

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

Preliminary Application

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

| | | | | |
|--------------------------------|--|---------------------------------------|--|---------------------------------------|
| Race | | Ethnicity | | Monthly Income - Income Source |
| <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? Section 8

Present Address

Street _____ City _____ State _____ ZIP _____

| |
|---------------------------------|
| <u>Emergency Contact</u> |
| 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 _____ | | | | | |
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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

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.