
REASONABLE ACCOMMODATION NOTICE TO PUBLIC HOUSING APPLICANTS

The Saint Paul Public Housing Agency (PHA) administers public housing in Saint Paul for persons who qualify. The PHA does not discriminate against any applicant or recipient because of race, color, creed, religion, national origin or ancestry, familial status, sex, sexual preference, public assistance status, marital status, age, political or other affiliation, or disability.

A PHA applicant (or household member) who has a handicap or disability may ask for a REASONABLE ACCOMMODATION which would make it easier to live in public housing and to use PHA programs and facilities.

A REASONABLE ACCOMMODATION may include a change to a PHA housing unit or housing complex, or an exception to the PHA's rules, policies or procedures. The PHA will try to make the change if it does not create an undue financial or administrative burden, or fundamentally change the nature of the program.

Here are some examples of REASONABLE ACCOMMODATIONS:

- Assigning you to a modified housing unit.
- Making changes to your housing unit.
- Installing a strobe-type flashing light alarm in your unit.
- Installing grab bars.
- Allowing seeing-eye dogs, or providing large-type documents or a reader to assist vision-impaired persons.
- Allowing a person with a disability to work with medical or other appropriate persons to assist them in the application process.
- Providing interpreters for persons with hearing impairments.
- PHA staff working with your advocate to help you follow PHA rules and the lease requirements.

You can ask for a REASONABLE ACCOMMODATION because of a handicap or disability at any time. It is your right whether or not to ask for a change or a REASONABLE ACCOMMODATION. For purposes of eligibility for low-income housing, a person is not considered to have a disability based solely on any drug or alcohol dependence.

If you want a REASONABLE ACCOMMODATION, please tell your Rental Technician at the time of your interview.

PUBLIC HOUSING AGENCY

SAINT PAUL

555 North Wabasha Street, Suite 300
Saint Paul, Minnesota 55102
651-298-5158 • Fax 651-292-7917
Hearing Impaired: (651) 292-7280

This form is very important

Name:	_____
Street Address:	_____ Apt.# _____
City:	_____
State, Zip Code:	_____
Telephone Number:	() _____
Social Security #:	_____

Your placement on the public housing waiting list depends on the date you apply for Public Housing and the information you supply on this form. All applicants for public housing will receive a preference if: you live, work or attend school in St. Paul or if you are a veteran of the United States military service or served under the direction of the United States Armed Forces. Applicants for our Hi-Rise buildings will receive an additional preference if any of the following apply: you are elderly (age 62 or older); disabled; near elderly (ages 50-61) older); or if you are a full time student with no dependents who attends an accredited educational institution.

Please complete and sign the other side of this form. Return it with your application to ensure your correct place on the public housing waiting list.

Remember, it is your responsibility to tell the PHA about changes in your circumstances. We want to know if there is a change in any of the following: address; phone number; family size and any of the information you reported on the back of this form. This information should be sent to the Waiting List Technician **in writing** as soon as the change occurs. **Reporting this information promptly will help both you and the PHA.**

-Over-

All applicants should check any of the following that apply to the Head of Household and/or Spouse.

RESIDENCY

- _____ Resident of the City of St. Paul
- _____ Employed in the City of St. Paul
- _____ Attend school in the City of St. Paul

VETERAN STATUS

- _____ Claim the status of veteran or member of the United States military service
- _____ Qualify as a dependent family member of a veteran or member of the United States military service
- _____ Claim the status of a veteran who served under the direction of Armed Forces and clandestine forces of the United States

Hi-Rise applicants only should check any of the following that apply to the Head of Household and/or Spouse.

AGE / DISABILITY

- _____ Age 62 or older
- _____ Disabled
- _____ Applicant for a special program (Assisted Living Program, Congregate Housing Services Program, Accessible Space)
- _____ Age 50 - 61

STUDENT STATUS

- _____ Attend school full time at an accredited educational institution and have no dependents

Signed

Date

You must complete and return this form

FOR OFFICE USE ONLY

APPLICATION NUMBER: _____ DATE: _____

PUBLIC HOUSING AGENCY APPLICATION FOR ADMISSION

Name _____ Maiden Name _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Phone # _____ Work/Message Phone # _____

NAME OF PERSON WE MAY CONTACT IF WE CANNOT REACH YOU:

NAME	RELATIONSHIP	ADDRESS	PHONE #

• Do you speak English? Yes No If not, what language do you speak? _____

NAME OF ENGLISH SPEAKING CONTACT PERSON (IF AVAILABLE):

NAME	RELATIONSHIP	ADDRESS	PHONE #

HOUSEHOLD COMPOSITION: (LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL BE PART OF THE HOUSEHOLD)

MEMBER NO. LAST	NAMES OF FAMILY MEMBERS FIRST MIDDLE	SOC. SEC. # OR ALIEN REG #	RELATION TO FAMILY HEAD	DATE OF BIRTH	AGE	SEX
1.			HEAD			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Do you expect changes in the number of persons in your household? YES NO If yes, explain: _____

Is any member of the household a full time student over 18 years of age? YES NO If yes, list names. _____

Household #	*Race (May Use More Than One)	*Hispanic/ Ethnicity Code	Place of Birth City, State, Country
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Race Code:

- 1. WHITE
- 2. BLACK
- 3. AMERICAN INDIAN/NATIVE ALASKAN
- 4. ASIAN
- 5. NATIVE HAWAIIAN/PACIFIC ISLANDER

*Hispanic/Ethnicity Code:

- 1. HISPANIC
- 2. NON-HISPANIC

*This information is required, for statistical purposes only, so the Department of Housing and Urban Development (HUD) may determine the degree to which minority families utilize its programs. The General counsel of HUD has ruled that the regulation issued on behalf of the Secretary requiring collection of racial and ethnic data has the force and effect of law and takes precedence over any conflicting State or Local requirements.

EARNED INCOME FOR ALL HOUSEHOLD MEMBERS: (LIST BOTH FULL AND/OR PART TIME EMPLOYMENT AND/OR INCOME FROM SELF-EMPLOYMENT)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF EMPLOYER	GROSS EARNINGS
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS: (EXAMPLE: MFIP, GA, SOCIAL SECURITY, SSI, DISABILITY COMPENSATION, ALIMONY, CHILD SUPPORT, DIVIDENDS, PENSIONS, TRUST FUNDS, ANNUITIES, INCOME FROM RENTAL PROPERTY, AND ARMED FORCES RESERVES)

HOUSEHOLD MEMBER	SOURCE	GROSS EARNINGS
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

ASSETS OF ALL HOUSEHOLD MEMBERS: (EXAMPLE: SAVINGS AND CHECKING ACCOUNTS, SAVINGS CERTIFICATES, CREDIT UNION SHARES, MONEY MARKET FUNDS, STOCKS, BONDS, IRA ACCOUNT)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION	ACCOUNT NO.	AMOUNT

- Do you currently own real estate? YES NO If yes, please state location and value of property _____
- Have you sold or transferred real estate within the last 12 months? YES NO If yes, when? _____
- Do you have any Life Insurance? YES NO If yes, list company name, address, policy # and loan value: _____

COMPANY NAME	ADDRESS	POLICY NUMBER	LOAN VALUE

DEDUCTIONS:

1. Do you pay for childcare while a family member is employed or attending school? YES NO
 Name of family member(s) employed or attending school: _____
 List child care provider's name: _____
 Address and zip code: _____
 And telephone number: _____ Cost \$ _____ Per _____
 Are you receiving any assistance with childcare costs? YES NO If yes, list the source and amount of assistance: _____
2. Does your household incur expenses related to a handicap or disability that allow a family member to work?
 YES NO If yes, explain: _____

IF THE HEAD OF HOUSEHOLD OR SPOUSE ARE AGE 62 OR OLDER AND/OR DISABLED, PLEASE ANSWER QUESTIONS 3 THROUGH 8 BELOW:

3. Are you or a household member receiving Medicare benefits? YES NO
4. Are you or a household member receiving Medical Assistance through the Welfare Department? YES NO
5. Do you or a household member pay for any medical insurance/hospitalization (such as Blue Cross, etc) YES NO
 If yes, indicate amount of premium and how often paid: \$ _____ per _____
6. Are you or a household member making payments on outstanding medical bills? YES NO
 To whom? _____ Amount per month \$ _____
7. Do you or a household member incur expenses for prescription drugs or medical supplies on a regular basis that are not covered by Medical Assistance or health insurance? YES NO If yes, list name and address of pharmacy or medical provider: _____
8. Do you or a household member anticipate any health care related expenses for the next 12 months which are not covered by Medical Assistance or health insurance? YES NO

NON-ECONOMIC INFORMATION:

1. Have you or any household member EVER served or are you or any household member currently serving in the United States military service? YES NO If yes, list name of household member and relationship to head of household: _____
2. Have you or any household member EVER served under the direction of the Armed Forces and clandestine forces of the United States? YES NO If yes, list name and location of services _____

3. Have you or any household member EVER been **charged** with or **arrested** for a criminal offense or other unlawful act? YES NO.
Was this **charge** or **arrest** related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? YES NO. If yes, explain and list **ALL** arrest dates: _____

Where did the **charge(s)** or **arrest(s)** occur? City _____ County _____
State _____
4. Have you or any household member EVER been **convicted** of a criminal offense or other unlawful act (include all levels of conviction)? YES NO. Was the conviction related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)? YES NO. If yes, explain and list **ALL** conviction dates: _____
Where did the conviction(s) occur? City _____ County _____ State _____
5. Have you or any household member EVER been evicted from a federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal activity?
 YES NO. If yes, explain: _____
6. Are you or is any member of your household required to register under any state's sex offender registration program?
 YES NO. If yes, is this a **lifetime** registration requirement? YES NO.
7. Are you currently on probation/parole due to a conviction for a criminal offense or other unlawful act?
 YES NO. If yes, state name and address of probation/parole officer: _____
Dates of probation/parole: **from** _____ **to** _____
8. Have any of the children listed as household members or any child(ren) expected to become a household member EVER been diagnosed as having an elevated level of lead in their blood? YES NO. If yes, list names of the child(ren) diagnosed with the condition: _____
9. If you are age 62 or older, would you prefer to live in housing designated specifically for seniors? YES NO
10. Do you or any household member(s) require any modifications in PHA procedures or special adaptations to a housing unit in order to accommodate a handicap or disability? YES NO If yes, describe the reasonable accommodation you need: _____

11. Have you or any member of your household EVER lived in Public Housing or participated in the Section 8 Program in Saint Paul? YES NO If yes, when and where: _____
12. Have you or any member of your household EVER received housing assistance through a federally subsidized housing program anywhere? YES NO If yes, when and where: _____

Did anyone help you fill out this application? YES NO

If yes, provide the following:

NAME _____ SIGNATURE _____

TITLE/RELATIONSHIP _____ DATE _____

I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE PUBLIC HOUSING AGENCY OF THE CITY OF SAINT PAUL ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS 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 HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF ADULT HOUSEHOLD MEMBER _____ DATE _____

SIGNATURE OF ADULT HOUSEHOLD MEMBER _____ DATE _____

INTERVIEWED BY _____ DATE _____

Statement of Assets

I understand that the value of equity in real property, stocks, bonds, and other forms of capital investment are considered assets and that all assets and *all income from assets* such as **interest, dividends, and net income** from the operation of any kind of real property or personal property must be declared.

As Head of Household, I declare that members of my household have no ownership, **in full or in part**, of any assets other than those identified below:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Management Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Deposit |
| <input type="checkbox"/> | <input type="checkbox"/> | Life Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Burial Account |
| <input type="checkbox"/> | <input type="checkbox"/> | Annuities |
| <input type="checkbox"/> | <input type="checkbox"/> | Money Market Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | IRA Accounts |
| <input type="checkbox"/> | <input type="checkbox"/> | Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> | <input type="checkbox"/> | U.S. Savings Bonds |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract for Deed |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate |
| <input type="checkbox"/> | <input type="checkbox"/> | Business |
| <input type="checkbox"/> | <input type="checkbox"/> | Given away, sold or otherwise disposed of assets at less than fair market value in the past two years. |

If **YES**, complete the following information:

What was the asset ? _____

Date of disposal of asset(s): _____ Amount received: _____

Market value at time of disposal: _____

Signature

Date

PREVIOUS ADDRESSES

PHA staff must be able to verify your previous residences before you can be approved for public housing. If you do not provide a complete list of places where you lived, your application for public housing may be delayed or denied. **Do not leave gaps.** Include rental units and also care facilities, treatment centers, family or friends you lived with even if you did not have a lease, shelters, jail, etc.

I CERTIFY THAT THE INFORMATION LISTED BELOW IS TRUE AND CORRECT:

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

List the city, county, state and country of all places of residence since the age of 18.

City	County	State	Country

List detailed information of ALL places of residency during the last three (3) years.

1. Your <u>Present</u> Residence--Where do you live now?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	
2. Your <u>Previous</u> Residence--Where did you live before your present address?	
Street Address:	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

3. Your <u>Previous</u> Residence--Where did you live before # 2?	
Street Address	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

4. Your <u>Previous</u> Residence--Where did you live before # 3	
Street Address	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

5. Your <u>Previous</u> Residence--Where did you live before # 4	
Street Address	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

6. Your <u>Previous</u> Residence--Where did you live before # 5	
Street Address	Moved In: (mo/date/yr)
City, State, Zip Code:	Moved Out: (mo/date/yr)
Name of Landlord (or owner, manager, etc.)	Landlord's Phone:
Landlord's Address:	
City, State, Zip Code:	
Is this person a friend or relative? Yes or No (circle one)	

ATTACH MORE PAPERS IF NEEDED

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

St. Paul Public Housing Agency
555 North Wabasha Street, Suite 300
Saint Paul, Minnesota 55102

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understood that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest these determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

AVISO!

Si usted no puede leer inglés, avisele a su representante de PHA (Agencia de Alojamiento Público) para que le proporcionen un intérprete.

TRANSLATION



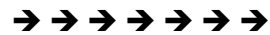
NOTICE!

If you cannot read English, please ask your PHA contact person to provide an interpreter.

CEEBTOOM!

Yog tias koj nyeem tsis tau Askiv, nug tus neeg ua hauj lwm rau koj tom tsev loom (PHA) kom pab nrhiav neeg txhais lus.

TRANSLATION



NOTICE!

If you cannot read English, please ask your PHA contact person to provide an interpreter.

PRIVACY STATEMENT

IF YOU DO NOT UNDERSTAND THIS FORM, PLEASE ASK PHA STAFF TO HELP YOU.

TERMS USED:

1. **PHA** - The **PHA** is the Public Housing Agency of the City of St. Paul.
2. **HUD** - **HUD** is the U.S. Department of Housing and Urban Development, which gives money to the PHA for housing.

THE PHA ASKS YOU FOR MANY FACTS AND PAPERS WHEN YOU APPLY FOR HOUSING. WHILE YOU LIVE IN PUBLIC HOUSING WE ASK YOU FOR MORE FACTS. WHY?

1. **WHEN YOU APPLY FOR HOUSING**, we ask how much money you receive and have. We ask where you have been living and how much rent you pay. We ask who lives with you. We do this to learn if you can receive housing assistance and how soon. We also use these facts to set the amount of your rent; and we decide what size apartment your family needs.
2. **WHILE YOU RECEIVE PUBLIC HOUSING ASSISTANCE**, we ask you each year for more facts about your money and family. Again, we must do this to see if you can continue to receive public housing assistance; and we must check that your rent is the right amount. We also check how many bedrooms your family needs.
3. We ask for some facts like your family size, income and expenses, because we must report them to HUD and other public agencies. We also use these facts to run the Public Housing and Section 8 Programs well.
4. **YOU DO NOT HAVE TO GIVE US THE FACTS AND PAPERS WE ASK FOR.** If you decide not to, the PHA may not be able to provide you with housing assistance. Please ask PHA staff if you do not know whether to give us certain facts. We can explain more about why we need the facts and whether we must have them.
5. Most of the facts we ask you for are called **PRIVATE** under state law. We will not give out any private facts about you or your family unless a law says we can or must. Sometimes we also ask you to sign papers which say we can give out certain private facts about you to a certain person or office (like welfare).
6. When a state or U.S. law says we can, we may give facts about you (usually just your name and address) to any of these agencies or people:
 - a. HUD and other public housing agencies.
 - b. People who work for or with the PHA. Also volunteer programs helping you or the PHA.
 - c. Health and human service agencies which have contracts with the PHA.
 - d. Ramsey County Community Human Services Department (the welfare office).
 - e. School districts.
 - f. Fire Department and paramedics in an emergency or for investigations into the cause of a fire.
 - g. Xcel Energy (gas and electric company), District Heating, cable TV company.
 - h. U.S. Census Bureau.

TURN OVER AND SIGN

- i. Your Section 8 landlord (for people with Housing Choice Vouchers), to check who lives with you or to get in touch with your contact person in case of an emergency.
 - j. St. Paul City Departments: Police, Planning and Economic Development, Housing Information Office, Citizen Service Office (Complaint Office), Housing and Code Enforcement.
 - k. Federal, state or local auditors. (These people look at how the PHA runs its programs.)
 - l. Minnesota Department of Revenue (tax office).
 - m. People doing research who are allowed to collect facts about groups of PHA tenants or applicants. (They cannot identify you in their reports).
 - n. Other state and U.S. agencies which the law allows to see PHA files.
7. Housing tenants who may have broken the law may be investigated by police, county, state or other officers. The PHA will give out facts needed by these people when the law permits it. The PHA will also give facts to a court when required.
 8. The law says private facts about a minor (a person under 18) must be given to the parent or guardian. The minor can ask the PHA not to give facts to the parent or guardian. The minor must write the request, state the reasons, and sign it.
 9. When the PHA gives private facts to another agency, that agency must also keep the facts private.
 10. When you move out of public housing, we will keep facts about you in our files. State and U.S. laws say we must do this. We will get rid of the files when the law says we can. Most records about tenants are kept for at least three years, some for longer.
 11. If we send facts to the PHA's lawyer to prepare for going to court, those facts are **CONFIDENTIAL**. That means we do not have to show these facts to you. We will only show those facts to our staff, our lawyer, and other people covered by the law. You do have the right to know if we have confidential facts about you. Once we tell you that we will raise your rent or evict you, you and your representative may see all facts we have relating to the case.
 12. **YOU MAY ASK TO SEE ANY PRIVATE FACTS WE HAVE ABOUT YOU.** You may also tell the PHA to show those facts to someone else. We will do this for free. If you ask for copies of papers, we may ask you to pay for them. You may ask to see private facts the PHA has about you every six months. You may ask more often if we have new facts. You may also ask more often if there is a legal question about your privacy rights.

IF YOU THINK FACTS THE PHA HAS ABOUT YOU ARE WRONG OR NOT COMPLETE:

1. Write to us and tell us what you think is wrong. Write to the PHA's "Responsible Authority" at:

**SAINT PAUL PUBLIC HOUSING AGENCY
555 North Wabasha Street, Suite 300
Saint Paul, Minnesota 55102**

2. The law says we must answer you in 30 days.

If you are a public housing tenant and have questions about your privacy rights, please ask your Housing Manager.

If you are applying for housing and have questions, please ask the Rental Administrator or Section 8 Housing Voucher Programs Manager.

You may also call the PHA's Central Administration Office at 651-298-5664 and ask for the Responsible Authority.

AGAIN, IF YOU DO NOT UNDERSTAND THIS FORM, ASK US TO EXPLAIN IT TO YOU.

I agree that I have read this form or it has been read to me and I understand it.

NAME: _____ **DATE:** _____