the information you are being asked to provide may be considered private or confidential under the Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes Chapter 13. Section 13.04(2) of this law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information. The Owner of the Property may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

1. The City of Minneapolis is asking for information necessary for the administration and management of a local program to provide housing for low income families. Some of the information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property. Other information may be used to assist the City in the evaluation and management of some of the programs it operates.
  
2. As part of your application, you are asked to supply the information contained in each of the following attachments that are checked with an “X” (all checked boxes apply):

Attachment 1 – Inclusionary Zoning

Each Attachment has two parts: Part A and Part B

3. The information asked for under Part A of the checked attachment(s) may be used by the City to establish your eligibility to occupy a unit in the Property. If you refuse to supply any portion of the information asked for under Part A, you may not qualify for initial or continued occupancy of a unit in the Property.

4. The information asked for under Part B will help the City in the evaluation and management of some of the programs it operates and your supplying of this information will be helpful to the City. Failure to provide any of the information asked for under Part B will NOT affect whether or not you qualify for initial or continued occupancy of a unit in the Property.
5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. If you supply, or refuse to supply, any information requested by the Owner, it will NOT affect a decision by the City, but could affect the Owner's decision to rent a unit to you. The determination by the Owner is separate from the City's determination and the City does not participate in the Owner's decision.
6. All of the information that you supply to the City will be accessible to staff of the City (and its agents) and may be made available to staff of the Office of the Minnesota State Auditor or Attorney General, the United States Department of Housing and Urban Development (HUD), the United States Internal Revenue Service (IRS) and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by the City to the Owner's management agents of the Property.
7. This Disclosure Statement remains in effect for as long as you occupy a unit in the Property and are a participant in the program(s) identified in #2 above.

I was (We were) supplied with a copy of and have read this Government Data Practices Act Disclosure Statement and the Attachments identified in #2 above.

Head of Household, Spouse, Co-Head and all household members age 18 or older must sign and date:

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Date

## **Attachment 1 Inclusionary Zoning**

### **Part A**

1. Household composition including the name(s), date(s) of birth and relationship to the head of household of all members in the household.
2. Student status, and Pell Grant eligibility, as applicable
3. The amount and source of all earned and unearned income of all household members.
4. The type, value and income derived from all household assets.
5. The type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years.
6. Disabled status (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable).

### **Part B**

8. Race
9. Ethnicity