Red Wing HRA – Waiting List Application
428 West Fifth Street, Red Wing, MN 55066
651-388-7571

Application received date/time: _____

Preference approved date/time: _____

Applicant Name: _____

Current Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail_____

Phone Numbers: _____
Home Work Cell

Indicate which program(s) you are applying for:

- ☐ **Section 8 Rental Assistance**
- ☐ **Jordan Towers 1** *(Elderly/Disabled/Handicap)* ☐ 1 Bedroom
- ☐ **Jordan Towers 2** *(Elderly/Disabled/Handicap)* ☐1 Bedroom ☐ 2 Bedroom
- ☐ **Family Public Housing** ☐ 3 Bedroom ☐ 4 Bedroom *(Must meet BR size qualifications)*

Check All That Apply: ☐ Head/Spouse 62 or over ☐ Head/Spouse Disabled or Handicapped ☐ Handicapped Family Member ☐ None of these

Are you requesting a handicap accessible unit? ☐ Yes ☐ No
Penalties for falsifying information is a fine of $500.00

List **ALL** persons who will live in the rental unit while on the program. **USE LEGAL NAMES ONLY and PRINT CLEARLY**

Full Legal Name	Sex	Relation to Head	Social Security #	DOB	Age	Race*	Hispanic yes/not	Annual Income	Income Source
		Head						$	
								$	
								$	
								$	
								$	
								$	
								$	

*** RACE: (W)** White **(B)** Black **(I)** American Indian or Alaskan Native **(A)** Asian **(O)** Other

Have you ever committed any fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No

If yes, please explain: _____

Have you or anyone in your household ever been arrested for or convicted of violent criminal activity or drug related criminal activity such as the use, sale, manufacture or distribution of a controlled substance? ☐ Yes ☐ No

I HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE. I also agree to provide written notification to the Housing Authority of any change of address or family composition. I understand that failure to provide information of any changes will result in my name being removed from the waiting list.

_____ _____
Signature of Head of Household Date