



Please complete and return to:
Nicollet Towers
1350 Nicollet Mall
Minneapolis, MN 55403

For Office Use Only	
Date Received: _____	(mm/dd/yyyy)
Time Received: _____	am/pm
(hh:mm)	

Pre-application for Rental Housing

All fields are required. If you fill this page in by hand, print neatly and use blue or black ink.

1. Personal Information of Head of Household				2. Name and address of Head of Household					
Social Security Number _____				Full Name (Last, First, Middle Initial) _____					
Birthdate (mm/dd/yy) _____		Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailing Address _____			City _____	State _____	Zip _____
() _____		Area Code _____		Telephone Number _____		Would you like to receive communications via Email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				If yes, please provide email address: _____					
3a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				3b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No			3c. Do you need an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3d. If "yes" to 3b or 3c, what accommodation do you request? _____									
4. Income and assets <i>Provide gross (before any deductions) amounts for all questions</i>									
4a. Total monthly income Include income from ALL household members. You may estimate. \$ _____			4b. Value of household assets Assets include bank accounts, retirement funds, real estate \$ _____			4c. Sources of income <i>Check all that apply</i> <input type="checkbox"/> Wages <input type="checkbox"/> SSA/SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Pension <input type="checkbox"/> Child support <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Annuity <input type="checkbox"/> TANF <input type="checkbox"/> Other			
5. List all members of the household <i>Include unborn children and live-in aides.</i>									
Relation	Last Name	First Name	Optional Form HUD-27061-FI Race & Ethnicity Data C=completed OR R=Rejected	Veteran? (Y/N)	Social Security number	Birthdate (mm/dd/yy)	(Optional Disclosure) Disability? (Y/N)	Student? (Y/N)	
Head			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> C <input type="checkbox"/> R	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Are you or any member of your household subject to lifetime registration under any states' sex offender program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify or for any other reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Volunteers of America informed of my current address, and I understand that my application may be canceled if I fail to do so.									
X Signature of Head of Household				X Signature of Spouse or Co-head of Household					
Date				Date					

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)**Nicollet Towers**

1350 Nicollet Mall, Minneapolis, MN 55403

Name of Property

Project No.

Address of Property

Volunteers of America MN & WI

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.