



## Preliminary Application Barrier Free Housing

Thank you for your inquiry about an application to be placed on the waitlist for low-income housing. Anyone that is interested in applying must do so accurately and completely. Please use complete addresses, phone numbers, and personal data. It is also requested that you give a phone number where you can be reached during business hours.

### **Incomplete applications will not be accepted.**

1. Preliminary Application – the application is used to determine the basic qualifications for occupancy such as:
  - a. The family's combined income must not exceed program income limits.
  - b. The Head or Co-Head must have a verifiable disability which requires the special features of our units.
  - c. Applicants must disclose social security numbers for all family members and provide proof of the numbers reported.
  - d. All adults must sign the required forms.
2. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens.
3. All information reported by the family is subject to verification.

All applicants will be screened and must meet the application screening criteria of NHHI before an application will be approved and a lease offered. For a complete list of eligibility requirements, and screening requirements, see our Tenant Selection Plan on our website.

Each resident is required to sign an initial one-year lease. Your monthly rent will be calculated at 30% of your adjusted gross monthly income and will be determined at the time of the final interview.

The determining factors for occupancy will depend on the completeness of your Preliminary Application. Our office will review your application, if all qualifications are met, you will be placed on the waiting list for the property (or properties) you have requested. Once we have received your completed application, we will send you an initial notice of application status. No other notification will be given until a unit becomes available and you are chosen for an interview or if your application is ineligible for Section 8 Housing.

Attached is a listing of NHHI managed properties. **NHHI managed properties are 100% SMOKE FREE.** Each building has its own waitlist. Please select which buildings you are interested in living by placing a check mark next to the building name. You may choose as many locations as desired to which you will potentially be placed on the waiting list.

If you have any questions or need assistance in completing the enclosed forms, please contact our office at 651-639-9799.





## Preliminary Application Barrier Free Housing

Property: NHHI Address: 1050 Thorndale Avenue New Brighton, MN 55112	Telephone: 651-639-9799 Fax: 651-639-9699 TTD/TTY: 711 National Voice Relay
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(Please return this form to the above address)

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. (Head of household, co-head, spouse, other adult, foster adult, child, foster child, live-in aide). Also indicate the citizen/non-citizen eligibility status.

NAME - HOUSEHOLD MEMBER #1 (HOH)	SOCIAL SECURITY NUMBER	RELATIONSHIP	BIRTH DATE
		<b>Head of Household (HOH)</b>	
Citizenship status: <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME - HOUSEHOLD MEMBER #2	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HOH	BIRTH DATE
Citizenship status: <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

NAME - HOUSEHOLD MEMBER #3	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HOH	BIRTH DATE
Citizenship status: <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

NAME - HOUSEHOLD MEMBER #4	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HOH	BIRTH DATE
Citizenship status: <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

Will anyone else be living in the unit?  Yes  No **If yes, who:** \_\_\_\_\_

We will contact HOH applicant by phone for availability. Call our office to update contact information if it changes.

<b>Total household income</b>	Expected household income in the next 12 months?	\$
Higher education	Anyone household member enrolled as a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for or lived in a NHHI property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, year you moved-out and which property:</b>		
How did you hear about NHHI housing?		
List ALL states you have lived in:		



**Preliminary Application  
Barrier Free Housing**

Any household members enlisted in the US Military or are a veteran of the US Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any household members a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any household members currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the head-of household, co-head or spouse 62 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If the head-of household, co-head or spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any household members currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a member of the household ever been convicted of a crime?	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> No
<b>If yes, please describe:</b>	Year Convicted:	
Are any household members included on any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any household member ever been evicted from housing for a lease violation, criminal activity, or non-payment of rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, when &amp; for what reason?</b>	Year Evicted:	

**Pet & Assistance/Companion Animals**

The presence of any animal must be approved before the animal is allowed to be kept in the unit. We allow one pet per household, under 20lbs, and with a \$300 refundable deposit (See Pet Policy & Rules for more information).

**Do you plan to house an animal in the unit?**

Yes  No

If No, please move on to the next section. If yes, please provide the following information.

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?

Yes  No

ANIMAL TYPE (DOG, CAT, TURTLE, ETC)	BREED (IF APPLICABLE)	HEIGHT	WEIGHT

**Unit Size**

**Our buildings were specifically built "Barrier-Free" for permanently disabled persons who use a mobility device and/ or have a verified need for the special features of our apartments.** The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. Please indicate any necessary special features below.

**Unit Size Desired:**

1 Bedroom

2 Bedroom

**Tub / Roll-In Shower Desired:**

No Preference

Roll-In Shower

Tub





Preliminary Application
Barrier Free Housing

\*\*THE INFORMATION BELOW IS REQUIRED\*\*

Please check the box below which best describes your needs.

- 1. I have a physical disability which requires the use of a mobility device.
Type of mobility device used:
2. I do not use a mobility device; however, I need special features in my apartment due to my disability:
Type of special features needed:
3. None of the above

Handicapped persons shall be defined as follows:

- If the head of household or spouse has an impairment which
(a) is expected to be of a long-continued and indefinite duration;
(b) substantially impedes his/her ability to live independently, and;
(c) is of such a nature that such ability could be improved by more suitable housing conditions.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner / agent's resident selection criteria. Yes No

Signature Date

Signature Date

NHHI does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Irene Wright- 1050 Thorndale Avenue, New Brighton, MN 55112 Phone-651-639-9799 Fax-651-639-9699



# LIST OF LOCATIONS

Each building has a separate waitlist.

**\*All buildings are 100% smoke-free\***

Place checkmark to indicate which building's waitlist to be added:

## HENNEPIN COUNTY

CATALPA VILLAGE  
10100 Lyndale Avenue South  
Bloomington, MN 55420  
TUB OR ROLL-IN SHOWER AVAILABLE

GARFIELD COMMONS  
9450 Garfield Avenue South  
Bloomington, MN 55420  
ONLY ROLL-IN SHOWER AVAILABLE  
**(CAPABLE HANDS CARE LLC)**

CUNNINGHAM APARTMENTS  
4556 Lake Drive  
Robbinsdale, MN 55422  
TUB OR ROLL-IN SHOWER AVAILABLE

SONOMA APARTMENTS  
44 Fifth Avenue South  
Hopkins, MN 55343  
ONLY ROLL-IN SHOWER AVAILABLE

EVERGREEN APARTMENTS  
7108 West Broadway  
Brooklyn Park, MN 55428  
ONLY ROLL-IN SHOWER AVAILABLE  
**(ACCESSIBLE SPACE INC)**

WIGGINS APARTMENTS  
206 East Hayden Lake Road  
Champlin, MN 55316  
ONLY ROLL-IN SHOWER AVAILABLE

## RAMSEY COUNTY

LAFAYETTE PLAZA  
619 Lafayette Road  
St. Paul, MN 55130  
TUB OR ROLL-IN SHOWER AVAILABLE

THORNDALE PLAZA  
1050 Thorndale Avenue  
New Brighton, MN 55112  
ONLY ROLL-IN SHOWER AVAILABLE  
**(ACCESSIBLE SPACE INC)**

MOUNDS VIEW GABLES  
2670 County Road I  
Mounds View, MN 55112  
ONLY ROLL-IN SHOWER AVAILABLE  
**(ACCESSIBLE SPACE INC)**

## BLUE EARTH COUNTY (MANKATO)

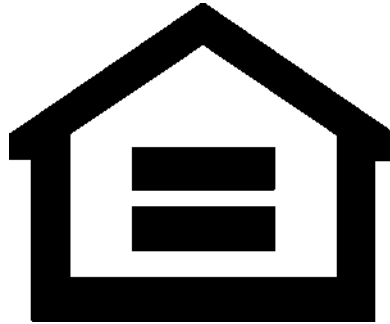
DURHAM APARTMENTS  
621 South Second Street  
Mankato, MN 56001  
TUB OR ROLL-IN SHOWER AVAILABLE

**FOR SENIOR LIVING** (Meadows of Oxboro) **or SHARED LIVING - RESIDENTIAL HOME** (MJB House),  
please see our website for applications and qualifications.

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1050 Thorndale Avenue NW ▪ New Brighton Minnesota 55112 ▪ 651-639-9799 ▪ Fax 651-639-9699  
TTD/TTY: 711 National Voice Relay ▪ Website: [www.nhhiaccessiblehousing.com](http://www.nhhiaccessiblehousing.com)



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance with the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status, or National Origin**

In the sale or rental of housing or  
residential lots

In the provision of real estate  
brokerage services

In advertising the sale or rental  
of housing

In the appraisal of housing

In the financing of housing

Blockbusting is also illegal

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Anyone who feels he or she has been  
discriminated against may file a complaint of  
housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)

**U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410**



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

## ENTERPRISE INCOME VERIFICATION



**What YOU Should Know  
if You are Applying for or are Receiving  
Rental Assistance through the Department of  
Housing and Urban Development (HUD)**

### What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



### What income information is in EIV and where does it come from?

#### The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

#### The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

### What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

### Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

### Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

### What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.





### Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

### Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

### What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

### What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

### What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

### Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



### Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



JULY 2009