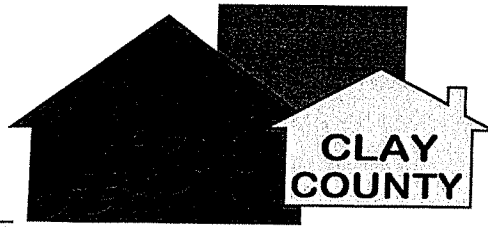


Clay County HRA  
 116 Center Avenue East  
 P.O. Box 99  
 Dilworth, Minnesota 56529



Phone: 218-233-8883 – option 1  
 Toll Free: 1-877-460-5280  
 Fax: 218-512-0290  
 Email: claycohra@claycohra.com

## AGASSIZ APARTMENTS PRE-APPLICATION

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Please print clearly, if we cannot read your application, your application will not be processed!**

### Household Information

Please include any unborn children. Use additional pages if necessary.

Name First, MI, Last	Relationship to Head of Household	Social Security #	Disabled Yes or No	Date of Birth	Age	Gender
	Head of Household		Y N			Male Female Other
			Y N			Male Female Other
			Y N			Male Female Other
			Y N			Male Female Other

Is anyone listed above a full or part-time student enrolled in an institution of higher learning:      Yes \_\_\_ No \_\_\_

**You must include an address you can receive mail at or your application will not be processed. You may use general delivery. You must update us in writing any time your contact information changes.**

Current Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Message # \_\_\_\_\_ Email: \_\_\_\_\_

**Head of Household Race** (check all that apply):    \_\_\_ American Indian/Alaskan Native    \_\_\_ Asian  
 \_\_\_ Black/African American    \_\_\_ Hawaiian Native/Pacific Islander    \_\_\_ White

**Ethnicity:**    \_\_\_ Hispanic/Latino    \_\_\_ Non-Hispanic

Do you require any modifications or accommodations in order to fully utilize the unit or program and its services?	Y	N
Are you a current victim of domestic violence?	Y	N
If Head of household is under the age of 62 and not receiving disability payment, are you working with a medical professional that will verify disability status?	Y	N
Are you currently homeless?	Y	N
Have you been homeless consistently for the past year or more?	Y	N
Do you own your home?	Y	N

If homeless, how many times have you been homeless in the past three years?

- First time homeless
- Second or third time homeless
- Fourth or more times homeless

Place a check by all sources of income that apply and list the household member that receives the income and the monthly amount received.

Income Sources	X	Who Receives	Monthly Amount
Social Security (All Sources)			
General Assistance			
Temporary Aid to Needy Families (TANF, MFIP, DWP)			
Veterans Benefits			
Employment Income			
Unemployment Benefits			
Child Support			
Minnesota Supplemental Assistance (MSA)			
Any other income received from any source.			
No Financial Resources			

The Housing and Redevelopment Authority of Clay County (Clay County HRA) participates in the MN Revenue Recapture program, which allows the Minnesota Department of Revenue to recapture (take) the debtor's individual tax refunds or other payments and apply them to debts the DOR is collecting for the HRA and other agencies or for the federal government. (See Minnesota Statutes, section 270A.03 and section 270C.41.) Revenue Recapture is not an alternative payment method for debts. If DOR recaptures a refund, it will apply according to the debt priority governed by statute. DOR deducts a \$15 fee (not the HRA) for each claim the debtor refund applies to.

**I certify that the information provided in this application is complete and true to the best of my knowledge and belief. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation.**

**WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.**

\_\_\_\_\_  
**Applicant 1 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 2 Signature**

\_\_\_\_\_  
**Date**

(Revised 08/01/23)

