



MONTGOMERY HOUSING & REDEVELOPMENT AUTHORITY

300 Oak Avenue SE, Montgomery MN 56069

Telephone (507) 364-5650



The following is an application for the Public Housing Program for units owned and operated by the Housing and Redevelopment Authority of Montgomery, MN. This is NOT an application for the Housing Choice Voucher Program (Section 8), and cannot be used for that program.

Please complete this application in its entirety and return it to:
300 Oak Avenue SE, Montgomery, MN 56069 -or- hra@cityofmontgomerymn.com

If you need assistance in completing the application, please contact the Montgomery HRA office via call or text at (507) 364 – 5650. You may also reach the office via email at hra@cityofmontgomerymn.com.

Once the completed application is received, it will be reviewed for initial eligibility. A letter will be sent via mail to the address listed on your application, confirming your eligibility and placement on the waiting list. Complete applications will be entered in the order they are received, and be processed according to occupancy standards and admission preferences outlined by HUD and the HRA.

The Montgomery HRA will reference the following standards in determining the appropriate unit bedroom size for an applicant/applicant's family:

BEDROOM SIZE	MINIMUM NUMBER OF OCCUPANTS	MAXIMUM NUMBER OF OCCUPANTS
1	1	2
2	2	4
3	3	6

To be eligible for admission to a public housing program, an applicant must meet the following criteria:

1. Be a family as defined by the Montgomery HRA's Admission and Continued Occupancy Policy (ACOP);
2. Meet the HUD requirements on citizenship and immigration status;
3. Have an annual income that does not exceed the current established income limits published by HUD;

2023 INCOME LIMITS			# OF PERSONS IN FAMILY					
Median Income		FPG	1	2	3	4	5	6
Le Sueur Co.	\$107,500	80%	\$57,500	\$65,700	\$73,900	\$82,100	\$88,700	\$95,250

4. Provide documentation of social security numbers for all family members, or certify that they do not have social security numbers;
5. Meet or exceed the application selection criteria for criminal background and rental history for all applicants age 18 and older;
6. Not have had a lease terminated by the Montgomery HRA in the past 12 months;
7. Pay any outstanding debt owed to the Montgomery HRA or any other Housing Authority;
8. Be willing and able to comply with all provisions of the Montgomery HRA lease agreement;
9. Have the ability to hold an electric utility account with Minnesota Valley Electric Coop; and
10. Not participating in or allowing guests or family members to participate in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not participate in, or have any family members engaged in any drug-related criminal activity.

PLEASE NOTE: You are required to notify the Montgomery HRA of any changes in mailing address in writing. If we cannot contact you at the mailing address you provide, your name will be removed from the waiting list and you will be required to re-apply. Any and all changes to your application must be made in writing.

You can request to be removed from the waiting list at any time. The HRA will send updates periodically to inquire if you continue to be interested.

The Housing and Redevelopment Authority of Montgomery, MN is an Equal Opportunity Housing Provider.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



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Public Housing Waiting List Application

Complete person information for every household member who will be living in the housing unit, including yourself. Complete every box for each person. You must use the household member's legal name as it appears on their social security card.

Person 1 (Head of Household)					
APPLICANT'S LEGAL NAME – LAST	FIRST NAME	MIDDLE NAME	Other Names (family name, nickname, etc)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="radio"/> Male <input type="radio"/> Female	DISABLED (Y/N)	VETERAN (Y/N)	
ADDRESS WHERE YOU LIVE		APT #	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM WHERE YOU LIVE)		APT #	CITY	STATE	ZIP CODE
BIRTHPLACE (USA, Mexico, France, etc)	RACE** (optional) <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native American / Alaska Native <input type="radio"/> Pacific Islander or Native Hawaiian <input type="radio"/> Other		ETHNICITY (optional) Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No		
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER		EMAIL ADDRESS		
DO YOU CURRENTLY LIVE, OR DO YOU HAVE A PARENT, SIBLING, CHILD, OR AUNT/UNCLE THAT LIVES WITHIN THE CITY LIMITS OF MONTGOMERY, MN? <input type="radio"/> Yes <input type="radio"/> No		IF YES, PLEASE PROVIDE THE ADDRESS & RELATIONSHIP: <input type="radio"/> Self <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Child <input type="radio"/> Aunt/Uncle			

Does anyone in the household require a handicap accessible apartment? ☐ Yes ☐ No

Person 2 – Relationship to Head of Household: <input type="radio"/> Co-Head <input type="radio"/> Spouse <input type="radio"/> Other Adult <input type="radio"/> Live in Aide <input type="radio"/> Minor Child					
APPLICANT'S LEGAL NAME – LAST	FIRST NAME	MIDDLE NAME	Other Names (family name, nickname, etc)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="radio"/> Male <input type="radio"/> Female	DISABLED (Y/N)	VETERAN (Y/N)	
BIRTHPLACE (USA, Mexico, France, etc)	RACE** (optional) <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native American / Alaska Native <input type="radio"/> Pacific Islander or Native Hawaiian <input type="radio"/> Other		ETHNICITY (optional) Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No		

Person 3 – Relationship to Head of Household: <input type="radio"/> Co-Head <input type="radio"/> Spouse <input type="radio"/> Other Adult <input type="radio"/> Live in Aide <input type="radio"/> Minor Child					
APPLICANT'S LEGAL NAME – LAST	FIRST NAME	MIDDLE NAME	Other Names (family name, nickname, etc)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="radio"/> Male <input type="radio"/> Female	DISABLED (Y/N)	VETERAN (Y/N)	
BIRTHPLACE (USA, Mexico, France, etc)	RACE** (optional) <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native American / Alaska Native <input type="radio"/> Pacific Islander or Native Hawaiian <input type="radio"/> Other		ETHNICITY (optional) Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No		

If more than 3 people, request household member supplement page, or attach a separate sheet.

HOUSEHOLD INCOME INFORMATION

1. Does anyone in the household have a job, or expect to receive income from a job this month or next month (including full-time, part-time, and seasonal employment)?

☐ Yes ☐ No

If yes, please complete below:

EMPLOYEE NAME		EMPLOYER NAME & ADDRESS	
HOURLY WAGE	HOURS WORKED PER WEEK	PAY FREQUENCY	MOST RECENT CHECK RECEIVED
DO YOU RECEIVE TIPS? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU RECEIVE A SHIFT DIFFERENTIAL? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU RECEIVE OVERTIME? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU EARN BONUSES? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No

EMPLOYEE NAME		EMPLOYER NAME & ADDRESS	
HOURLY WAGE	HOURS WORKED PER WEEK	PAY FREQUENCY	MOST RECENT CHECK RECEIVED
DO YOU RECEIVE TIPS? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU RECEIVE A SHIFT DIFFERENTIAL? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU RECEIVE OVERTIME? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No	DO YOU EARN BONUSES? <input type="radio"/> Yes, \$ _____ <input type="radio"/> No

2. Does any member of your household expect to begin working in the next 12 months?

☐ Yes ☐ No

If yes, explain: _____

3. Is anyone in your household self-employed, or does anyone expect to receive income from self-employment this month or next month?

☐ Yes ☐ No

If yes, gross annual earnings: _____

(Examples of self-employment: product sales, personal services, farming, paper route, in-home daycare, babysitting, property rental, cash jobs, driver/delivery services, Instacart, etc.)

4. Does anyone in your household receive economic assistance cash payments such as TANF/MFIP, General Assistance (GA), or Minnesota Supplemental Aid (MSA)?

☐ Yes ☐ No

If yes, monthly benefit amount: _____

5. Has anyone in your household applied for, or does anyone receive any of the following types of income each month?

Social Security (RSDI)	<input type="radio"/> Yes <input type="radio"/> No	\$
Supplemental Security Income (SSI)	<input type="radio"/> Yes <input type="radio"/> No	\$
Veterans Benefits (VA)	<input type="radio"/> Yes <input type="radio"/> No	\$
Unemployment Insurance	<input type="radio"/> Yes <input type="radio"/> No	\$
Worker's Compensation	<input type="radio"/> Yes <input type="radio"/> No	\$
Retirement Benefits (Pension/Annuity)	<input type="radio"/> Yes <input type="radio"/> No	\$
Tribal Payments	<input type="radio"/> Yes <input type="radio"/> No	\$
Child Support or Spousal Support	<input type="radio"/> Yes <input type="radio"/> No	\$
Other unearned income (trusts, gifts, gambling, etc.)	<input type="radio"/> Yes <input type="radio"/> No	\$

HOUSEHOLD ASSET INFORMATION

6. Does anyone in the household own any of the following assets:

Type of Account	Yes/No	Account Number	Balance
Cash	<input type="radio"/> Yes <input type="radio"/> No		
Checking Account	<input type="radio"/> Yes <input type="radio"/> No		
Savings Account	<input type="radio"/> Yes <input type="radio"/> No		
Certificate of Deposit (CD)	<input type="radio"/> Yes <input type="radio"/> No		
Stocks/Bonds/Annuities	<input type="radio"/> Yes <input type="radio"/> No		
401K, 403B, IRA, Bonds	<input type="radio"/> Yes <input type="radio"/> No		
Banking App (Paypal, Venmo, Cashapp, Chime, etc)	<input type="radio"/> Yes <input type="radio"/> No		
Gems, Jewelry, Silver, Gold, other precious metals	<input type="radio"/> Yes <input type="radio"/> No	Description:	Value:
Antiques, coins, stamps, other collectable items	<input type="radio"/> Yes <input type="radio"/> No	Description:	Value:

7. Does anyone in the household own any real estate or hold a contract for deed?

☐ Yes ☐ No

If yes, please complete below:

Home/Property Address:	Market Value:	Money owed? <input type="radio"/> Yes <input type="radio"/> No \$ _____	Foreclosure? <input type="radio"/> Yes <input type="radio"/> No
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8. Has anyone in the household given away, sold, or traded anything of significant value in the last 24 months, for less than fair market value?

☐ Yes, If yes list type of Asset: _____ and Amount Received: \$ _____
☐ No

HOUSEHOLD MEDICAL EXPENSES

Only complete this section if the head of household, spouse or co-head of household is over the age of 62 years old or disabled. If neither of these apply, please skip to housing status and rental history.

9. Does anyone in the household have any of the following medical insurance expenses:

Type of Expense	Yes/No	Company Name	Monthly Premium
Medicare Part B	<input type="radio"/> Yes <input type="radio"/> No	Social Security Medicare	\$
Medicare Supplement Plan	<input type="radio"/> Yes <input type="radio"/> No		\$
Medicare Prescription Plan	<input type="radio"/> Yes <input type="radio"/> No		\$
Private Health Insurance	<input type="radio"/> Yes <input type="radio"/> No		\$

10. If you responded "yes" to question 9, are you reimbursed for your Medicare Part B premiums through medical assistance?

☐ Yes ☐ No

11. Has anyone in your household incurred any of the following medical expenses in the most recent 12 months:

Type of Expense	Yes/No	Medical Provider Name	Annual Expenses
Medical Bills/Copays	<input type="radio"/> Yes <input type="radio"/> No		\$
Dental Bills/Copays	<input type="radio"/> Yes <input type="radio"/> No		\$
Vision Bills/Copays	<input type="radio"/> Yes <input type="radio"/> No		\$
Prescription Bills/Copays	<input type="radio"/> Yes <input type="radio"/> No		\$

HOUSING STATUS AND RENTAL HISTORY

12. Is anyone in your household currently receiving, or received in the past, rental assistance through the Housing Choice Voucher (Section 8) program?

☐ Yes, When _____ Where _____ ☐ No

13. Has anyone in your household lived in public housing or participated in other HRA programs?

☐ Yes, When _____ Where _____ ☐ No

14. Does anyone in your household owe any money to a housing authority?

☐ Yes, When _____ Where _____ ☐ No

15. Has anyone in your household been previously evicted?

☐ Yes, When _____ Where _____ ☐ No

CRIMINAL BACKGROUND

16. Has any member of the household been evicted from federal assisted housing for drug-related criminal activity?

☐ Yes, Explain _____ ☐ No

17. Has any member ever, not just in the last 5 years, been convicted for the production or manufacture of methamphetamines?

☐ Yes, Explain _____ ☐ No

18. Is any household member currently required to register as a sex offender under any state's registration requirement?

☐ Yes, Explain _____ ☐ No

19. Have you ever been under investigation or convicted of fraudulent activity against a government agency?

☐ Yes, Explain _____ ☐ No

APPLICANT CERTIFICATION

I/We certify that the information given to the Montgomery HRA on this Public Housing Waitlist Application is accurate and complete the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under Federal Law and grounds for termination of eligibility for Public Housing.

I/We hereby give the Montgomery HRA permission to: (1) obtain information from my previous landlord(s) regarding my tenancy, complaints, damages, and housekeeping, (2) obtain criminal background checks, and (3) obtain credit history.

I/We understand that this information is required to assess eligibility for a public housing unit, and that refusing to permit landlord, criminal background, and credit checks will result in denial of the application.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

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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.