



Valley Ridge

To apply for the Senior Housing Program, complete this application and return it to:
Valley Ridge, 1921 Burnsville Parkway West, Burnsville, MN 55337

HEAD OF HOUSEHOLD

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET APARTMENT #
CITY STATE ZIP

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

HOUSEHOLD COMPOSITION

List all persons who will be living in the unit, including yourself. Start with head of household, then spouse or co-head. Use the legal name for each person as it appears on their social security card. **Each household member must disclose income and assets on this application.**

Household Member's Full Name	Relationship*	Date of Birth	Country of Birth	Social Security Number	Student**		Sex		Disabled		Hispanic		Race**
					Yes / No	Male / Female	Yes / No	Yes / No	Yes / No				
1	HEAD												
2													

* Relationship Codes:
CH = Co-Head A = Other Adult
S = Spouse L = Live In Aide

** Student Status:
Will this person be a student during this or the upcoming calendar year? Includes elementary, junior & senior high, college, university, technical, trade & mechanical schools.

*** Race Codes:
W = White A = Asian
B = Black NA = Native American
PI = Pacific Islander/Hawaiian

RESIDENCY PREFERENCE

If you currently reside in Dakota County, you may skip this question.

If you are not currently a resident of Dakota County, do you have an immediate family member (parent, sibling or child) living in Dakota County or do you work or go to school full-time in Dakota County?

YES Name: _____
Address: _____
Relationship to you: _____

NO

HOUSEHOLD INFORMATION

What is your annual household income, including asset income? \$ _____

NOTE: If you are self-employed, use net wages.

Examples of Income: Wages, Child Support, MFIP, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest Income on Assets, Babysitting, Alimony, Annuities, Dividends, Income from Rental Property, Interest from Contract for Deed, etc.

Examples of Assets: CD's, Savings, Certificates, IRA's, Mutual Funds, Stocks & Bonds, etc.

Does anyone in your household require a handicap accessible unit? Yes No

Do you currently have a rental assistance/subsidy voucher from Dakota County CDA, Dakota County or any other county? Yes No

This includes but is not limited to: Housing Choice Voucher (Section 8), Bridges, FUP, VASH, ESG or COC.

What is the primary language spoken in your household?

- English Russian Somali Other: _____
 Spanish Amharic Hmong

How did you find out about the Senior Housing Program?

- Newspaper Ad Family/Friend Employer Resident Referral: _____
 Internet/Website Brochure CDA Other: _____

APPLICANT CERTIFICATION

I/We certify that the information given to PHS Management LLC on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of eligibility for the Senior Housing Program.

I/We understand that the information provided on this application will be used in assessing eligibility for placement on the Senior Housing Program interest lists. I/We understand that eligibility and income limits for the program are subject to change.

I/We certify that we have been offered a copy of the notification titled *There are Laws to Protect Your Rights to Information and Privacy* regarding the collection and use of the data I have provided on this application about my household.

Head of Household Signature _____ Date _____

Co-Head of Household Signature _____ Date _____

If you need help completing this application, call 952-882-4000.

INTEREST LIST SELECTION

Check the senior housing lists and apartment sizes that you would like to apply for. You may choose as many as you wish; however, you must meet program requirements.

NOTE: If you choose a handicap accessible apartment, you will be placed on a separate interest list and will not be considered for non-handicap accessible apartments.

1 BR = 1 Bedroom Unit

2 BR = 2 Bedroom Unit

HDCP = Handicap Accessible Unit

CITY	BUILDINGS	BEDROOM SIZE			
		1 BR	2 BR	1 BR HDCP	2 BR HDCP
FLAT RENT UNITS					
Burnsville	Valley Ridge (Smoke-Free)				
PREMIUM UNITS					
Burnsville	Valley Ridge (Smoke-Free)				

THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

Under the Minnesota Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE CDA COLLECTS?

Within the context of the CDA Public Housing and Section 8 Programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs.

The information we collect about you is classified under Minnesota law as:

- Public - anyone can see the information;
- Private - only you and those authorized by law or by you can see the information; or
- Confidential - you cannot see the information although those persons authorized by law can.

The private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more of the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the CDA's housing program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the CDA in maintaining or upgrading its housing stock.
4. To enable the CDA to comply with legal requirements governing its and other agencies legislative mandates.

B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the CDA is information necessary for our determination of your eligibility for housing program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the CDA may not be able to provide you with the housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the CDA's responsible authority.

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development
2. CDA employees and contractors and CDA selected volunteer agencies serving you or your dwelling unit
3. Owner of Section 8 unit in which you reside
4. Dakota County Department of Human Services
5. Dakota County Department of Economic Security
6. School Districts
7. Fire Department and Paramedics when an emergency situation or investigation requires the sharing of information
8. Utility companies servicing Dakota County to ensure that CDA rental units are maintained as required by the lease
9. U.S. Census Bureau
10. The City/Township and its various departments (those needing access to information) in which you receive
11. CDA assistance
12. Federal, State or Local auditors
13. Researchers who are granted access to the data for the purposes of preparing summary data
14. Other Local, State and Federal agencies as may be required by law

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social services agency, information may also be shared with County, State, Local or Federal staff

members who conduct such investigations pursuant to State and Federal Law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor. Unless otherwise authorized by status of federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private. When you are no longer being served by the CDA, we will keep your file only until state and federal retention requirements are met.

D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

Information collected as part of the CDA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the CDA and our attorney. Only the CDA and our attorney and those persons authorized by Local, State and Federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. WHAT INFORMATION DO YOU HAVE ACCESS TO?

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the CDA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies which you would like made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?

Write to us describing the nature of your disagreement. Send this information to:

Responsible Authority
Dakota County CDA
1228 Town Centre Drive
Eagan, MN 55123

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, please contact CDA's Responsible Authority.

Please sign below to acknowledge you have been given the above information.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.