

Renville County HRA

200 S. Mill St. P.O. Box 481
 Redwood Falls, MN 56283
 507-637-4004 admin@radc.org
 Initial Application Form

Which of the following housing program(s) are you applying for?	
<input type="radio"/>	Centennial Apartments (Franklin) <u>SMOKE FREE</u>
<input type="radio"/>	Family Units (Franklin, Morton, Sacred Heart) <u>SMOKE FREE</u>
<input type="radio"/>	Section 8 Housing Choice Voucher (Renville County)

PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS ON THE FORM. INCOMPLETE APPLICATIONS WILL BE RETURNED. USE LEGAL NAMES ONLY.

SECTION A: HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Middle Initial _____
 Current Address _____ City/State/Zip Code _____
 Mailing Address (if different) _____
 Telephone Number _____ Email _____

Note: You are required to notify our office of any change of address. If we cannot contact you at the address on file, your name will be removed from the waiting list and you will have to reapply.

SECTION B: WAITING LIST PREFERENCES: check the preferences that apply to your household

- County Resident:** My household has lived, worked, or attended school in Renville County for the past 6 months or more
- Disabled:** Head of household is disabled
- Senior Citizen:** Head of household is age 62 or over

SECTION C: FAMILY (List all members of your family that will be living with you)

Name	Relationship	Date of Birth	Sex	Social Security #
1.				
2.				
3.				
4.				
5.				
6.				

*Attach a separate page if needed

SECTION D: INCOME (Check all that apply and indicate the family member and the **GROSS** monthly income)

Source of Income	Family Member Name	Gross Monthly Amount Received
Employment Wages		\$
Public Assistance (MFIP, DWP, GA, MSA)		\$
Social Security or SSI Payments		\$
Unemployment Benefits		\$
Pensions (PERA, Railroad, 401K, IRA, VA)		\$
Child or Spousal Support		\$
Self Employment		\$
Military or Veteran Disability Pay		\$
Other regular monthly income from any other sources		\$

How did you learn about the Renville County Housing Programs? _____

Have you/anyone in your household been evicted from Public Housing or Assisted Housing for drug related activity within the past 5 years? Yes No
 Do you require any modification or accommodations in order to fully utilize the unit or the program and its services? Yes No

I certify that all the information provided is complete and accurate. I understand that any false statements or omissions made on this application will cause me to be disqualified for assistance.

Signature _____ Date _____

Renville Co. HRA Staff Use Only: Date/Time Received _____ / _____ Letter Sent _____
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