



**CLOQUET/CARLTON HOUSING & REDEVELOPMENT AUTHORITY**  
950 14<sup>TH</sup> Street - Cloquet, MN 55720  
218.879.3353  
[www.cloquetcarltonhra.org](http://www.cloquetcarltonhra.org)

## ***Public Housing - Section 8/HCV Rental Assistance Application***

Thank you for your interest in housing opportunities offered through the Cloquet/Carlton Housing & Redevelopment Authority (CCHRA). Individual wait lists are maintained for our Public Housing and Section 8/Housing Choice Voucher programs. Following are descriptions of each program. To be eligible for our housing programs applicants must:

- Qualify as a family as defined by HUD and the PHA.
- Have income at or below HUD-specified income limits.
- Qualify on the basis of citizenship or the eligible immigrant status of family members.
- Provide social security number information for household members as required.
- Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms.

**Public Housing** – Public Housing programs provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. CCHRA manages two Public Housing facilities – Aspen Arms with 75 units in Cloquet; and Woodland Pines, with 19 units in Carlton.

If you are eligible, the Housing Authority will check your references to make sure you and your family will be good tenants. Admission may be denied to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the living environment for all tenants.

**Section 8/Housing Choice Voucher (HCV) Program** - The Section 8/Housing Choice Voucher Program provides assistance for low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

Families or individual participants are able to find their own housing including single-family homes, townhouses and apartments. A family or individual that is issued a Voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program requirements. Rental units must meet minimum standards of health and safety, as determined by the Housing Authority.

A housing subsidy is paid to the landlord directly by the CHRA on behalf of the family or individual. The family pays the difference between the actual rent charged by the landlord and the amount paid by the CHRA.

***If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.***

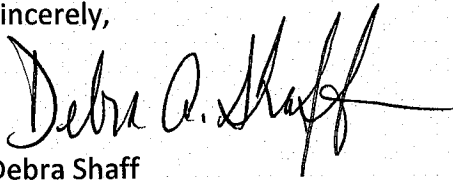


An applicant may apply for both Public Housing and Section 8/HCV wait lists or the list of their choice. Please select the program you are applying for and return your completed application to our office either by mail, fax, email, or in person. Your name will be added to the list(s) of your choice based on the date and time your application is received.

For more information about these programs or the Cloquet Housing Authority please check out our website at [www.cloquetcarltonhra.org](http://www.cloquetcarltonhra.org)

Please contact us at 218-879-3353 or email [debra@cloquetcarltonhra.org](mailto:debra@cloquetcarltonhra.org) with any questions. We look forward to working with you!

Sincerely,



Debra Shaff  
Executive Director

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.*





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 AUTHORITY (CCHRA)  
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I AM APPLYING FOR  
 (CHECK ALL THAT APPLY)  
 LOW RENT PUBLIC HOUSING  
 CLOQUET  
 CARLTON  
 SECTION 8/HCV

FOR HRA USE ONLY

DATE RECEIVED: \_\_\_\_\_  
 TIME: \_\_\_\_\_

# Pre-Application



EQUAL HOUSING OPPORTUNITY

Head of Household Name \_\_\_\_\_ Maiden Name/AKA \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_

CONTACT PERSON: Name of person who could be notified in case you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY COMPOSITION:** List all persons, including yourself, who will be part of the household.

Last Name, First Name	M I	Relationship to Head of Household	Social Security Number	Sex M/F	Place of Birth (City/ST)	Date of Birth (mm/dd/yyyy)	A G E	Race Ethnicity
		<b>HEAD</b>						

**INCOME:** List all sources of household income, including but not limited to MFIP, GA, MSA, Social Security, SSI, Pension, Disability Compensation, Daycare, Alimony, Child Support, Dividends, Income from Rental Property, Armed Forces Reserves, Business Income, Tribal Payments, and Wages from all full and/or part-time employment.

Household Member	Source of Income	Amount	Frequency
			Circle one: weekly, bi-weekly, monthly, annually
			Circle one: weekly, bi-weekly, monthly, annually
			Circle one: weekly, bi-weekly, monthly, annually
			Circle one: weekly, bi-weekly, monthly, annually
			Circle one: weekly, bi-weekly, monthly, annually

Does anyone in the household need a REASONABLE ACCOMODATION made? Yes/No

If YES, please state name of family member and accommodation needed

\_\_\_\_\_ Family Member \_\_\_\_\_ Accommodation Needed

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, or need consideration under the Violence Against Women Act please contact the Housing Authority. All information provided to the CCHRA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.*

Are you a veteran of military service for at least 180 days? If yes, when \_\_\_\_\_ Yes/No  
**VETERANS: Please provide a copy of your DD214 Discharge Form with your application.**

Have you been a victim of Domestic Violence, Dating Violence or Stalking in the past 18 months? Yes/No

If YES, when (month/year) and was it reported to a law enforcement agency? Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Additional 3<sup>rd</sup> party verification is needed for us to consider granting Violence Against Women Act (VAWA) points. Please contact the Housing Authority.**

Yes/No

Does anyone in your household currently owe money to ANY Housing Authority?  
If yes, which Housing Authority? \_\_\_\_\_

I/We understand that this is not a contract and does not bind either party. I/We certify that the information given to the CCHRA on household composition, income, net family assets, and allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statement or information is punishable under federal law. I/We understand that false statements or information are grounds for termination of housing assistance.

I/We certify that the house or apartment will be my principal residence and that I/We will not obtain duplicate federal housing assistance with I/We are in the current program. I/We will not live anywhere else without notifying the CCHRA in writing. I/We certify that I have disclosed where I/We received any previous federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance, I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

I/We understand that the HRA must verify all information prior to housing and that its staff may contact any agencies, offices, groups, or organizations to obtain any information or materials which it deems necessary to complete my application.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free line at 800.424.8590.

**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, Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Other Adult Member

\_\_\_\_\_  
Date

**REPORTING ABUSE:** If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday-Friday from 10:00 a.m. to 4:30 p.m. EST at 1.800.347.3735. You can fax the information to 1.202.708.4829 or e-mail it to [hotline@hudoig.gov](mailto:hotline@hudoig.gov) You can write to the hotline at HUD-OIG HOTLINE GFI, 451 Seventh Street S.W., Washington, DC 20410.

**Cloquet/Carlton Housing and Redevelopment Authority  
Tennessee Warning Notice**

**What is a Tennessee warning notice and when is it required?** You are receiving this notice because the Cloquet/Carlton Housing and Redevelopment Authority collects private and/or confidential data from you and about you. We are required to give you this Tennessee warning notice under Minnesota Statutes 13. The purpose of this notice is to allow you to make an informed decision about whether to give data about yourself to the Cloquet/Carlton HRA. We may not collect data on or about you unless the collection is necessary to carry out our duties under a program that is authorized by law.

**Under the Minnesota Government Data Practices Act you have the right to know:**

**A: The Purpose and Intended Use Of The Information The HRA Collects**

The purposes and uses of the information we collect about you are: 1) To help us determine whether you are eligible to participate or to continue to participate in the HRA's housing program. 2) To enable us to establish the level of rent you must pay in accordance with federal law. 3) To assist the HRA in maintaining or upgrading the housing stock, and/or 4) To enable the HRA to comply with legal requirements governing its and other agencies legislative mandates.

**B. Your Rights When Supplying Information** - The information you are asked to provide to the HRA is information necessary for our determination of your eligibility for program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended and by the Minnesota Housing and Redevelopment Authority Act, MS 462.11 et. Seq. While you have the right to refuse to supply information we request, if you do not provide the information requested, the HRA may not be able to provide you with housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the HRA's Responsible Authority, Debra A. Shaff, Executive Director.

**C. Who Has Access To The Private Information We Collect About You?** Depending upon the housing program and as authorized by state, local and federal law, the information we maintain may be shared with: 1) US. Department of Housing and Urban Development (HUD); 2) HRA employees and contractors or volunteers; 3) Health care and human services agencies, area social services agencies, and school districts. Health care professionals who assist the HRA in assessing and maintaining the required level of independent living capability for tenancy in public housing; 4) Emergency personnel; 5) Utility companies; 6) US Census Bureau; 7) Federal, State and/or local auditors; 8) Other Federal, State or local agencies as may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with county, state, local, or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of that data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private. With limited exceptions, a government entity may not collect, store, use, or disseminate private or confidential data for any purpose other than those specified in the Tennessee warning notice, or per section 13.05, subdivision 4. If an agency fails to give the Tennessee warning notice, the agency may not use or store the information received for any purpose.

If, after giving a Tennessee warning notice and collecting data from you, the Cloquet/Carlton HRA wishes to use the data differently than it described, or wishes to release the data to a different entity or person other than as described in this notice, the Cloquet/Carlton HRA would need to obtain informed consent from you.

**D. Who has access to the confidential information we collect about you?** Information collected as part of the HRA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the HRA and our attorney. Only the HRA and our attorney and those persons authorized by local, stat. or federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

**E. What information do you have access to?** You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the HRA and that is classified as private. There is no cost for this service, but there may be a charge for copies in which you would like made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six (6) months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you have been collected.

**F. How can you contest the accuracy or completeness of information in your file?**

Write to us describing the nature of your disagreement. Send this information to: **Debra A. Shaff, Cloquet/Carlton Housing and Redevelopment Authority, 950 14<sup>th</sup> Street, Cloquet, MN 55720**. We will act on your letter within thirty (30) days in accordance with the Minnesota Government Practices Act.

This is to acknowledge that I have read and understand the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date