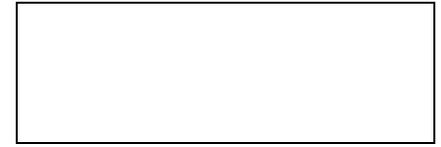




Bloomington Housing and Redevelopment Authority

1800 West Old Shakopee Road ■ Bloomington MN 55431-3027 ■ 952-563-8937 ■ FAX 952-563-4977 ■ TTY 952-563-8740 ■



Rental Homes for Future Homebuyers Application

Applicant Information:

Name (Last, First, M.I.) <i>Use Legal Name:</i>			Phone Number:	
Street Address:	Apt. #	City:	State:	Zip:
This information is required – if left blank, you will be considered ineligible: Gross Household Monthly Income: include total of <u>all</u> household members' monthly income including wages, MFIP, Child Support, Social Security, etc. \$ _____ per month (Minimum required income is \$2,165.00 per month)				Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member Information:

Legal Name	Sex M / F	Relationship to Applicant	Social Security Number	Date of Birth	Age	Disabled Y / N	*See info below:		Employer / School / Source of Income
							Race	Ethnicity	
1.		Applicant					1 2 3 4 5	1 or 2	
2.							1 2 3 4 5	1 or 2	
3.							1 2 3 4 5	1 or 2	
4.							1 2 3 4 5	1 or 2	
5.							1 2 3 4 5	1 or 2	
6.							1 2 3 4 5	1 or 2	

***Race:** (1= White) (2 = Black/African) (3 = Indian-American/Alaska) (4 = Hawaiian/Other Pacific) (5 = Asian)

Ethnicity: (1=Hispanic) (2=Non-Hispanic)

This information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.

Local Preference Information:

The Bloomington HRA has established a local residency preference. **Please read the information on the back of this form to understand if this applies to your household. If so, place a checkmark in the box of the line that allows you the residency preference.**

- I live in Bloomington at the address listed above.
- I am enrolled in a recognized self-sufficiency program in Bloomington (address): _____ Bloomington, MN 554_____
- A member of my household works in Bloomington (address): _____ Bloomington, MN 554_____
- A member of my household goes to school in Bloomington (address): _____ Bloomington, MN 554_____
- A disabled member of my household uses a Bloomington service provider (address): _____ Bloomington, MN 554_____

Prior Assistance Information:

Have you or any household member ever been terminated from any federal housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any household member ever engaged in drug related or violent criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any household member subject to a lifetime registration requirement under a state sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any household member owe any money to any Public Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE, AND ACCURATE.

WARNING: 18 U.S.C. 1001 makes it a criminal offense to misrepresent or to willfully make false statements to any department or agency of the U.S. as to any matter within its jurisdiction.	Signature: _____	Date: _____
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