

1-Bedroom Lakeland Apartments – Perham, MN

Lakeland Apartments is an income based federally assisted Public Housing Building. There are 34, 1-bedroom apartments in this building. Rent is determined according to income. Preference is given to those who are: elderly, near elderly, or have a disabling condition.
Maximum Annual Household Income for 1-person \$46,700 / 2-persons \$53,350

RETURN PRE-APPLICATION TO EITHER LOCATION:

MAILING ADDRESS:

Fergus Falls HRA
1151 Friberg Ave,
Fergus Falls, MN 56537
(near the YMCA)

DROP BOX: at front entrance

FAX: (218) 736-4706

EMAIL: ffhra@fergusfallshra.com



MAILING ADDRESS:

City of Perham
PO Box 130, 125 2nd Ave NE,
Perham, MN 56573

DROP BOX: at front entrance

FAX: (218) 346-9364

Questions? Call: (218) 739-3249

Office hours: Monday – Friday, 7:30 am -12:00 pm / 1:00 pm - 4:30 pm

INSTRUCTIONS:

- We will notify you **by mail** when your name comes to the top of the waiting list. Please use your mailing address, or a trusted mailing address on the pre-application.
- Applications not FULLY completed WILL BE RETURNED for completion.
- Application **MUST** be completed in INK.
- Answer all questions **completely** and be sure to sign and date the application, the Cooperation Agreement and the Statement of Arrest or Convictions forms. All household members 18 years of age and older must sign.
- **YOU MUST USE THE NAMES AS THEY APPEAR ON THE SOCIAL SECURITY CARDS.**
- Waiting list is based on date and time completed application is returned.
- If you have an address or income change after submitting your application, please contact our office with your new address/income information immediately (218-739-3249).

WARNING!

This is important housing information. If you do not understand it have someone translate it for you now. Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States. Penalty could be: fines or imprisonment.
(Translated by <https://translate.google.com>)

ADVERTENCIA! (Spanish)

Esta información es importante la vivienda. Si usted no entiende lo que alguien traducirlo para usted ahora. Título 18, Sección 1001 del Código de Estados Unidos indica que una persona es culpable de delito grave por hacer declaraciones falsas o fraudulentas a cualquier departamento o agencia de los Estados Unidos. Pena podría ser: multas o penas de prisión (Traducido por <https://translate.google.com>)

UPOZORENJE! (Bosnian)

Ovo je važne informacije stanovanje. Ako to ne razumem neko prevesti za vas sada . Naslov 18 , odjeljak 1001 SAD kôd navodi da je osoba kriva za zločin za svjesno davanje lažnih ili lažne izjave na bilo koji odjel ili agencije Sjedinjenih Američkih Država . Kazna može biti : novčane kazne ili zatvora.
(Preveo <https://translate.google.com>)

DIGNIIN! (Somalian)

Tani waa macluumaad muhiim ah guryaha . Haddii aadan fahmin waxa ay leeyihiin qof ay hadda kuu turjumi kara. Title 18 , 1001 Section ah code United States dhigayaa in qof dembiile yahay iyo dambi u og kelmadaha beenta ama khayaano ah si kasta oo ay hay'adda waaxda ama of Maraykanka . Cadaab noqon kartaa: karo ganaax ama xabsi .
(Translated by <https://translate.google.com>)

TENNESSEN WARNING

There are laws to protect your rights to information and privacy under the Government Data Practices Act (Minnesota Statutes Section 15.1611 through 15.1692).

What is the purpose and intended use of the data being collected?

The information collected 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 – only those authorized by law can see the information. The “private” classification applies to most of the information we collect about you. The purposes this information are for one or more of the following reasons:

- To help the HRA determine whether you are eligible to participate or to continue to participate in the HRA's housing program.
- To enable the HRA to establish the level of rent you must pay in accordance with Federal law.
- To enable the HRA to comply with legal requirements governing its and other agencies' legislative mandates.

What are your rights when supplying the data?

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 requested, the HRA may not be able to provide you with housing assistance if you do. If you feel that certain information, we request is an unwarranted invasion of your privacy, contact the Executive Director, Project Manager, or the Housing Assistance Coordinator.

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:

- U.S. Department of Housing and Urban Development.
- Federal government agencies or departments as governed by federal law or contract.
- HRA employees, contractors and HRA selected volunteer agencies serving you or your dwelling unit.
- Health care and human service agencies under contract with the HRA.
- Police Department, Fire Department and/or Emergency personnel, when an emergency situation or investigation requires the sharing of information.
- Federal, state, local, and/or contracted auditors.
- Other state and federal agencies as may be required by law.

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 its attorney. Only the HRA, its attorney and those persons authorized by local, state, or Federal law may have access to the information. However, you do have the right to know if the information about you has been classified as confidential.

What information do you have access to?

You or household representative may request to be shown information about yourself that is maintained by the HRA that is classified as private. There is no cost for this service, but there may be a copy charge for copies you request to be 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 shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

How can you contest the accuracy or completeness of information in your file?

Write to the HRA describing the nature of your disagreement. Send the information to the address on front of this form. We will act on your letter within thirty days in accordance with the Minnesota Government Practices Act.

THIS SECTION IS FOR OFFICE USE ONLY: BEDROOM SIZE _____ ELI _____ VLI _____
 PRIMARY RESIDENT _____ SECONDARY RESIDENT _____ NON-RESIDENT _____

Application for admission to the Waiting List for 1-bedroom Lakeland Public Housing Apartments, Perham, MN

(Units are owned by Perham HRA and managed by the Fergus Falls HRA)

Name: _____ Home/ Cell 10-digit phone #: (_____) _____ - _____

Address: _____ Alternate phone #: (_____) _____ - _____

City/State: _____ Zip _____ Email: _____

Yes **No** Do you give permission to the Perham/Fergus Falls HRA to contact you by text message for reasons such as appointment reminders? *(Message and data rates vary by plan.)*

Yes **No** Do you consider yourself homeless? *If yes, where did you sleep last night?* _____

Yes **No** Does anyone in your household have a disabling condition?
If yes, please name the household member: _____

Yes **No** Is any household member a Veteran who served in the United States Military?

Yes **No** Resident of the City of Perham or Otter Tail County?

Yes **No** Ethnicity: Is a member of your household Hispanic or Latino?

Yes **No** I would benefit from a New Dimensions service listed below that helps with daily living activities?

Home care services **Customized living services**

How would you pay for these healthcare services?

Private Pay **County Program-** CADI waiver or Elderly waiver

COMPOSITION for the ASSISTED UNIT

List all family members, including you, who will live in the assisted unit. Family members include: all household members except live-in aides, foster children and foster adults. All family members who permanently reside in the unit, though they may be temporarily absent from the household for reasons such as, but not limited to, employment will be considered family members.

Name: First, M.I., Last (As on Social Security Card)	Relationship to Head	Gender M/F	Birth Date	Race	Social Security #	Place of Birth (City/State/Country)
1.	<i>Head of Household</i>					
2.						

Is any adult member (18 or older) of the household a student in college or high school? **Yes** **No**

If yes, name of student(s): _____

Name of school attending: _____ Address: _____

Do you, or any household member(s) have a legal guardian? **Yes** **No**

If yes, please provide a copy of the court document, and write the name and address of guardian:

Does anyone live with you now, or are you staying with anyone that is not listed on the front page? **Yes** **No**

If yes, please explain: _____

Do you plan to have anyone live with you in the future that are not listed on the front page? **Yes** **No**

If yes, please explain: _____

INCOME INFORMATION:

Answer all the following questions. For each "YES" answer, provide the detail in chart below.

	Yes	No
1. Is any member of your household employed, full-time, part-time, seasonally or self-employed?		
2. Does any member of your household expect to work for any period during the next 12 months?		
3. Does any member of your household work for someone who pays them in cash?		
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
5. Does any member of your household now receive, or expect to receive unemployment benefits, workers compensation or severance pay?		
6. Does any member of your household now receive, or expect to receive income from babysitting/child care services?		
7. Does any member of your household receive or expect to receive economic assistance such as MFIP, GA, MSA and/or SSI?		
8. Does any member of your household receive or expect to receive Social Security Benefits?		
9. Does any member of your household receive or expect to receive income from a pension or annuity?		
10. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, or income from rental property?		
11. Does any member of your family now receive or expect to receive child support?		
12. Is any member of your household entitled to child support that he/she is not receiving?		
13. Does any member of your household now receive or expect to receive spousal maintenance/ alimony payments?		
14. Is any member of your household entitled to spousal maintenance/ alimony payments that he/she is not receiving?		
15. Has any member of your household received, or is any household member currently receiving contributions from other people or organizations?		
16. Does any member of your household receive or expect to receive income from an educational scholarship grant, or work study program? 16a. If yes, is a portion of the scholarship, grant or work study income specifically made available to you for general livings expenses such as room and board? 16b. Is there any money left from the scholarship, grant or work study income after you pay your monthly tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses related to school?		
17. Does any member of your household receive life insurance dividends?		
18. Does any member of your household hold a Contract for Deed?		
19. Does any member of your household receive income from ANY source other than those listed above?		

This section MUST BE completed. Include ALL HOUSEHOLD INCOME.

Household Member Name	Employer Name & Address	Hourly Wage	Average # Hours/ Week	MFIP, GA, MSA DWP	Child Support Monthly	SSI, Social Security Benefits	Weekly Unemployment Or Tips	Other Income
1.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	
2.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	
3.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	
4.		\$		\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per month</i>	\$ <i>per week</i>	

List information in which you have resided in the PAST 12 MONTHS:

Street Address	City	State	County

STATEMENT OF ARREST OR CONVICTIONS: For ALL adults in household.

Answering yes, to the following questions will not necessarily result in denial.

1. Has any household member been **Charged, Arrested or Convicted** with **any** violent criminal activity which has as one of its elements the use, attempted use or threatened use of physical force against a person or property of another in the last 12 months? Yes No
If yes, please explain (*family member, date, where occurred, nature of arrest or charge*) _____

2. Is any household member currently an abuser of illegal drugs or addicted to a controlled substance? Yes No
3. Has any household member been **Charged, Arrested or Convicted** of **any** illegal drug activity in the last 12 months? Yes No
Drug related criminal activity including but not limited to: Possession, usage, distribution, transportation, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia; or conviction of violating any state or federal laws relating to illegal drugs and/or drug paraphernalia.

If yes, please explain. (*Family member, date, where occurred, nature of arrest or charge*)

4. Has any household member been **Charged, Arrested or Convicted** of **any** sexual offenses? Yes No
5. Is any household member a registered sex offender? Yes No
If yes, length of registration: _____

Lifetime registered sex offenders will be denied for life.

NOTICE OF HRA COOPERATION WITH LAW ENFORCEMENT AGENCIES:

The Housing and Community Development Act of 1987 (42 U.S.C. 2000d), requires applicants and participants to submit the Social Security Number of each household member. In addition, the Fergus Falls/ Perham Housing Authority will comply, on a case-by-case basis, with information requests from Federal, State and local law enforcement officers regarding possible fugitive felons and/or a parole or probation violators. The Fergus Falls/Perham Housing Authority will supply on legitimate request (1) the current address (2) Social Security number and (3) photograph (if available) of any recipient of assistance.

The undersigned authorizes the release to Federal, State and local law enforcement officials the name, Social Security number, current address and photo (if available) of all family members, including members under the age of 18, upon the request of such officials (pursuant to Section 9.7 of the Section 8 Administrative Plan & Public Housing ACOP).

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot-Line at 800-424-8590.

After verification by this Housing Agency, 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. See the Federal Privacy Act Statement for more information about its use.

CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT:

I/We certify that all information given to the Fergus Falls and Perham Housing Agency on this application 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 or denial of housing assistance and termination of tenancy. (Translated by <https://translate.google.com> August-2021)

(Spanish) Yo / nosotros certificamos que toda la información proporcionada a Fergus Falls and Perham Housing Agency en esta solicitud es precisa y completa a mi / nuestro mejor saber y entender. Yo / Nosotros entendemos que las declaraciones o información falsa son punibles bajo la Ley Federal. Yo / nosotros también entendemos que las declaraciones o información falsa son motivo para la terminación o denegación de la asistencia para la vivienda y la terminación del arrendamiento. (Traducido por <https://translate.google.com> August-2021)

(Bosnian) Potvrđujem da su sve informacije dane Agenciji za stanovanje Fergus Falls i Perham u ovoj aplikaciji tačne i potpune po mom najboljem znanju i vjerovanju. I / Razumijemo da su lažne izjave ili informacije kažnjive prema Saveznom zakonu. Takođe razumijemo da su lažne izjave ili informacije osnova za prestanak ili uskraćivanje pomoći u stanu i prestanak stanarskog prava. (Preveo <https://translate.google.com> August-2021)

(Somali) Aniga / Waxaan cadeyneynaa in dhamaan macluumaadka lasiiyay Finges Falls iyo Hay'ada Guriyeynta ee Perham arjigan ay sax yihiin oo dhameystiran yihiin sida ugu fiican ee aqoonteyda iyo aaminaadeena Aniga / Waxaan fahamsanahay in bayaanada ama macluumaadka beenta ah lagu ciqaabayo sharciga Federaalka. I / Waxaan sidoo kale fahamsanahay in bayaanada beenta ah ama macluumaadku ay sababi u yihiin joojinta ama diidmada kaalmada guriyeynta iyo joojinta kiraysiga. (Translated by <https://translate.google.com> August-2021)

I/We also hereby authorize that information may be shared in written or verbal form within and between the Fergus Falls HRA, Perham HRA and Human Services in regard to household income, family composition, and any other pertinent information regarding housing needs for myself and my family which may include, but is not limited to, application(s), verification forms, file documentation. **Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States. Penalty could be: fines or imprisonment.**

ALL ADULT MEMBERS (or legal guardians) of the household MUST SIGN this form certifying the information on the entire document is correct.

X

SIGNATURE (Head of Household)

X

DATE

SIGNATURE OF (Spouse/ Other Adult Member/ Guardian)

DATE

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR FEDERALLY ASSISTED HOUSING

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Name of Head of Household:											
Mailing Address:											
10-Digit Telephone #:	10-Digit Cell Phone #:										
Name of Additional Contact Person/ or Organization:											
Address:											
10-Digit Telephone #:	10-Digit Cell Phone #:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Copy on all Correspondence</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Copy on all Correspondence	<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

Check this box if you choose not to provide the contact information.

X	X
Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09) /OMB Control # 2502-0581 / Exp. (02/28/2019)

(Optional: complete only if this applies to you or your household)

REQUEST for a REASONABLE ACCOMMODATION

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Perham/Fergus Falls Housing & Redevelopment Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. Because disabilities are not always apparent, the Perham/Fergus Falls Housing and Redevelopment Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations. Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request. We will give you an answer within 30 days of when the Housing Authority receives the completed Verification of Need document from the medical professional. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs. If we deny your request, we will explain the reasons and you can give us more information, if you think that will help. If you need help completing a Reasonable Accommodation Request Form or if you want to give us your request in some other way, contact our office to schedule an appointment.

If you have a disability and as a result of your disability you need:

- A modification in the rules or policies to give you an equal opportunity to use the facilities or take part in the Public Housing Program
- A modification in the way we communicate with you or give you information
- A modification to your Public Housing unit
- A transfer to another Public Housing unit
- Other: _____

1. The following member of my household has a disability: _____

2. As an applicant or tenant, I need a reasonable accommodation. *(State Request):* _____

3. Do you have a disability as defined below? Yes No

*A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.
(The disability may not be apparent to others, i.e. a heart condition.)*

4. Is the request for reasonable accommodation related to the disability? Yes No

The change I am requesting will accommodate my disability in these ways: _____

REQUEST for the Verification of Need form

I understand that I must provide proof of the need for this accommodation and proof that this accommodation will likely allow me or my family member with a disability to live as successfully as other residents in public assisted housing. This proof is to be provided by a medical professional on the Verification of Need for Reasonable Accommodation form. I am requesting the verification from:

Name of Medical Professional: _____ Title: _____

Address: _____ Phone: _____

Signature: _____

Head of Household

TERMS:

Home care services: Personal care, such as help with bathing, washing your hair, or getting dressed. Household chores, such as cleaning, yard work, and laundry. Cooking for you in your home or delivering meals to you.

Customized living (CL): An individualized package of regularly scheduled, health-related and supportive services provided to a person age 18 years or older who resides in a qualified setting.

(CADI) Waiver : The Community Access for Disability Inclusion (CADI) Waiver provides funding for home and community-based services for children and adults, who would otherwise require the level of care provided in a nursing facility.

Elderly Waiver : The Elderly Waiver program **funds home and community-based services for people age 65 and older** who are eligible for Medical Assistance and require the level of care provided in a nursing home but choose to live in the community. The Minnesota Department of Human Services operates the program under a federal waiver to Minnesota's Medicaid state plan. Counties, tribal entities, and health plan partners administer the program.