



12800 Arbor Lakes Parkway, P.O. Box 1180, Maple Grove, MN 55311-6180 763-494-6000

February 18, 2016



**RE: Scattered Site Rental Housing Program  
2 Bedroom Vacancy**

The City of Maple Grove is accepting applications for a 2-bedroom waiting list. See the rent requirement, occupancy and income qualifications listed below.

2 BEDROOM TWINHOME		
Rent: \$625 per month. In addition to rent, tenant will pay gas and electric utilities + \$500 security deposit		
<b>Minimum income:</b> \$2,247 per month or \$34,650 per year		
<b>Occupancy:</b> <b>Minimum</b> of 2 people with at least 1 being a child <b>Maximum</b> of 4 people		
MAXIMUM ANNUAL INCOME		
2 person	3 person	4 person
\$34,650	\$39,000	\$43,300

**APPLICATIONS WILL ONLY BE ACCEPTED Monday, February 29<sup>th</sup> through Friday, March 4, 2016 between the hours of 8:30am to 4pm, and applicants will be selected on a lottery basis.**

Review the enclosed screening standards to see if you qualify. Applicants need to bring in the following to go with their applications.

1. Minnesota driver's license/state ID for ALL adults 18 years and older
2. Social Security Cards and Birth Certificates or Citizenship/Immigration documents for ALL household members
3. \$25 fee per adult to process the application
4. Most recent Federal Tax Return – including W2's

Applications will be available during above stated dates and hours in the Community Development Department at the City of Maple Grove Government Center, 12800 Arbor Lakes Parkway, Maple Grove, MN 55311. **Providing false or inaccurate income, family size, and other information on the application will result in the rejection of your application, and if applicable, is grounds for eviction and is punishable under federal law.**

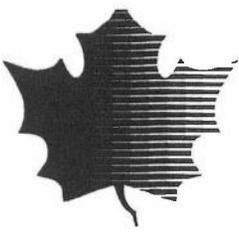
If you have any questions, please call me at 763-494-6049.

Sincerely,

Natasha Campbell  
Housing Assistant / Administrative Secretary  
Community Development Department

Enclosure: Tenant Screening Standards

**“Serving Today, Shaping Tomorrow”**  
AN EQUAL OPPORTUNITY EMPLOYER



## Scattered Site Rental Housing Program – Tenant Screening Standards

The Maple Grove SSRHP serves families with children ("Child" means an individual under 18 years of age, an individual under age 20 who is still attending secondary school, or an individual who, by reason of physical or mental condition, is incapable of self-support.) with incomes at or below 50% of the area median household income. The SSRHP units are below market rent and participating family incomes must meet the minimum and maximum incomes listed below. When properties become available, the City of Maple Grove notifies HousingLink, the Metropolitan Council, Plymouth HRA, Christians Reaching Out in Social Service (CROSS) and Minneapolis Star Tribune, when applications will be accepted. Applicants are then selected on a lottery basis.

Minimum Annual Income					
	Rent Amount	Utility Allowance	Gross Rent	Monthly Income	Annual Income
<b>2 bedroom twinhome</b>	\$625	\$124	\$749	<b>\$2,247</b>	<b>\$26,964</b>
<b>3 bedroom twinhome</b>	\$685	\$148	\$833	<b>\$2,499</b>	<b>\$29,988</b>
<b>3 bedroom single-family home</b>	\$685	\$168	\$853	<b>\$2,559</b>	<b>\$30,708</b>
<b>4 bedroom single-family home</b>	\$750	\$202	\$952	<b>\$2,856</b>	<b>\$34,272</b>

Maximum Annual Income						
2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$34,650	\$39,000	\$43,300	\$46,800	\$50,250	\$53,700	\$57,200

**Two bedroom units** rent for \$625 per month (minimum occupancy of 2 people with at least 1 child and maximum occupancy 4 people), **three bedroom units** rent for \$685 (minimum occupancy of 3 people with at least 2 children and maximum occupancy 6 people), and **four bedroom unit** rents for \$750 (minimum occupancy of 4 people with at least 3 children and maximum occupancy 8 people). The City of Maple Grove pays the water, garbage and recycling utilities. Tenants are responsible to pay for gas (which includes cost for heating), electric (which includes cost for air conditioning), phone, cable, and renters insurance with \$100,000 liability coverage listing the City of Maple Grove as additional insured. **Pets and smoking are not permitted on the property.**

The following information is required of all applicants of the City of Maple Grove HRA Scattered Site Rental Housing Program to determine eligibility. **False information or statements made in rental application is grounds for rejecting your application.**

- IDENTIFICATION: Minnesota Driver's License/State ID** – Applicant(s) must provide a Minnesota driver's license or Minnesota State ID of all prospective tenants 18 years of age and older. Refusal to sign the application or show proper identification will cause your application to be ineligible. **Social Security Cards** – Social Security cards are required for all household members. Refusal to provide social security cards will cause your application to be ineligible. **Birth Certificates/Citizenship/Immigration Status** – Only U. S. citizens or eligible noncitizens are qualified for this program. Applicant(s) must provide, for all household members, a U. S. birth certificate, U. S. Passport or other proof of Citizenship/Immigration Status when submitting application.
- INCOME:** Income must be from all sources, including gross wages, bonuses and overtime pay (before any payroll deductions); interest and dividends; periodic payments received from social security, retirement

programs, pensions, insurance policies, disability, unemployment or worker's compensation (but not including lump sum settlement payments); public assistance (such as MFIP/TANF, Section 8, etc.); alimony and child support payments (but not including foster child care payments). **Applicant(s) must provide most recent federal tax return (including W2s).** Prior to approval, third-party verification of income, assets, etc. is required of all prospective tenants 18 years of age and older. To qualify, income of all applicant(s) 18 years of age and older must meet income requirements listed above. If an applicant has a Section 8 Housing Choice Voucher, the rental subsidy amount for the SSRHP unit shall be added as income and used for the income requirement. Failure to meet the income criteria will cause your application to be ineligible. During the term of the lease, the tenant agrees to cooperate with the required recertification of annual household income determination process and sign a release of information form.

3. **LANDLORD REFERENCE:** List present and past landlords for the last three (3) years. All applicants must have good verifiable rental history for at least (3) years. If an applicant(s) does not have a three-year verifiable rental history or ownership of property, the applicant will be considered with a qualified cosigner. The cosigner for the applicant shall be considered under the same criteria as applicant(s). If applicant(s) has an eviction, unlawful detainer, negative references or repeated criminal activity, it is grounds for rejecting the application.
4. **VERIFIABLE INCOME/EMPLOYMENT/CREDIT/CRIMINAL/RENTAL HISTORY:** If applicant(s) does not provide us with written authorization to verify applicant's income, employment, credit, criminal and rental history, it will cause your application to be ineligible. Applicant must have continuous employment for at least one year. The applicant will be considered if applicant has a qualified cosigner. The cosigner of the application shall be considered under the same criteria as applicant. Additional documents to determine custody arrangements for minors may be required. If the applicant's credit score is lower than 450 or credit report demonstrates repeated lateness in payment of debts, outstanding unpaid judgement (s), bankruptcy filing within three (3) years and/or outstanding collection items, it is grounds for rejecting the application. If we are unable to obtain verifiable income and credit records, it is grounds for rejecting the application. If applicant(s) has been convicted of a felony or crime as noted in the Lease Addendum for Crime-Free Drug-Free Housing it will cause your application to be ineligible.
5. **CRIME-FREE/DRUG-FREE HOUSING:** To become a tenant of the City of Maple Grove HRA Scattered Site Rental Housing Program, tenants must sign the Lease Addendum for Crime Free/Drug-Free Housing. Refusal to sign the Lease Addendum for Crime-Free/Drug-Free Housing will cause your application to be ineligible.

The City of Maple Grove will inspect units for maintenance/housekeeping purposes semi-annually, usually in March and October, or more often if management finds necessary.

Annual income review is required through the duration of the lease. Tenant must agree to cooperate with the required recertification of annual household income determination process and sign a release of information form. Owner may terminate the lease or refuse to renew the lease for failure to cooperate, if the tenant does not respond within thirty days of the initial notification to recertify. Tenant hereby recognizes that in order to qualify for this housing program, which is funded in part by the U. S. Department of Housing and Urban Development (HUD) HOME Investment Partnership Program, Tenant's income may not exceed 50% of the area median income as adjusted by family size. Tenant also understands if after initial occupancy, tenant's income should reach or exceed 80% of the area median income that is adjusted by family size, tenant will pay current High HOME Rent Limit for their rent, or vacate the property.

**False statements or information is grounds for rejecting application, eviction and are punishable under Federal law.** If the City of Maple Grove HRA rejects an applicant, the City of Maple Grove HRA will promptly notify the applicant in writing of the rejection and explain in the notice the reason for the rejection.

If you meet the above requirements and would like to see if there are any vacancies, you can call the Community Development Department at 763-494-6043.



**MONTHLY INCOME:** List source and gross (before any payroll deductions) monthly income from all sources. Gross wages, including bonuses and overtime pay; self-employment income; interest and dividends; any payments received from Social Security (SSI/Disability); General Assistance; MN Supplemental Assistance; Public Assistance (such as MFIP/TANF); Alimony and Child Support payments (but not including foster child care payments); retirement programs; pensions; insurance policies; disability; unemployment or worker's compensation (but not including lump sum settlement payments).

Source \_\_\_\_\_ \$ \_\_\_\_\_ Source \_\_\_\_\_ \$ \_\_\_\_\_  
Source \_\_\_\_\_ \$ \_\_\_\_\_ Source \_\_\_\_\_ \$ \_\_\_\_\_

**HOUSING AND CREDIT REFERENCES:**

Present Landlord: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent amount: \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent amount: \$ \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_ Rent amount: \$ \_\_\_\_\_

**CREDIT:** Name Company \_\_\_\_\_ Acct # \_\_\_\_\_  
Name Company \_\_\_\_\_ Acct # \_\_\_\_\_  
Name Company \_\_\_\_\_ Acct # \_\_\_\_\_

- Are you now living or have you ever lived in a government-subsidized facility? Yes  No  If yes, when? \_\_\_\_\_  
Name of development \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_
- Has your housing assistance ever been terminated for fraud, non-payment or any other reason? Yes  No  If yes, explain circumstances: \_\_\_\_\_
- Have you ever filed for bankruptcy? Yes  No  If yes, when? \_\_\_\_\_
- Have you ever had an eviction or unlawful detainer filed against you? Yes  No  If yes, when? \_\_\_\_\_
- Do you have a criminal history? Yes  No  If yes, explain. \_\_\_\_\_

The purpose and intended use of the information is to determine if you are eligible for housing benefits from the City of Maple Grove. You are not legally obligated to supply the requested information. However, the known consequence of refusing to supply the requested information is that your request for rental property cannot be processed.

I certify that if selected to move into this development, the unit I occupy will be my only residence. I authorize the City of Maple Grove to verify all information provided on this application and to contact previous or current landlords or other sources for credit/criminal/employment/income information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. **I understand that false statements or information is grounds for rejecting the application, eviction and are punishable under Federal law.** Applicant acknowledges receipt of Tenant Screening Standards and attachments listed below by execution of this document.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- Attachments:
- |   |   |
|---|---|
| 1) Tennessean Warning   | 5) Lease Addendum for Crime-Free Drug-Free Housing          |
| 2) Home Program – Eligibility Release Form                            | 6) Hennepin Housing Consortium Affirmative Marketing Policy |
| 3) HOME Certification Application                                     | 7) Equal Housing Opportunity form HUD-928.1 (2/2003)        |
| 4) Scattered Site Rental Housing Program - Tenant Screening Standards |   |

**The following information is for statistical purposes:**

RACE/ETHNIC GROUP OF HEAD OF HOUSEHOLD:  White  Black/African  American Indian/Alaskan Native  Asian/Pacific Islander  
 Hispanic  Non Hispanic

GENDER OF APPLICANT:  Male  Female

WHERE DID YOU HEAR ABOUT THIS VACANCY:  HousingLink  Met Council  Plymouth HRA  CROSS  City of Maple Grove Website  
 Star Tribune  Other, list where \_\_\_\_\_



**APPLICATION AND/OR TENANCY INVOLVING  
PRIVATE OR CONFIDENTIAL INFORMATION  
(Tennessee Warning)**

The City of Maple Grove has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your financial information and identification.*
2. The purpose and intended use of the information requested is: *To determine eligibility for the Scattered Site Rental Housing Program.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Possible rejection of the Scattered Site Rental Housing Program.*
5. The known consequences of refusing to supply the requested information is: *Your application for the Scattered Site Rental Housing Program cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *City of Maple Grove – Community Development department staff, other departments within the city, private organizations that will use this information to determine eligibility, and other organizations that provide funds for the Maple Grove Scattered Site Housing Program.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## HENNEPIN COUNTY HOUSING PROGRAMS RELEASE OF INFORMATION AND DATA PRIVACY STATEMENT

**RELEASE OF INFORMATION**

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to Hennepin County staff any information or material needed to complete and verify my application for benefits under one or more of the programs administered by Hennepin County, including but not limited to; HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG), Affordable Housing Incentive Fund (AHIF) or the Lead Hazard Control Program, hereinafter referred to as "the Programs."

I understand and agree that such information and material may be given to and used by Hennepin County in administering and enforcing the Programs rules and regulations. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in the Programs.

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Mortgage Companies	Past and Present Employers	Veterans Administration
Income Assistance Agencies	Retirement Services	Banks and Financial Institutions
Courts and Post Offices	Credit Bureau	State Unemployment Agencies
Schools and Colleges	Social Security Administration	Previous Landlords
Enforcement Agencies	Utility Companies	Child Care Providers
Medical Providers	Support and Alimony Providers	

I acknowledge and agree that:

- A photocopy of this authorization is as valid as the original and may be used for the purposes stated above; and
- I have the right to review the file and the information received using this form (with a person of my choosing to accompany me); and
- I have the right to copy information from the file and to request correction of information I believe inaccurate; and
- This authorization will stay in effect until the Programs have been completed or terminated; and

**TENNESSEN WARNING**

As an applicant for benefits under one or more of the housing programs administered by Hennepin County, including but not limited to; the HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG) Program, Affordable Housing Incentive Fund (AHIF) Program or the Lead Hazard Control Program, hereinafter referred to as ("the Programs") you will be asked to provide information that may be considered private under the Minnesota Government Data Practices Act (the "Act"). The Act requires that you be provided with the following information.

The data that you will be asked to provide to Hennepin County for the Programs includes, but is not limited to the following data about members of your household:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Income</li> <li>• Social security numbers</li> <li>• Identity of household members</li> </ul> | <ul style="list-style-type: none"> <li>• Income verification</li> <li>• Social security cards</li> </ul> |
|--|--|

The foregoing information is needed in order to determine your eligibility for the Programs. You may refuse to provide the requested information, but this may result in delay in processing or rejection of your application.

This information may be shared with County and applicable city staff, the U. S. Department of Housing and Urban Development (HUD), the Minnesota Housing Finance Agency (MN Housing), contracted monitoring agencies, contracted community partnership organizations, and internal and independent auditors. It may also be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigations.

<b>PRIVACY ACT NOTICE</b>
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As an applicant for the Programs unit, you may be asked to provide your social security number. If it is requested, the federal Privacy Act of 1974 requires that you be provided with the following information:

- Furnishing your social security number is mandatory in order for the Program to determine your eligibility for the Programs.
- The statutory authority for the Program to request disclosure of your social security number is Title 42, Chapter 7, Subchapter II 405(c)(2)(C)(i).

**All adult household members, 18 years or older, will sign this form and cooperate with the eligibility process.**

**I declare that I have read and understood the information given above regarding the Release of Information, the Minnesota Government Data Practices Act, and the Privacy Act of 1974.**

Applicant(s):

Signature	Printed Name	Date
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Signature	Printed Name	Date
-----------	--------------	------

Signature	Printed Name	Date
-----------	--------------	------

Signature	Printed Name	Date
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## Certification Application

Equal Housing Opportunity

### HOUSEHOLD ADDRESS

**CURRENT** Address:

City:

State:

Zip:

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City:

State:

Zip:

### HOUSEHOLD COMPOSITION

Complete in your own handwriting. List the Head of Household and all other persons who are living in the unit. Give the relationship of each member to the head. Each household member 18 years and older must sign the certification.

Members full name (First, Middle, Last)	Relationship to HEAD	Date of Birth	Age	Sex M / F	Full Time Student Y / N	Social Security #
	HEAD					

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.

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

### HOUSEHOLD INCOME

For each household member age 18 or older (including family member temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated Certification. Include all full time, part time, sporadic, and/or seasonal income. If a household member has more than one source of income use a separate line for each source. **Do you Receive or Expect to Receive:**

	YES	NO	Gross Monthly Amount
Wages, salaries (includes overtime, tips, bonuses, commissions, and self employment)?			\$
Does any member work for someone who pays them cash?			\$
Regular pay for the armed forces?			\$
Welfare or disability benefits (MFIP, GA, MSA)?			\$
Social Security payments (SS, SSI, RSDI)?			\$
Workers Compensation and/or Unemployment benefits or severance pay?			\$
Alimony and/or Child support?			\$
Education Grants, scholarships or VA student Benefits?			\$
Pensions (PERA, railroad, etc.)?			\$
Retirement Benefits payments?			\$
Death Benefits payments?			\$
Annuities or life insurance dividends?			\$
Lump sum payments?			\$
Net income from rental property?			\$
Other? (Please list)			\$
Do you anticipate an increase(s) in your income in the next twelve months?			\$
If <b>yes</b> , please list the anticipated amount and approximated date(s) of the increase(s): _____			

**For the above questions where you answered "YES", please use the table below to give us details and contact information.**

HOUSEHOLD MEMBER NAME(S) <small>(Who's Income Is It?)</small>	SOURCE OF INCOME <small>(Company/Institution Name)</small>	STREET ADDRESS/CITY/ZIP <small>(How do we contact them?)</small>	PHONE and/or FAX NUMBER	AMOUNT <small>(Gross Monthly)</small>

### HOUSEHOLD ASSETS

Do you have money held in:	YES	NO	Current Balance/Value
Checking Accounts?			\$
Savings Accounts?			\$
Stocks?			\$

Certificates of Deposits?			\$
Bonds? (Savings bonds, etc.)			\$
Trusts? Securities? Capital Investments?			\$
IRA/KEOGH Accounts?			\$
Pension / retirement funds or accounts?			\$
Money Market funds? Treasury Bills?			\$
Insurance Settlements?			\$
Other? (please list)			\$
Do you currently own Real Estate or hold a Contract for Deed?			\$
If yes, please list the location(s), number of acres owned, any expenses incurred (i.e. taxes, insurance) and any income received.			
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes (do not consider personal jewelry)?			\$
Are any assets held jointly with another person? If yes, detail in the table below.			\$

I/We hereby certify that I/We have \_\_\_\_\_ have not \_\_\_\_\_ sold or disposed of any asset(s) for less than Fair Market Value during the two year (24 months) period preceding the date of this application. The asset(s) sold or disposed of for less than Fair Market Value is:

Asset Owner	Asset & Estimated Value	Date sold/disposed of	Amount Received
			\$
			\$

For the above questions where you answered "YES", please use the table below to give us details and contact information.

HOUSEHOLD MEMBER NAME(S) <small>(Who's Asset IsIt?)</small>	ASSET TYPE <small>(Checking, Savings, Stock, Bond, CD, Etc.)</small>	WHERE IS THE ASSET HELD <small>(Bank /Institution Name)</small>	STREET ADDRESS/CITY/ZIP <small>(How do we contact them?)</small>

### HOUSEHOLD EXPENSE

Do you expect to incur any of the following expenses :	YES	NO	Monthly Cost \$
Child Care which enables you or another household member to work, go to school or seek employment?			\$
Attendant care?			\$
Medical Premiums?			\$

Other medical insurance premiums?			\$
Other? (list) _____			\$
Do you anticipate a increase(s) in your expense(s) in the next twelve months?			
If yes, please list the anticipated amount and approximated date of the increase(s): _____			

For the above questions where you answered "YES", please use the table below to give us details and contact information.

HOUSEHOLD MEMBER NAME(S) <small>(Who's Expense is it?)</small>	EXPENSE TYPE	PROVIDER NAME	STREET ADDRESS/CITY/ZIP <small>(How do we contact them?)</small>

SIGNATURES	
<p>I/We understand the information in this questionnaire will be used to determine eligibility. I/We understand that any false information may make me/us ineligible for housing/assistance. Full source verification forms will be required to complete this certification. I/We understand that false or incomplete information can result in a fine, imprisonment, and loss of housing and/or housing assistance.</p>	
<p>I/We certify that all of the information given in this application is true, complete and accurate.</p>	
<p>I/We authorize agency/management to make any and all inquires to verify this information, directly or through information exchange now or later which may be released to appropriate and Federal, state and local agencies.</p>	
<p><b>ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW:</b></p>	
APPLICANT'S SIGNATURE _____	DATE _____

**WARNING:** SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

# HOME Program Eligibility Release Form

*Agency Name*  
City of Maple Grove  
12800 Arbor Lakes Parkway  
Maple Grove, MN 55369

*Information Covered:* Inquiries may be made about items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program  
HOME Homebuyer Program  
HOME Rental Program  
HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

	Verification Required	Initials
Income (all sources)	✓	
Assets (all sources)	✓	
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)		
<u>Credit &amp; Criminal Background</u>	✓	
<u>Landlord verification</u>	✓	
Dependent Deduction		
___ Full-Time Student		
___ Handicap/Disabled		
___ Family Member		
___ Minor Children		

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

HEAD OF HOUSEHOLD—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X

# HENNEPIN HOUSING CONSORTIUM AFFIRMATIVE MARKETING POLICY

It is the policy of the Hennepin Housing Consortium, which includes Hennepin County, the City of Bloomington, City of Eden Prairie, the City of Minnetonka and the City of Plymouth, to provide fair housing opportunities regardless of race, color, religion, national origin, sex, familial status, status with regard to receipt of public assistance or disability. The Affirmative Marketing Policy incorporates fair housing marketing practices as addressed in Title VIII of the Civil Rights Act of 1968.

In order to administer the HOME Program in conformity and to meet the requirements of the regulations at 24 CFR Part 92.92.351, the Hennepin Housing Consortium has established the following guidelines for HOME assisted rental and homebuyer projects:

## I. Information to Owners, Tenants and Others

- A. Copies of the Affirmative Marketing Policy and a description of the existing fair housing laws shall be provided to all interested parties, including owners, their agents and tenants.
- B. All applicable fair housing laws, policies and procedures shall be discussed with and provided to owners and/or their agents to give to applicants as part of the screening process.
- C. The Equal Housing Opportunity Logo and/or equal opportunity language shall be included in all media announcements and advertisements, and conspicuously displayed in management offices or other appropriate places.
- D. Owners and/or their agents, tenants, and others shall be provided with the name and telephone number of a contact person if there are questions or concerns about the Affirmative Marketing Policy or other areas of the HOME Program. A TDD number will also be provided.
- E. Owners and/or their agents will be encouraged to keep on hand available copies of the Affirmative Marketing Policy to give to tenants or others upon request.
- F. The Equal Housing Opportunity Logo or language will be used in press releases and solicitations for owners, and written communications to fair housing and other groups.
- G. The Affirmative Marketing Policy may be published in other languages if it is deemed necessary.

## II. Special Outreach

Owners and/or their agents shall be required to solicit applications for vacant units from persons in the housing market who are least likely to apply without special outreach efforts. In general, persons who are not of the race/ethnicity of the current residents in the neighborhood in which the project is located shall be considered least likely to apply. Efforts may include, but not be limited to, the use of community organizations, churches, employment centers, housing counseling of referral agencies, the local housing authorities (HRAs), brochures, leaflets, signs, personal contacts, radio, newspapers (including neighborhood, city, and minority/ethnic newspapers or newsletters), local governmental offices, and advocacy or special needs groups.

## III. Record Keeping

- A. Owners, and/or their agents shall maintain records of efforts made to affirmatively market units in order to assess their impact. Hennepin County, as Lead Agency for the Consortium, will maintain records. Records shall include information concerning race, ethnicity, gender of applicants and copies of efforts undertaken by Consortium members, owners, and/or their agents to attract tenants and the results of those who apply as well as any referrals received from other sources, i.e., community organizations, radio, newspapers, etc.

- B. Owners, and/or their agents shall maintain records such as copies of advertisements, letters or contacts with organizations, interviews with organizations, the media, prospective tenants, etc., public service announcements, and all other marketing efforts undertaken to rent units. The records may be inspected at any time it is deemed necessary, but no less than annually.
- C. Owners, and/or their agents shall maintain records on tenants and prospective tenants. The records will include race, ethnicity, income level and gender of tenants and prospective tenants when possible. These records must be made available upon request, but no less than annually.
- D. All records shall be maintained for the period of affordability as specified by the agreement between the owner and the Hennepin Housing Consortium.
- E. Hennepin County shall maintain current records for HOME assisted projects. Where possible, a separate Affirmative Marketing File should be set up for each HOME assisted project.

**IV. Assessment of Marketing Efforts**

Marketing efforts of owners shall be monitored by the Hennepin Housing Consortium, by comparing occupancy data before and after efforts are made. Flagrant or continued noncompliance with policies or regulations may result in sanctions being imposed, such as repayment of the loan or any other corrective action deemed necessary by the Hennepin Housing Consortium.

**Certification for Receipt of the  
HENNEPIN HOUSING CONSORTIUM AFFIRMATIVE MARKETING POLICY  
and Fair Housing and Equal Opportunity Guidelines/Regulations, Booklets, Posters, and/or Logos**

I, Alan A. Madsen of City of Maple Grove HRA  
*(Name of person responsible for program)*      *(Name of organization receiving HOME funds)*

certify that I have received the above mentioned documents and/or materials.

*Organization*

By: \_\_\_\_\_  
 (Authorized signature)

Title: Executive Director

Date: \_\_\_\_\_



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

**U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410**