

**Housing and Redevelopment Authority of Winona, MN**  
 1756 Kraemer Drive, Suite 100  
 Winona, MN 55987  
 (507)454-3665

**Preliminary Application**

<b>Head of Household (Legal Name)</b>			<b>Sex</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____	_____	_____	M    F	- - - -	/ /
First	Last	M.I.			

<b>Race</b>		<b>Ethnicity</b>		<b>Monthly Income - Income Source</b>
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic		\$ _____
<input type="checkbox"/> Black	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Non-Hispanic		_____

Which Housing Programs are you applying for?  Public Housing

**Present Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

<b><u>Emergency Contact</u></b>
Name _____
Address _____
Phone (_____) _____

**Mailing Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Telephone** Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Other adults who will be living in the unit: (Legal Name)	Sex M / F	Relationship to Head	Social Security Number	Date of Birth	Occupation & Monthly Income
First [MI] Last					

Other minors who will be living in the unit: (Legal Name)	Sex M / F	Relationship to Head	Social Security Number	Date of Birth	Name of School Attending
First [MI] Last					

Are you a veteran or the spouse of a veteran?  Yes  No **If yes, provide DD-214 papers.**

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?  Yes  No

Have you or anyone in your household been evicted from public or assisted housing for drug related activity within the past three years?  Yes  No

Would you accept an efficiency apartment if one was available?  Yes  No

**Applicant(s) statement:** I/we certify that the information given to the 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 grounds for termination of housing assistance and termination of tenancy.

Signature--Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature--Spouse OR Other Adult \_\_\_\_\_ Date \_\_\_\_\_

**Notice:** You are required to notify the Housing Authority in writing of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply.

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**~ HRA Police Record Verification ~**

State of \_\_\_\_\_

County of \_\_\_\_\_

Dear Applicant:

The Winona HRA tenant selection policy obliges us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the HRA wishes to avoid admitting a family, any one of whose members is involved in criminal activity, which would adversely affect the health, safety or welfare of other tenants. To comply with this requirement, we ask your cooperation in supplying information to the Winona HRA to complete a criminal background check on each adult in the household.

Please list the following for all adult members  
(18 & Older) of the household.

**Full Name**

First	Middle	Last	D.O.B.	SSN
<b>Driver License #</b>				
First	Middle	Last	D.O.B.	SSN
<b>Driver License #</b>				
First	Middle	Last	D.O.B.	SSN
<b>Driver License #</b>				
First	Middle	Last	D.O.B.	SSN
<b>Driver License #</b>				
First	Middle	Last	D.O.B.	SSN
<b>Driver License #</b>				

**Applicant's Release**

I hereby authorize the release of the information requested above. I hereby give my permission to the Winona HRA to receive information on any arrests, convictions or criminal history background from local police and sheriff departments, and the national criminal history record repository.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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PREFERENCE POINTS

Upon verification of qualification, applicants receive one point for each local preference. Preference points are cumulative. TO HELP US VERIFY THAT YOU QUALIFY FOR A LOCAL PREFERENCE, PLEASE CHECK THE APPROPRIATE BOX AND RETURN THIS FORM WITH THE DOCUMENTATION INDICATED.

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**Veteran Preference.** A person or the spouse of a person honorably discharged from the Armed Forces of the United States. Does not include a person enlisted and accepted for active duty for a period of six months or less. The preference is not awarded if the veteran is not a current member of the household, except that a spouse of a deceased veteran shall be eligible. **APPLICANT MUST PROVIDE A COPY OF A DD214 FORM TO VERIFY.**

**Singles Preference.** Single persons who are elderly (62 or older), disabled, or displaced shall be given preference over other single persons. **APPLICANT MUST PROVIDE BIRTH CERTIFICATE, DRIVER'S LICENSE, STATE PHOTO ID, OR PASSPORT TO VERIFY.**

**Near-Elderly Preference.** Preference will be given to elderly and disabled families at the Schaffner Homes and Valley View Tower. If there are no elderly or disabled families on the list preference will be given to near-elderly families (head, spouse, or co-head is at least 50 years of age and below the age of 62). **APPLICANT MUST PROVIDE BIRTH CERTIFICATE, DRIVER'S LICENSE, STATE PHOTO ID, OR PASSPORT TO VERIFY.**

**Working Preference.** Head of household, spouse, or co-head is employed at least 20 hours per week. If the family's head of household and spouse or sole member is 62 or older or disabled, the working preference will be awarded. **APPLICANT MUST PROVIDE CURRENT PAY STUB OR DOCUMENTATION FROM EMPLOYER TO VERIFY.**

**Residency Preference.** Head of household, spouse or co-head lives in the County of Winona or works in or has been notified that they have been hired to work in the County of Winona. **APPLICANT MUST PROVIDE CURRENT DRIVER'S LICENSE, CURRENT UTILITY BILL IN APPLICANT'S NAME, OR CURRENT LEASE TO VERIFY RESIDENCY. APPLICANT MUST PROVIDE DOCUMENTATION FROM LOCAL EMPLOYER TO VERIFY NEW HIRE.**

PRINT FULL NAME: \_\_\_\_\_  
PRINT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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