



## Housing & Redevelopment Authority of Virginia, Minnesota

### ANNUAL RE-CERTIFICATION

Dear: \_\_\_\_\_

It is time to re-verify your income, assets, and related expenses to adjust your rent accordingly.

**Please return your completed paperwork to the office by: \_\_\_\_\_.** If the office is closed, you can leave in the mail slot next to the main office door. The following information will be needed for EACH member of your household over 18 years of age. Please return this checklist and check what info is attached and what info does not apply to you.

Attached	Not Applicable	Information Needed
		<b>Please complete and sign the attached St. Louis County PHHS/MFIP/GA/MSA Verification Form</b> by entering your family name, social security #, and signing and dating the bottom of the form. The rest will be filled out by St. Louis County.
		We need verification of salaries, wages, (cash or check), records of self-employment income, and any tips made in order to determine an accurate average of wages. For anyone in the household that is employed please submit the last 2 months paystubs for each working adult that is 18 years or older. You may also opt to complete an employment wage verification form instead of submitting paystubs – <b>form attached</b> .
		Current statement from checking and savings accounts.
		Please submit current statements for all assets including life insurance, burial accounts, savings certificates, bonds, stocks and real estate.
		School grants (if receiving grants) and verification of the costs of tuition, books, and expenses.
		Receipts for Child Care while you work or go to school.
		<b>To be answered ONLY by tenants 62 years of age or older OR Disabled:</b> record of medical insurance premiums and ongoing medical expenses not covered by insurance (if the amount is over 3% of your income).
		It is unlawful for the Virginia HRA to copy U.S. Treasury checks. Bring in your SSI, SS, SSD, VA Disability and pension statements.

442 Pine Mill Court | Virginia, MN 55792  
Phone 218-741-2610  
Fax 218-748-7067





# Housing & Redevelopment Authority of Virginia, Minnesota

## Application for Recertification

NAME: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME (    ) \_\_\_\_\_ WORK (    ) \_\_\_\_\_ CELL (    ) \_\_\_\_\_

FAMILY COMPOSITION: LIST ALL HOUSEHOLD MEMBERS WHO LIVE OR WILL LIVE IN THE UNIT.  
INDICATE IF ANY FAMILY MEMBER IS A FULL TIME STUDENT OR FOSTER CHILD

Last Name, First, Initial	Birth Date	Sex	Social Security Number	Full Time Student

FEDERAL REGULATIONS REQUIRE THAT RESIDENTS INCOME, ASSETS, AND ALLOWANCES BE PERIODICALLY REVIEWED. TO HELP SPEED UP THE PROCESSING OF YOUR REEXAMINATION, PLEASE ANSWER THE FOLLOWING QUESTIONS AND COMPLETE THE INFORMATION BELOW.

Income	Yes	No	Amount	Member who receives Income
Wages				
Child Support				
Alimony				
MFIP				
Food				
GA/MSA				
Unemployment				
Social Security				
SSI				
RSDI				
Pension				
Annuities				
Veterans Benefits				
National Guards				
Self Employed Income				
Other				

Has anyone in your household applied for any benefits or money, which is in the process of being approved?  
Yes \_\_\_\_\_ or NO \_\_\_\_\_ If yes, please explain,

\_\_\_\_\_

Do you have any other regular monthly income besides those listed on page 1? Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, please explain, \_\_\_\_\_

Are you anticipating any change in income? Yes \_\_\_\_\_ or No \_\_\_\_\_

Did any member of your household work within the past 12 months, but is not now working?  
Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, who and when  
\_\_\_\_\_

Are you anticipating a change in household membership?  
Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, please explain  
\_\_\_\_\_

Are you or will you or any other adult member in your household be a student in the next 12 months?  
Yes \_\_\_\_\_ or No \_\_\_\_\_

I UNDERSTAND THAT THE VALUE OF EQUITY IN REAL PROPERTY, STOCKS, BONDS AND OTHER FORMS OR CAPITAL INVESTMENTS ARE CONSIDERED ASSETS AND THAT ALL ASSETS AND ALL INCOME FROM ASSETS SUCH AS INTEREST, DIVIDENDS, AND NET INCOME FROM THE OPERATION OF ANY KIND OF REAL PROPERTY MUST BE DECLARED. AS HEAD OF HOUSEHOLD, I DECLARE THAT MEMBERS OF MY HOUSEHOLD HAVE NO OWNERSHIP IN FULL OR IN PART OF ANY ASSETS OTHER THAN THOSE IDENTIFIED BELOW:

Type	Yes	No	Balance	Source	Asset Owner
Checking					
Checking					
Savings					
Savings					
Christmas Club					
Share Draft					
Burial Account					
Certificates					
Management Account					
Money Market					
Life Insurance					
Annuities					
Mutual Funds					
Business Income					
Trusts					
Contract for Deed					
Other					

Have you or any adult member in your household had an increase in income as a result of employment of a family member who was previously unemployed for one or more years?

Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, Name of household member:

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Have you or any other adult member in your household had an increase in earned income during participation in an economic self-sufficiency or any other job training program?

Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, which household member:

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Have you or any adult member in your household received, or has received within the past 6 months, TANIF funded assistance benefits or services of at least \$500.00 and had an increase in income as a result of employment?

Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, which household member: \_\_\_\_\_

Do you own real estate or a home? Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, what is the value \$ \_\_\_\_\_

Have you disposed of assets for less than fair market value within the past 2 years? Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, Date of disposal \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Market Value at time of disposal \$ \_\_\_\_\_

Have you opened any accounts this year? Yes \_\_\_\_\_ or No \_\_\_\_\_

Have you closed any accounts this year? Yes \_\_\_\_\_ or No \_\_\_\_\_ if yes, list account and what was done with the balance

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Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member that is necessary for a household member to be employed? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you pay for childcare for children 12 years old or under while a household member is employed or attending school? (Do NOT include expenses if reimbursed by an outside source) Yes \_\_\_\_\_ or No \_\_\_\_\_

Medical Expenses: Complete this section only if the Head or Spouse is Elderly, Disabled or Handicapped

Are you on Medicare? Yes \_\_\_\_\_ or No \_\_\_\_\_

Are you on Medical Assistance? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you pay for additional medical insurance? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you have any out of pocket expenses for your prescription drugs? Yes \_\_\_\_\_ or No \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes \_\_\_\_\_ or No \_\_\_\_\_

Have you or any adult member in your household been subject to a state lifetime sex offender registration in any state?

Yes \_\_\_\_\_ or No \_\_\_\_\_

Applicant(s) / Tenant(s) Statement

I/we certify that the following information given to the Virginia Housing Authority on Household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for termination of Housing Assistance and of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Additional Adult

\_\_\_\_\_  
Date

*\*\*\*\*\*After verifications by the Housing Authority, the information will be submitted to the department of housing and urban development on form HUD – 50058 (Tenant Data Summary), A computer generated facsimile of the form or on magnetic tape.*



# Housing & Redevelopment Authority of Virginia, Minnesota

## **PRIVACY ACT NOTICE**

The information requested about you is necessary to determine your eligibility for housing program benefits. It is used to determine the amount of your rent you may pay and meet other requirements in the administration of legal authorized housing program.

Most of the information is classified as "Private" or "Confidential" information under Minnesota law. (M.S. 15.1611-15.1699)

Use of the information is limited to Virginia HRA employees, employees assisting you under a contract with the HRA, and other agencies authorized by the state or federal law, including the U.S. Department of Housing and Urban Development, and civil, criminal, or regulatory investigators or prosecutors.

You do not have to give us this information, but if you refuse to supply information, the HRA may not be able to provide you with housing assistance.

This is to acknowledge that I have been given the information listed above.

X \_\_\_\_\_

Signature of Head of Household

\_\_\_\_\_

Date

X \_\_\_\_\_

Signature of Spouse or other Adult Member

\_\_\_\_\_

Date

### ***Request for reasonable accommodations:***

Any request for reasonable accommodations under the Fair Housing Law for Disability may be made by writing to the HRA or by calling (218) 741- 2610 for assistance and specify the nature of the accommodations requested.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll free hot line at 1-800-424-8590.



# Housing & Redevelopment Authority of Virginia, Minnesota

## Information and Privacy Notice/Tennessen Notice THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

Under the Minnesota Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

### A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE HRA COLLECTS?

Within the context of the HRA's Public Housing and Section 8, and other HRA programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing or other HRA program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the HRA in maintaining or upgrading its housing stock.
4. To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

### B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for housing (or other agency) program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the HRA may not be able to provide you with housing or other requested assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Executive Director.

### C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development
2. Minnesota Housing Finance Agency
3. HRA employees and contractors and HRA selected volunteer agencies serving you or your dwelling unit
4. Owner of Section 8 unit in which you reside
5. Health and Human Service Agencies
6. School Districts
7. Police, Sherriff, Fire Departments and Paramedics when an emergency situation or investigation requires the sharing of information
8. Utility companies servicing the City of Virginia and St. Louis County to insure that HRA rental units are maintained as required by the lease
9. U.S. Census Bureau
10. The City/Township and its' various departments in which you receive HRA assistance
11. Federal, State or Local auditors
12. Researchers who are granted access to the data for the purposes of preparing summary data
13. Other Local, State and Federal agencies as may be required by law





# Housing & Redevelopment Authority of Virginia, Minnesota

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social service agency, information may also be shared with county, state, local or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with which we share private information must likewise treat that information as private. When you are no longer being served by the HRA, we will keep your file only until state and federal retention requirements are met.

**D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?**

Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, state and federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

**E. WHAT INFORMATION DO YOU HAVE ACCESS TO?**

You or your authorized representative or guardian may request to be shown information about you, that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies that you would like made.

According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

**F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?**

Write to us describing the nature of your disagreement. Send this information to:

Executive Director- Data Practices  
Virginia HRA  
442 Pine Mill Court  
Virginia, MN 55792

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, contact the HRA office at (218) 741-2610.

This is to acknowledge I have been given the above information.

Signature \_\_\_\_\_

Date \_\_\_\_\_







## Housing & Redevelopment Authority of Virginia, Minnesota

**TO:** All Public Housing Residents  
**FROM:** PHA Management  
**SUBJECT:** Notice Regarding the Violence Against Women Act (VAWA)

The Housing and Redevelopment Authority of Virginia, MN (VHRA) has a Violence Against Women Act (VAWA) policy to afford certain protections to those that have experienced domestic violence, dating violence, sexual assault, and stalking. Applicants, tenants and affiliated individuals of tenants who are victims of such abuse are protected under the VAWA policy from being denied housing assistance, evicted from housing or being terminated from housing assistance because of qualifying acts of violence against them. Protection under this policy must be invoked by the applicant or tenant in accordance with the VHRA adopted policy. If you would like to claim protection under this policy, contact the VHRA office immediately.

You can read the full text of the **Violence Against Women Act** by requesting a copy from the front desk.

**Tenant Signature:** \_\_\_\_\_

**Additional Adult Signature:** \_\_\_\_\_

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



# Housing & Redevelopment Authority of Virginia, Minnesota

## RELEASE OF INFORMATION

### Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce programs rules and policies.

### Authorization

The undersigned hereby authorize the release of information including documentation and other materials pertinent to eligibility for a participation under any of the following programs:

- Legal Aid
- Low-Income Rental Public Housing
- Section 8 Housing Assistance Payment Program.
- Bridges Rental Assistance
- Loan Programs
- Family Self Sufficiency (FSS) Programs

The undersigned hereby authorizes the above named organization to obtain information about me or my family that is pertinent to eligibility for, anticipation of eligibility for, or continued occupancy in assisted housing programs.

I authorize only the Virginia Housing and Redevelopment Authority to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information covered may include but is not limited to the following:

- Child Care Expenses
- Medical and Prescription Expenses
- Credit History/Criminal History
- Family Composition
- Employment Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security Number/Incomes
- Residences and Rental History
- These forms cannot be used to request a copy of tax returns. Instead, use IRS for 4506

### Individual or Organizations That May Release Information

- Banks and other Financial Institutions
- Medical Facilities and Pharmacies
- Courts, Law Enforcement Agencies and Credit Bureaus
- Probation Offices
- Employers, Past and Present
- Landlords, Past and Present
- Mental Health Centers
- Work Force Center

442 PINE MILL COURT, VIRGINIA MN 55792  
Phone 218-741-2610  
Fax 218-748-7067

- Range Transitional Housing
- Arrowhead Center
- St.Louis County Fraud Investigations
- St.Louis County Child Protection Services
- St.Louis County Financial Services & Child Support
- 

Providers of:

- Alimony, Child Care, Credit
- Handicapped Assistance Medical Care
- Pensions/Annuities
- Schools/Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies: Virginia Public Utilities
- Welfare Agencies

I agree that the Virginia Housing and Redevelopment Authority may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. Further, I authorize the Virginia Housing and Redevelopment Authority to share information received through this authorization with other governmental agencies as part of the monitoring and enforcement of the program rules and policies of the Virginia Housing and Redevelopment Authority.

#### Conditions

I agree that the photocopies of these authorizations may be used for the purpose stated above for a period of fifteen (15) months from the date signed below.

If I do not sign this authorization, I also understand that my housing assistance or loan program may be declined or terminated.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

442 PINE MILL COURT, VIRGINIA MN 55792  
Phone 218-741-2610  
Fax 218-748-7067



# Housing & Redevelopment Authority of Virginia, Minnesota

Community Service Requirement Code:

☐ Yes ☐ No ☐ Pending ☐ Exempt

Name: \_\_\_\_\_ Recertification Date: \_\_\_\_\_

Address \_\_\_\_\_

- ☐ I do not need to participate in either Community Service or Self-Sufficiency because of one or more of the following exemptions:
- ☐ I am 62 or older.
- ☐ I am blind or disabled.
- ☐ I am the primary caregiver for someone who is blind or disabled.
- ☐ I am engaged in work activity of at least 20 hours a week.
- ☐ I am a full-time student.
- ☐ I am exempt from work activity under Part A, Title IV of the Social Security Act or under any state welfare program, including the welfare-to-work program.
- ☐ I am receiving assistance under a state program under Part A, Title IV of the Social Security Act or under another state welfare program such as welfare-to-work and in compliance with that program.
- ☐ I am a member of a family receiving assistance under SNAP and am currently in compliance with the program requirements.
- ☐ **I am required** to perform either eight (8) hours of Community Service a month, or participate in the Self-Sufficiency Program. Participation in one of these programs is mandatory and a condition of my occupancy. My participation in one of these programs starts effective \_\_\_\_\_ and will continue until my next annual recertification. I received a copy of the Community Service Tracking Form and understand that it must be completed and returned to my Housing Specialist at my next annual recertification appointment. **Each month will be verified for eight hours. Months cannot be combined or doubled up.** If my status changes and I qualify for one of the above exemptions, I will report it to my Housing Specialist within ten (10) days of such occurrence.

\_\_\_\_\_  
Resident Date HRA Representative Date

## Resident Self-Certification Exemption Form from Community Service Due to Disability

I understand that under **Federal Regulation, CFR 960.600-609**, the housing authority is required to have as part of the lease agreement a requirement for all adult residents who do not meet exemption criteria, to perform 8 hours of community service per month or participate in an economic self-sufficiency program for 8 hours a week.

Persons with disabilities are **NOT** automatically exempt. A person is only exempt to the extent the disability makes the person "able to comply". Disabled individuals can self-certify that they can or cannot perform community service activities. By signing this form below, you are **self-certifying** that you are a disabled individual whose disability makes you **unable to comply** with the community service requirements.

\_\_\_\_\_  
Resident Date

442 Pine Mill Court | Virginia, MN 55792  
Phone 218-741-2610  
Fax 218-748-7067





# Housing & Redevelopment Authority of Virginia, Minnesota

## St Louis County PHHS MFIP/GA/MSA Verification Form

Family Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Case # \_\_\_\_\_

**Monthly Amounts Unless Specified**

**Please Return To: Dawn Berg**

GA:	\$ _____	SSI:	\$ _____
MSA:	\$ _____	Social Sec:	\$ _____
Food Portion	\$ _____	Wages:	\$ _____
Other:	\$ _____		

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MFIP:	\$ _____	Family Wage Level	\$ _____
Food Portion:	\$ _____	Full Standard	\$ _____

**Over Payment Amounts**

Total Owed	\$ _____	Deducted Monthly	\$ _____
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**Other Income**

Child Support	\$ _____	Earned Income	\$ _____
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Months Remaining: \_\_\_\_\_

# People in the household: \_\_\_\_\_

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I, \_\_\_\_\_, hereby grant the Housing and Redevelopment Authority of Virginia, MN to make inquiries regarding my income and assets. I understand that this info is for the purpose of determining my eligibility and rent and will be kept confidential.

X  
**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

---

Completed By: \_\_\_\_\_

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



# Housing & Redevelopment Authority of Virginia, Minnesota

## Income Based Rent/Flat Rent

As required by the Quality Housing and Work Responsibility Act of 1998, all public housing families are to be provided with a choice of option for rents. The choice of rental options will be given to each family annually. The options are as follows:

\_\_\_\_\_ Income based-rent

Rent based on resident income

Rent re-examined annually

\_\_\_\_\_ Flat rent

Rent set at reasonable market value which is determined by the Housing Authority Rental Rate may be changed annually

Income reviewed every 3 years instead of each year

The current gross monthly flat rental rate for a \_\_\_\_ bedroom at Pine Mill Court / Columbia Rouchleau is \$\_\_\_\_\_ per month. The gross monthly flat rental rate listed is prior to any applicable utility allowance.

Please indicate your rental choice by placing a check mark next to the option you have chosen.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult

\_\_\_\_\_  
Date



## Housing & Redevelopment Authority of Virginia, Minnesota

### Verification of Income and Assets

Regulations require us to verify the income and assets of all applicants and tenants to establish their eligibility and rent for our Public Housing Program. The Virginia Housing and Redevelopment Authority will allow applicants and tenants to self-certify their assets and income from their assets when their assets total less than **\$5,000.00**. This provision will be temporary and is applicable until March 31, 2014 or longer if HUD extends the guideline. All information will be kept confidential. Thank you for your cooperation.

I hereby verify the following information to be true.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_ SS#: \_\_\_\_\_

	Account # or Bank	Balance	Interest Rate	Interest Earned
1. Savings				
Savings				
2. Checking				
Checking				
3. Certificates of Deposit				
4. Burial Certificates				
5. Direct Deposit				
6. Other				

\*Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

442 Pine Mill Court Virginia, MN 55792

Phone 218-741-2610

Fax 218-748-7067





## Housing & Redevelopment Authority of Virginia, Minnesota

Dear Employer:

Regulations require us to verify the income and assets of all applicants and tenants to establish their eligibility and rent for our Federal Rent Subsidy Programs. Your completion of this form will help us to determine eligibility and/or the rent amount for the family. All information will be kept confidential.

We are required to complete our determinations within a specified time and therefore, your prompt reply will be appreciated.

Thank you for your cooperation.

Sincerely,

Dawn Berg  
Occupancy Tech II

I, \_\_\_\_\_, hereby grant the Housing & Redevelopment Authority of Virginia, MN to make inquiries regarding my income. I understand that this information is for the purpose of determining my eligibility and rent and will be kept confidential.

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee's Position or Title: \_\_\_\_\_ Original or Rehire Date: \_\_\_\_\_

**Current average hours per week:** \_\_\_\_\_ **Overtime Hours per week:** \_\_\_\_\_

**Current rate of pay per hour:** \_\_\_\_\_ **Overtime rate \$** \_\_\_\_\_ **per** \_\_\_\_\_

**Expected change on rate of pay: \$** \_\_\_\_\_ **per** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Amount of Bonus, Incentive Pay, Commission and/or Tips:** \_\_\_\_\_

**Amount deducted for medical insurance: \$** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.





## Housing & Redevelopment Authority of Virginia, Minnesota

### Pet Policy Agreement for All Tenants

This policy in no way releases residents of their obligation to abide by State or local law or regulation regarding animals. If a conflict arises between this policy and State or local law or regulation, the State or local law or regulation shall apply. The HRA is indemnified for any damages caused by the resident's animal during the term of the lease agreement.

\_\_\_\_\_ No, I have not been approved by the HRA to have an animal therefore, I do not have an animal residing in my unit.

\_\_\_\_\_ Yes, I have been approved by the HRA to have an animal and therefore, I have an animal residing in my unit.

If "Yes" is checked above, please complete the following information (must also submit current pet records from vet and license from the city of Virginia):

Animal's Name: \_\_\_\_\_

Type of Pet: \_\_\_\_\_

Breed/Description: \_\_\_\_\_

**Attach the following: City of Virginia Pet License & Up to date Vet Records**

I have read the Pet Policy and agree to comply fully with these rules and regulations. Once I have been approved for a pet, I understand that I must provide proof of inoculations and spay/neutering prior to the pet being allowed on the premises. The city of Virginia requires a pet license and the HRA will also need a copy of this. **I also understand that I need to provide this information each year during recertification.**

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

VIRGINIA HRA  
442 PINE MILL COURT  
VIRGINIA MN 55792  
218-741-2610

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.