



Plymouth Housing and Redevelopment Authority
P.O. Box 47039
Plymouth, MN 55447
(763) 509-5415

Office Use Only

Category 1:

Preference A _____

Preference B _____

Preference C _____

Date & Time _____

Category 2:

Preference D _____

Preference E _____

1BR _____

2BR _____

3BR _____

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION

Please complete this form and return the original to the above address. This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card. All adult members of the household must sign the pre-application form certifying the information pertaining to them. **PLEASE PRINT. Incomplete applications will be rejected.**

NAME: _____ PHONE: (Home) _____

ADDRESS: _____ (Cell) _____

Email: _____

LANDLORD NAME/APARTMENT COMPLEX: _____

PHONE NUMBER OF LANDLORD: _____

I. HOUSEHOLD COMPOSITION - List all persons who will be living in your home (Maximum five persons). List head of household first.

Legal Name Last	First	Social Security Number	Date of Birth	Sex	Citizen Legal Immigrant	Disabled	Relationship to Head of Household
							HEAD

MARITAL STATUS FOR HEAD OF HOUSEHOLD (Check appropriate status):

1) ____ Single 2) ____ Married 3) ____ Widowed 4) ____ Divorced

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY:

Race of Head of Household (please check all that apply):

____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White

Ethnicity of Head of Household (please check one): ____ Hispanic/Latino ____ Non-Hispanic/Latino

II. TOTAL HOUSEHOLD INCOME

List the amount of all money earned (gross income) or received by everyone living in your household. This includes money from wages, self-employment, child support, and regular gifts of money, Social Security, disability payments, Workers Compensation, retirement benefits, MFIP, MSA, GA, Veterans benefits, alimony, tips, pensions, rental property income, stock dividends, income from bank accounts, and all other sources.

Household Member	Name of Employer	Hourly Wage	Average # Hours per week	MFIP/GA or MSA Monthly	Child Support Monthly	Social Security Monthly	Unemployment Monthly	Other Income Monthly

III. ASSETS - Answer all questions. Attach an additional sheet of paper if necessary.

1. Do you or any household member own or have any interest in any real estate and/or mobile home? ☐ Yes ☐ No
If yes, please explain and list tax assessors estimated market value.

2. Do you have any stocks or bonds? ☐ Yes ☐ No
If yes, please explain and list current value

3. Do you have any bank accounts? ☐ Yes ☐ No
If yes, please list bank and current balance.

4. Do you have any other assets such as annuities, retirement accounts, contracts for deed, business, gems, gold, silver collections, etc.? ☐ Yes ☐ No
If yes, please explain, and list current value.
-
5. Have you disposed of any assets within the last two years for less than it was worth? ☐ Yes ☐ No
If yes, please explain.
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IV. ANSWER ALL THE FOLLOWING QUESTIONS

1. Does anyone outside of your household regularly pay for any of your bills or give you money? ☐ Yes ☐ No
If yes, please explain and list the amount of money.
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2. Have you or any member lived in any federally-assisted (subsidized) housing? ☐ Yes ☐ No
If yes, list where and when.
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3. Have you moved or will you have to move through no fault of your own, such as a disaster (fire, flood, earthquake); government action; owner action such as sale or foreclosure of unit (excluding eviction for nonpayment of rent or rent increase); victims of domestic violence within the last six months or be of continuing in nature; or, victim of hate crimes? ☐ Yes ☐ No
If yes, please explain.
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4. Are you currently homeless and living in a shelter or transitional housing? ☐ Yes ☐ No
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5. Have you been paying more than 50% of your gross household income for rent and utilities for at least 90 days? ☐ Yes ☐ No
6. What is the amount of your current monthly rent (what you pay)? \$_____
7. What is the amount of your average monthly utility costs (do not count phone, cable, or internet)? \$_____
8. Are you the only adult listed on your lease? ☐ Yes ☐ No
If not, who else is listed on your lease agreement?
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9. Do you live or work in Hennepin County? ☐ Yes ☐ No
If you work in Hennepin County, list the name and address of employer.
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10. Are you unable to work due to a disability? ☐ Yes ☐ No

11. Are you or anyone in your household subject to a lifetime registration under a state sex offender registration program? ☐ Yes ☐ No
12. Have you or any adult household member been evicted from public housing or terminated from a federally-assisted rental assistance program within the last three years?
If yes, please explain. _____

13. Do you or any household member currently owe money to any public housing agency in connection with federally-assisted housing programs? ☐ Yes ☐ No
14. Have you or any household member been convicted of the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance or methamphetamine in the last five years? ☐ Yes ☐ No
15. Have you or any household member been convicted of any criminal activity that include the use, attempted use, or threatened use of physical force against a person or property in the last five years? ☐ Yes ☐ No
16. Are you willing to take a project-based unit, when, and if one is offered to you? ☐ Yes ☐ No

NOTE: **BECAUSE WE CONTACT YOU BY MAIL, YOU MUST NOTIFY THE HRA IN WRITING ANYTIME YOUR ADDRESS CHANGES. BE SURE THAT ALL INFORMATION IS LEGIBLE AND THAT YOU INCLUDE ALL INFORMATION NECESSARY FOR US TO IDENTIFY YOUR FILE.**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income and any member of the household as well as any changes in the household members must be reported to the Plymouth Housing and Redevelopment Authority in writing immediately.

Signature of head of household Date Signature of Co-head Date

Signature of other adult Date Signature of other adult Date

WARNING! **TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES!**

