Pre-Application for Disabled or Nearly Elderly (50-61) Placement on the General Occupancy Waitlist for Low-Rent Highrise Housing

MPHA will provide free language assistance if needed.

A. If you are a Senior, 62 years or older, DO NOT FILL OUT THIS FORM. Come to 1001 Washington Ave. No., Minneapolis, MN on M-W-F, 8:00 am to 3:30 pm to begin the application process.

B. 1. If you are disabled or near elderly 50-61 complete this Pre-Application for placement on the General Occupancy Waitlist for low-rent highrise housing.

2. The applicant must complete, sign, and hand-deliver this Pre-Application to:

   MPHA-Leasing Department
   1001 Washington Avenue North
   Minneapolis, MN 55401

   MPHA accepts pre-applications on Monday, Wednesday, and Fridays’ from 8:00 am to 3:30 pm

3. If you are under 50 years of age, you must show proof of disability before MPHA will place you on the General Occupancy waitlist. For example proof of receiving SSI or SSDI or submission of a Request for Medical Information form completed by your healthcare provider.

C. Legal Name: ___________________________ Email: ___________________________

   Alias, Maiden Name(s): _______________________________________________________

   Address: ___________________________ Apt. _______ Phone (      ) ___________________________

   City: ___________________________ State: ________ Zip: _____

D. Please list yourself and the other person in your household. Applications for highrise units are limited to 1 or 2 person households.

<table>
<thead>
<tr>
<th>Name of Household Member</th>
<th>Soc. Sec. Number</th>
<th>Relation to Head of Household</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Place of Birth</th>
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<tbody>
<tr>
<td>Last</td>
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</tr>
<tr>
<td>Head of Household</td>
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E. Circle Yes to all preferences that apply to your household. If Yes is not circled, you will not get the preference.

   Yes   a. I am disabled. Do you receive SSI? Yes or No (If No, submit a Request for Medical Information form.)

   Yes   b. I am 50-61 years old.
Yes  c. I have served in the U.S. Military.
Yes  d. I had to move or will have to move in the next 6 months because of: (check all that apply.)

  ____ A disaster, such as a fire my unit is uninhabitable.
  ____ Government action involving code enforcement/public development programs.
  ____ An owner action outside of my ability to control or prevent. This does not include displacement because of non-payment of rent.
  ____ Domestic or dating violence to or stalking of a member in my applicant family.
  ____ A hate crime against a member of my applicant family.
  ____ Retaliation resulting from cooperation with law enforcement.
  ____ Unit inaccessibility.

Yes  e. I am currently living in substandard housing because: ____________________________

Yes  f. I am homeless or my primary night-time residence is: (please check all that apply.)

  ____ A supervised shelter designed to provide temporary housing.
  ____ A temporary residence for institutionalized person such as a half-way house but does not include prison or jail.
  ____ A place not designated or normally used as a regular sleeping place for humans.

Yes  g. Head/Co-Head of Household is a student or an active participant in a self-sufficiency program.

F. List your family’s total gross monthly income for all family members. Income includes but is not limited to: employment wages; self-employment income; MFIP, SSI/Disability; Social Security; General Assistance; MN Supplemental Assistance; Child Support; and Gifts from family or friends.

  My family’s total monthly income is: ____________________________

    d. Asian/Pacific Islander  e. Ethnic Group Hispanic  f. Non-Hispanic

  2. Do you expect anyone to move in or out of your household within the next few months?

    Yes/No  If yes, please explain: ____________________________

H. Language Survey

    Yes/No  1. Is the Head or Co-Head of Household proficient in speaking English?

    Yes/No  2. If no, do you want free interpreter services during the application process? If yes, what language? ____________________________

    Yes/No  3. Is the Head or Co-Head of Household proficient in reading English? If no, list the languages that the Head or Co-Head of House is proficient in reading. ____________________________

I. List the name, address, and phone number of two persons who can contact you.

  1. Name: ____________________________
     Address: ____________________________ Phone ____________________________

  2. Name: ____________________________
     Address: ____________________________ Phone ____________________________
Certification:
I/we certify that all information on this Form is current, complete, and accurate. I/we understand that incomplete or inaccurate information is grounds for MPHA to remove my application from the waitlist, to deny my admission to public housing or to terminate my tenancy. During the application process I will inform MPHA in writing of any changes to my answers on this Pre-Application with ten (10) business days. If I do not, MPHA may withdraw my application or deny my admission.

Signature of Head and Co-Head of Household:

Signature: ___________________________ Date: ___________________________
(Head of Household)

Signature: ___________________________ Date: ___________________________
(Co-Head of Household)

MPHA use only
Date Stamp: Place on Near-elderly Waitlist ______ Place on General Occupancy Waitlist ______

Applicant’s Preferences are: Disabled______ 50-61 years old ______ Involuntary Displacement ______

Veteran______ Substandard Housing______ VAWA______ Full-time Student/Self Sufficiency ______

Time: ______________________________ a.m. p.m. Staff Initial ________________

Pre-AP Rev. 03/17/2015

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