



IMPORTANT NOTICE

This form can be filled out and printed using Adobe Acrobat Reader.

THE PRINTOUT MAY BE YOUR ONLY RECORD of the data you entered. If you have Acrobat Reader 7 or later, you may be able to save the form with your entries.

Tip

Turning off the symbol next to the fields

The Text Field Overflow symbol appears as a plus sign next to form fields and can cover text when the file is printed. For best results, turn this preference off.

1. Choose *File* > *Save* to save the file to your computer. Then open Acrobat Reader and the file.
2. Choose *Edit* > *Preferences* (Windows) or *Acrobat* > *Preferences* (Mac OS), and select Forms on the left. Unclick the third check box down, "Show text field overflow indicator."



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 \$2,072.50 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 1 2 3 4 5	Ethnicity 1 or 2	
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 below and checkmark this form to indicate 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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Important Preference Information

PLEASE READ CAREFULLY

Please read the local preference information. If you have a local preference your name will be placed higher on the waiting list.

When your name comes to the top of the list, ***the local preference will be verified and must reflect current circumstances***. If it is found at that time that you do not have a local preference, your name will go back on the waiting list and ranked with other non-preference holders. If while on the waiting list your household experiences a change, it may affect your preferences and ranking on the waiting list. You must report this and all other changes in writing to the HRA.

Listed below is a description of the local residency preference established by the HRA. Please read it carefully to determine if your household qualifies for this preference. After you have read it, please check the corresponding box on the front side of this form.

Residency Preference: Applicants who qualify for this local preference must either, 1). Live, work, or be hired to work in Bloomington; or 2). Be enrolled in a recognized training and counseling program in Bloomington designed to assist the applicant family in becoming self-sufficient or reduce their dependency on welfare and other assistance programs; or 3). Be in a recognized Bloomington school with a college degree, diploma, or certificate program and is enrolled in at least one class with lab or two classes per quarter or semester; or 4). Be a disabled applicant who utilizes established service providers located within the City of Bloomington.

PLEASE NOTE: Prior to admission to the Rental Homes for Future Homebuyers Program, all applicants will be required to submit evidence of citizenship or eligible immigration status, birth certificates and Social Security cards for all children. In addition, all applicants will be screened for prior drug-related criminal activity, other criminal activity, credit and rental history



EQUAL HOUSING
OPPORTUNITY

The Bloomington Housing and Redevelopment Authority does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its program or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all city of Bloomington services, program and activities. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.