



Pre-Application-Public Housing Rental Assistance Program

Applications may be made in person on Monday-Friday 8:00am-4:00pm. Applications will be mailed to interested families upon request. Persons with disabilities who require a reasonable accommodation in completing an application may call the MMCDC/Housing to make special arrangements to complete their application. A Telecommunication Device for the Deaf (TDD) is available for the deaf. If you have limited English Proficiency and require free language assistance, please notify us.

This application works with all areas of Becker County-**Outside the city limits of Detroit Lakes**. If you wish to live in the city limits of Detroit Lakes, please apply with the Detroit Lakes HRA.

Our agency has established local preferences, which affect an applicant's position on our Waiting List. To qualify for a preference, one of the following must apply:

- **First Preference**
Displaced person(s): Individuals of families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
- **Second Preference**
Applicants with an adult family member who either lives or works or has been hired to work in the (county or municipality) of the Becker County EDA.
- **No Preference** – Non-residents of Becker County will be served on a first come, first serve basis after those applicants with a preference have been serviced.

To be eligible for Public Housing Rental Assistance you must:

- Qualify as a family that requires a 3-bedroom or larger rental unit
- Meet income and policy requirements
- Provide Social Security Numbers and copy of card for ALL family members
- Pass a criminal background check, landlord history checks and a credit check

Please note:

- You must notify our office in writing of any changes in family status, income, or address. Failure to do so will result in the application being dropped from the waiting list. Should your mail be returned to our office as unable to forward, your application will be dropped from the waiting list.
- Public Housing is not an entitlement program; program participation is contingent upon compliance with the rules and regulations of the Public Housing Rental Assistance Program.
- Families pay utilities directly to utility companies
- Families are responsible for the interior and exterior care of the home, (Lawn care, snow removal, etc.).
- Families with no employment income may be required to complete community service obligations.
- While on the assistance program, families generally pay 30% of their gross income for rent.
- Income is calculated by gross income. Child support, alimony, etc. are all considered income. IF YOU EXCEED THE INCOME LIMITS, YOU WILL NOT QUALIFY FOR THIS PROGRAM.

2024 INCOME LIMITS FOR PUBLIC HOUSING

#Persons	1	2	3	4	5	6	7	8
Income	\$51,350	\$58,700	\$66,050	\$73,350	\$79,250	\$85,100	\$91,000	\$96,850



**Low Income Public
Housing Program**



Complete and return this
Pre-Application form to:

MMCDC
119 Graystone Plaza, Suite 100
Detroit Lakes, MN 56501
218-847-5641 Telephone
218-844-6345 Fax

Date/Time Received:

Head of Household Information:

Last Name	First Name	Middle Initial
Address: <i>You must include an address you can receive mail at or your application <u>will not</u> be processed. Please update the office with any address changes.</i>		
City	State	Zip Code
Phone	Email	

Household Member Information (List All Household Members Below INCLUDING YOURSELF):

First Name, MI and Last Name: Head of Household:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?
First Name, MI and Last Name:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?
First Name, MI and Last Name:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?
First Name, MI and Last Name:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?
First Name, MI and Last Name:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?
First Name, MI and Last Name:	Social Security Number (REQUIRED)	Circle One Male Female	Date of Birth	Student?

Source(s) of Monthly Household Income: Identify the source(s) and amount(s) of all household monthly income:

Wages/Self Employment:	Monthly Amount	MFIP/GA/Welfare:	Monthly Amount
SSI/SSDI:	Monthly Amount	Child Support/Alimony:	Monthly Amount
Social Security:	Monthly Amount	Unemployment:	Monthly Amount
Pensions/Annuities:	Monthly Amount	Other: Specify:	Monthly Amount

What is your current status (Circle Yes or No - only if it applies to the Head of Household or Spouse):

Recently displaced by a Federally Declared Disaster:	Yes	No	If Yes, Please specify Disaster:
Resident of Becker County for 6 months or longer:	Yes	No	If No, Please update your pre-application when you have resided in Becker County for 6 Months or longer
Employed in Becker County:	Yes	No	If No and you do not reside in Becker County, Please update your pre-application when you have started working in Becker County
Handicapped/Disabled:	Yes	No	If Yes, Do you need assistance with your Pre-Application? Yes No

Ethnicity – Please Check	Race – Please Check	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian Or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other:

I/We CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AND THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. *WARNING: 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 or Agency of the U.S. as to any matter within its jurisdiction.*

***I/We understand that the submission of false information or misrepresentation may result in loss of eligibility to participate in the Low Income Public Housing Program. I/We agree to notify MMCDC/Housing in writing if there is a change in address while on the Waiting List for this program.

In addition, I/We understand that this is NOT an entitlement program and that program participation is contingent upon compliance with the rules and regulations of HUD's Low Income Housing Program once assisted.

Date: _____ ***Signature of Head of Household: _____

NOTICE: This is a pre-application to submit your name on the wait list. A complete application will be required once your name reaches the top of our waiting list. ALL pre-applications will be contacted by mail. At that time, if a full application is not filed, your name will be removed from the wait list.

Return Completed Application to: MMCDC/Housing
119 Graystone Plaza, Ste. 100
Detroit Lakes, MN 56501

For Questions, please call: (218) 847-5641
Fax: (218) 844-6345
Email: rbeck@mmcdc.com

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.