



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

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The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



OFFICE USE ONLY Date/Time Received:

APPLICATION FOR OCCUPANCY – FAIRVIEW HORIZON APTS

PLEASE PRINT - RETURN COMPLETED APPLICATION TO: KOOTASCA Community Action
2232 2nd Avenue East
International Falls, MN 56649

An applicant may be interviewed only after a completed Application is received. Completed Applications are processed in order of date and time received. You may contact the rental office for assistance in completing the Application.

A. GENERAL INFORMATION

Applicant Name(s): _____
Current Address: _____
Telephone: _____

List all persons who will live in the apartment. List head of household first.

Name	Relationship	DOB	Social Security No.	Sex
1. _____	Head	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Is anyone in this household a full-time student? Yes No Name(s)

B. REFERENCE INFORMATION

Current Landlord: Name: _____
Address: _____
Telephone: _____

Previous Landlord(s): Name: _____
Address: _____
Telephone: _____

Previous Landlord(s): Name: _____
Address: _____
Telephone: _____

Non-related Personal References:

1. Name _____ Address _____ Telephone _____
2. Name _____ Address _____ Telephone _____
3. Name _____ Address _____ Telephone _____

C. HOUSEHOLD INCOME

List all sources of income for all household members.

Name	Source of Income	Monthly Gross
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	Wages Employer _____	\$ _____
_____	MFIP / DWP / TANF	\$ _____
_____	MSA	\$ _____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Veterans Benefits	\$ _____
_____	Pension(s) Source of Pension(s) _____	\$ _____
_____	Unemployment Insurance	\$ _____
_____	Child Support or Alimony Source _____	\$ _____
_____	Full Time Student Income (Only Full Time Students 18 & Over)	\$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

TOTAL GROSS ANNUAL INCOME (monthly amount listed above X 12) \$ _____

Do you anticipate any changes in income in the next 12 months? Yes _____ No _____ If Yes, explain:

D. ASSETS

Checking Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Money Market Account(s)	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates of Deposit	# _____	Bank _____	Balance \$ _____
IRA	# _____	Company _____	Balance \$ _____
Savings Bonds	# _____	Cash Value _____	
Whole Life Insurance Policy	# _____	Cash Value _____	

Real Property: Do you own any property? Yes _____ No _____ If Yes, state type of property _____

Location: _____

Current Market Value: _____

Outstanding Mortgage Balance: _____

Have you sold/dispensed of any business, property or other assets in the last 2 years? Yes _____ No _____

If Yes, state type of business, property or asset _____

Date of Sale/Disposition _____

Market Value When Sold/Disposed Of _____ Amount Sold/Disposed For _____

Do you have any other assets not listed above (i.e. vehicle, mobile home)? Yes _____ No _____

If Yes, please list _____

E. MEDICAL/HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped, or disabled.

Medicare Premiums Monthly Amount \$ _____

Medical Insurance Coverage Monthly Amount \$ _____

Name of Company _____ Address _____

Anticipated Medical Expenses not covered by Insurance nor reimbursed: Monthly Amount \$ _____

Medical bills / outstanding costs on which you are making monthly payments: Monthly Amount \$ _____

Medical related travel costs Monthly amount \$ _____

Any other medical expenses: Type _____ Monthly Amount \$ _____

Type _____ Monthly Amount \$ _____

Handicap Assistance Expenses: Complete this part ONLY for expenses to the extent needed to enable any family member to be employed.

Specialized Medical Attendant Care: Name of care giver _____ Cost \$ _____

Auxiliary Apparatus: Type _____ Cost \$ _____

Type _____ Cost \$ _____

F. CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for: _____ Age _____

_____ Age _____

_____ Age _____

Name of person/agency caring for children: _____

Address: _____

Telephone: _____

Weekly cost of child care due to employment \$ _____

Weekly cost of child care due to education \$ _____

G. PROGRAM INFORMATION

What size of unit are you requesting? 1 Bedroom _____ 2 Bedroom _____

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older, handicapped or disabled? Yes _____ No _____

Do you wish to have priority for a handicapped accessible unit with special design features? Yes No

Do you have a Letter of Priority issued by USDA-Rural Development due to displacement from another property? Yes _____ No _____

Have you ever been evicted from any type of housing? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you currently a user of an illegal controlled substance? Yes _____ No _____

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)? Yes _____ No _____

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes _____ No _____

Are you now or will you become a part time or full time student prior to move-in? Yes _____ No _____

How did you hear about this housing? _____

H. OTHER INFORMATION

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: _____ Year/Make/Model: _____ Color: _____
License Plate Number: _____ Registered To: _____
Type of Vehicle: _____ Year/Make/Model: _____ Color: _____
License Plate Number: _____ Registered To: _____

Do you own any pets? Yes _____ No _____ If Yes, describe _____
Note: Pets are not allowed in the building; please speak to management for more information

In case of emergency, please enter the information of an individual who management may contact:

Name: _____
Address: _____
Telephone: _____

I. CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.
I/We understand that I/we must pay a security deposit for this unit.
I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.
I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this Application or termination of tenancy after occupancy.

SIGNATURES:

Tenant

Date

Co-Tenant

Date

AUTHORIZATION TO OBTAIN INFORMATION

By signing below, I authorize KOOTASCA Community Action, Inc. to request verifications and make inquires to determine my eligibility for tenancy at Fairview Horizon Apartment Building. I also authorize KOOTASCA Community Action, Inc. to request verification and make inquiries regarding my income and assets for calculating my/our rent payment.

The verifications and inquires may be obtained from, but not limited to, the following: current or prior landlords, reference contacts listed on the application, employers, social workers, financial workers, child support workers, state unemployment offices, social security offices, banks and other financial institutions, law enforcement entities, legal records, etc.

This information will only be used to determine my eligibility for tenancy and to calculate rent payment and will not be disclosed to anyone else without my written permission.

I also authorize photocopies of this authorization to be given to third parties for the purposes of obtaining the necessary information.

This authorization will expire in one year from the date signed below.

Tenant Name (Printed)

Co-Tenant Name (Printed)

Tenant Signature

Co-Tenant Signature

Date

Date

“The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

1 American Indian/Alaska Native _____

2 Asian _____

3 Black or African American _____

4 Native Hawaiian or Pacific Islander _____

5 White _____

Gender:

Male _____

Female _____

Other _____