



Accessible Space, Inc.

IN ORDER TO FILL OUT THE ELECTRONIC HOUSING APPLICATION PLEASE FOLLOW THESE STEPS:

Please note that this electronic application does not work on tablets or mobile phones

- 1. PLEASE ENSURE THAT YOU ARE USING THE MOST RECENT VERISON OF ADOBE ACROBAT READER TO FILL OUT THE APPLICATION. [YOU CAN DOWNLOAD IT FOR FREE HERE:](#)**
- 2. PLEASE SAVE THE ELECTRONIC HOUSING APPLICATION TO YOUR COMPUTER. (YOU CAN DO THIS BY CLICKING THE DISK ICON OR CLICK FILE\SAVE AS IN THE UPPER LEFT HAND CORNER OF THE SCREEN.)**

FILL OUT THE ELECTRONIC HOUSING APPLICATION COMPLETELY (BE SURE TO SELECT THE APARTMENT BUILDINGS YOU WISH TO LIVE AT) AND SAVE IT AGAIN.

- 3. UPLOAD THE COMPLETED HOUSING [APPLICATION HERE.](#) YOU CAN ALSO ACCESS THIS PAGE BY HITTING THE “UPLOAD APPLICATION BUTTON” ON THE PROPERTY PAGE.**
- 4. IF YOU NEED ASSISTANCE WITH THE ELECTRONIC HOUSING APPLICATION PLEASE CALL 800-466-7722 AND ASK TO SPEAK TO SOMEONE IN HOUSING. THANK YOU.**



Accessible Space, Inc.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

Date Received	Locations:	1. _____
		2. _____
		3. _____
1 BR _____		4. _____
2 BR _____		5. _____

PRELIMINARY APPLICATION FOR HOUSING WITH ACCESSIBLE SPACE, INC.

Thank you for your interest in Accessible Space, Inc. housing. We provide affordable, accessible housing for persons with disabilities, as well as for seniors age 62 and better. Please follow the instructions listed below:

- The head of household must be at least 18 years old. All co-applicants age 18 or older, other than a spouse, are required to complete a separate application.
- Do not leave any of the 6 sections blank; write "N/A" for those which do not apply. An applicant who falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information will not be considered for housing nor placed on the waiting list.
- Upon receipt of the completed housing application, Management will make a preliminary determination of eligibility based on our selection criteria. If eligible, your name will be placed on the waiting list.

In addition to the Preliminary Housing Application, please complete and/or submit the following:

- **Disclosure & Release of Information Authorization**
- **Supplement to Application for Federally Assisted Housing**
- **Race and Ethnic Data Reporting Form**
- **Photo ID and Social Security Card**
- **Proof of Guardian, Conservator, Representative Payee, or POA Documentation**

Return your completed housing application in one of the following ways:

By Mail:

Accessible Space, Inc. Attn: Housing
2550 University Ave W, Suite 330N
St. Paul, MN 55114

By Fax:

Attn: Housing
(651) 209-6623

By Email:

Complete application, save,
and upload to: [https://
application.accessiblespace.org/](https://application.accessiblespace.org/)

SECTION 1: CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

Head of Household Name: _____

Current Mailing Address: _____ Apartment #: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

If I can't be reached, contact: _____ Phone #: _____

How did you hear about us? ASI Website Internet (please list) _____

Radio/TV Ad Newspaper (please list) _____

Brochure Referral (please list) _____

Billboard Other (please list) _____



SECTION 2: HOUSEHOLD INFORMATION

Applicant's Full Name	Relationship	Date of Birth	Age	Sex*	Social Security #
	Head of Household			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> n/a	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> n/a	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> n/a	
				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> n/a	

*If you wish not to disclose, choose n/a

- For program and eligibility purposes, is the head of household, spouse or co-head handicapped or disabled? Yes No

- Please list all states you have resided in:

-
- Have you or any member of your household ever been...
 - convicted of a felony? Yes No
 - convicted of a misdemeanor other than a minor traffic violation? Yes No
 - convicted of a drug related criminal activity? Yes No
 - subject to registration under state or federal lifetime sex offender requirements? Yes No

If you answered yes to any of these statements, please explain below:

SECTION 3: RENTAL HISTORY

Current Housing Situation

Name of Landlord or Equivalent		Dates of Occupancy (MM/YYYY through MM/YYYY)		
Street Address:	Apt #:	City	State	Zip

Previous Housing Situation

Name of Landlord or Equivalent		Dates of Occupancy (MM/YYYY through MM/YYYY)		
Street Address:	Apt #:	City	State	Zip

- Are you currently homeless? Yes No
- Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification, or for any other reason? Yes No

If you answered yes, please explain below:

SECTION 4: FINANCIAL INFORMATION

<u>Source of Income</u>	Gross Amount per Month	
	Applicant #1	Applicant #2
• Employer	\$ _____	\$ _____
• Social Security, Disability or SSI	\$ _____	\$ _____
• Pension	\$ _____	\$ _____
• Welfare Assistance	\$ _____	\$ _____
• Child Support/Alimony	\$ _____	\$ _____
• Other Income _____	\$ _____	\$ _____
Balance/Value of Asset		
	Applicant #1	Applicant #2
• Checking Account	\$ _____	\$ _____
• Savings Account	\$ _____	\$ _____
• Direct Express	\$ _____	\$ _____
• Certificates of Deposit	\$ _____	\$ _____
• Stocks and Bonds	\$ _____	\$ _____
• IRA / Retirement Account	\$ _____	\$ _____
• Real Estate	\$ _____	\$ _____
• Life Insurance	\$ _____	\$ _____
• Other Asset _____	\$ _____	\$ _____

Have you disposed of any assets at less than fair market value in the last 24 months? Yes No

If you answered yes, please explain:

SECTION 5: SIGNATURE

- I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible.
- I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application, or, if move-in has occurred, terminate my/our lease agreement.
- I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords and other sources for credit and verification information which may be released to appropriate federal, state or local agencies.
- If my/our application is approved and if I/we move-in, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.
- I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

SECTION 6: HOUSING LOCATIONS

Instructions: Accessible Space, Inc. (ASI) provides affordable housing for persons with qualifying disabilities and housing for the elderly. The following pages list the housing communities for each population served. To complete, go to the page that applies to you. Then select only those housing communities that you are interested in and are willing to live in that location by checking the box next to the name of the property. **Please note that all locations are smoke-free.**

Nationwide Housing Locations for Persons with Disabilities

Apartment Living (1 & 2 BR)

Each resident rents his/her own apartment. Housing locations *italicized* and underlined only provide one (1) bedroom units. ASI supportive services are available in some locations, and some locations offer services from other providers. Housing locations in **bold print** indicate housing with ASI Services available. Please contact ASI's Program/Services Intake Specialist with service related questions at (651) 645-7271 or (800) 466-7722. TTY/TDD (800) 657-3529.

Please note: ASI services are available only to qualified applicants and residents, and rent payments do not include the cost or provision of ASI supportive living services that may be available. In addition, the eligibility for or selection of ASI services is not required for housing eligibility or occupancy.

State	Name of Property	Address	City	Zip Code
Alabama	<input type="checkbox"/> Anderson-Fischer Apts.	8479 Jeff Hamilton Road Ext.	Mobile	36695
	<input type="checkbox"/> Dogwood Terrace	1502 Marlborough Blvd	Florence	35630
	<input type="checkbox"/> Patton Ridge Apts.	2122 Rocky Ridge Road	Hoover	35216
Arizona	<input type="checkbox"/> Arroyo Terrace	333 North Chippewa Place	Chandler	85224
	<input type="checkbox"/> R.J. Piltz Vista Bonita	1140 East 5th Avenue	Mesa	85204
Arkansas	<input type="checkbox"/> Cloverdale Estates Apts.	7009 Baseline Road	Little Rock	72209
California	<input type="checkbox"/> Becerra Plaza	326 Becerra Way	Davis	95618
	<input type="checkbox"/> The Dakota	3245 Clares Street	Capitola	95010
	<input type="checkbox"/> Harbor View Terrace	2305 North Harbor Blvd	Fullerton	92835
	<input type="checkbox"/> Sky Forest Acres	750 Emerald Bay Road	South Lake Tahoe	96150
Colorado	<input type="checkbox"/> Casa Libertad	2320 Wedgewood Avenue	Longmont	80503
	<input type="checkbox"/> Fox Run Apts.	1300 60th Avenue	Greeley	80634
	<input type="checkbox"/> Harmony Road Apts.	301 East Harmony Road	Fort Collins	80525
	<input type="checkbox"/> Twin Rivers Apts.	6616 W. 10th Street	Greeley	80634
Hawaii	<input type="checkbox"/> The Harry & Jeanette Weinberg Hale Kuha'o	94-909 Kau'olu Place	Waipahu	96797
Illinois	<input type="checkbox"/> Heartland Apts.	805 East College Street	Carbondale	62901
Kansas	<input type="checkbox"/> Blackbird Apts.	1455 Meadowlark Lane	Kansas City	66102
	<input type="checkbox"/> Melissa Anne Hanger Apts.	2230 SE 28th Street	Topeka	66605
	<input type="checkbox"/> <u>Mid America Commons</u>	1911 North 77th Street	Kansas City	66112

SECTION 6: HOUSING LOCATIONS (CONTINUED)

Nationwide Housing Locations for Persons with Disabilities (Continued)

Minnesota	Please see Pages 7 and 9 for the list of properties in Minnesota			
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Missouri	<input type="checkbox"/> Tim O'Brien Apts.	2815 South Nettleton Avenue	Springfield	65807
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Montana	<input type="checkbox"/> Bruce Blattner Apts.	1225 West Broadway Street	Missoula	59802
	<input type="checkbox"/> Eagle Watch Estates	565 Burton Street	Missoula	59802
	<input type="checkbox"/> Grandview Apts.	1151 28th Street West	Billings	59102
	<input type="checkbox"/> Meadow Lark Apts.	1701 1st Street NW	Great Falls	59404
	<input type="checkbox"/> Queen City Estates	2300 North Roberts Street	Helena	59601
	<input type="checkbox"/> Southwinds Estates	1615 Oasis Court	Great Falls	59405
	<input type="checkbox"/> Spring Run Apts.	1325 North 15th Avenue	Bozeman	59715

North Dakota	<input type="checkbox"/> Accessible Space Apts.	1425 31st Avenue SW	Minot	58701
	<input type="checkbox"/> Dewey Apts.	1215 8th Avenue NE	Jamestown	58401
	<input type="checkbox"/> <u>Linden Place</u>	2463 South 42nd Street	Grand Forks	58201
	<input type="checkbox"/> Northland Apts.	1115 23rd Street South	Fargo	58103

Nevada	<input type="checkbox"/> Bledsoe Lane Apts.	2306 Bledsoe Lane	Las Vegas	89156	
	<input type="checkbox"/> Bob Hogan Apts.	5075 Newport Cove	Las Vegas	89119	
	<input type="checkbox"/> Carol Haynes Apts.	5160 General Miles Way	Las Vegas	89122	
	<input type="checkbox"/> Dina Titus Estates	5050 Missouri Avenue	Las Vegas	89122	
	<input type="checkbox"/> Frost Yasmer Estates	1009 East 5th Street	Carson City	89701	
	<input type="checkbox"/> George & Lois Brown Estates	429 East Van Wagenen Street	Henderson	89015	
	<input type="checkbox"/> John Butterworth Estates	430 Linden Street	Reno	89502	
	<input type="checkbox"/> John Chambers Apts.	2030 Camel Street	Las Vegas	89115	
	<input type="checkbox"/> Major Ave Apts.	600 North Major Avenue	Henderson	89015	
	<input type="checkbox"/> Mojave Cedar Apts.	2837 Cedar Street	Las Vegas	89104	
	<input type="checkbox"/> Park Apts.	2312 Bledsoe Lane	Las Vegas	89156	
	<input type="checkbox"/> Ray Rawson Villa	3420 Lindell Road	Las Vegas	89146	
	<input type="checkbox"/> Ruby Duncan Manor*	500 W Owens Avenue	Las Vegas	89106	
	*If selecting this location, please choose your preferred unit size: <input type="checkbox"/> Studio <input type="checkbox"/> 1BR				
	<input type="checkbox"/> Sandy Robinson Apts.	4200 East Bonanza Road	Las Vegas	89110	
<input type="checkbox"/> Shelbourne Avenue Apts.	1235 East Shelbourne Avenue	Las Vegas	89123		
<input type="checkbox"/> William J. Raggio Apts.	48 Park Street	Reno	89502		

New Mexico	<input type="checkbox"/> Homeward Bound Apts.	3454 Cerrillos Road	Santa Fe	87507
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Key:

Housing Community in **bold** offers ASI Services

Housing Community in *italics* and underlined only offers one (1) bedroom apartments

SECTION 6: HOUSING LOCATIONS (CONTINUED)

Nationwide Housing Locations for Persons with Disabilities (Continued)

Oklahoma	<input type="checkbox"/> Rock Ridge Apts.	808 East Jefferson Avenue	McAlester	74501
South Dakota	<input type="checkbox"/> Crocus Meadow Apts.	4501 East Brennan Drive	Sioux Falls	57110
	<input type="checkbox"/> Eastwood Apts.	925 25th Street NE	Watertown	57201
	<input type="checkbox"/> Galaxy Apts.	1820 Galaxy Drive	Rapid City	57701
Tennessee	<input type="checkbox"/> Hagy Commons	2737 McCampbell Avenue	Nashville	37214
	<input type="checkbox"/> McCullough Place	1456 Gillham Drive	Memphis	38134
	<input type="checkbox"/> Welsh Manor	2900 Coleman Road	Memphis	38128
Texas	<input type="checkbox"/> Henry Harbour	2421 Cimarron Blvd	Corpus Christi	78414
	<input type="checkbox"/> Oak Forest Heights	11801 Toepperwein Road	Live Oak	78233
	<input type="checkbox"/> Paul Chase Commons	16440 Moonrock Drive	Houston	77058
	<input type="checkbox"/> Pecan Hills	13000 Hymeadow Drive	Austin	78729
	<input type="checkbox"/> Rollingbrook Apts.	730 Rollingbrook Drive	Baytown	77521
	<input type="checkbox"/> <u>Vista Villa Apts.</u>	3600 Pansy Street	Pasadena	77505
	<input type="checkbox"/> Wagon Crossing Apts.	1474 Kitty Hawk Road	Universal City	78148
<input type="checkbox"/> Windvale Pines Apts.	8500 North Windvale Circle	The Woodlands	77384	
Virginia	<input type="checkbox"/> The Anchorage	112 Cromwell Parkway	Norfolk	23505
	<input type="checkbox"/> <u>AP's Freedom Apts.</u>	11366 Occohannock Neck Road	Exmore	23350
	<input type="checkbox"/> The Sanderling	2809 Parkside Drive	Chesapeake	23324
Washington	<input type="checkbox"/> Eagle Crest Estates	811 South Hatch Street	Spokane	99202
Wisconsin	<input type="checkbox"/> Tribute Commons	123 Heritage Blvd	Hudson	54016

Key:

Housing Community in *italics* and underlined only offers one (1) bedroom apartments

SECTION 6: HOUSING LOCATIONS (CONTINUED)

Housing for Persons with Disabilities: Minnesota Locations

Housing locations in **bold print** indicate housing with ASI Services available. Please contact ASI's Program/Services Intake Specialist with service related questions at (651) 645-7271 or (800) 466-7722. TTY/TDD (800) 657-3529.

Please note: ASI services are available only to qualified applicants and residents, and rent payments do not include the cost or provision of ASI supportive living services that may be available. In addition, the eligibility for or selection of ASI services is not required for housing eligibility or occupancy.

Apartment Living (1 & 2 BR)

Each resident rents his/her own apartment. Housing locations *italicized* and underlined only provide one (1) bedroom units. ASI supportive services are available in some locations, and some locations offer services from other providers.

	Name of Property	Address	City	Zip Code
Minnesota	<input type="checkbox"/> Becker Avenue Apts.	1409 Becker Avenue SE	Willmar	56201
	<input type="checkbox"/> <u>Bostrom Terrace</u>	1680 Eastwood Road SE	Rochester	55904
	<input type="checkbox"/> Burke Apts.	720 Maple Grove Road	Duluth	55811
	<input type="checkbox"/> <u>Henry Courts I</u>	8650 Aldrich Avenue South	Bloomington	55420
	<input type="checkbox"/> <u>Henry Courts II</u>	134 - 154 Western Avenue South	St. Paul	55102
	<input type="checkbox"/> Hillcrest Apts.	1370 Curve Crest Blvd	Stillwater	55082
	<input type="checkbox"/> Hope Village Apts.	243 Sundance Road	Sartell	56377
	<input type="checkbox"/> Kay Knutson Apts.	905 El Dorado Street SE	Owatonna	55060
	<input type="checkbox"/> Leah's Apts.	12721 Greenwood Drive	Burnsville	55337
	<input type="checkbox"/> Meadow Trails Apts.	21875 129th Avenue North	Rogers	55374
	<input type="checkbox"/> Nordic Meadow Apts.	410 34th Avenue East	Alexandria	56308
	<input type="checkbox"/> Northern Lights Apts.	511 D Street NE	Brainerd	56401
	<input type="checkbox"/> Pine Grove Apts.	4082 Haines Road	Duluth	55811
	<input type="checkbox"/> Prairie Sky Apts.	1701 8th Street NW	Austin	55912
	<input type="checkbox"/> Quarry Heights Apts.	2051 Quarry Road	St. Cloud	56301
	<input type="checkbox"/> <u>Redruth Valley Apts.</u>	6801 Redruth Street	Duluth	55807
	<input type="checkbox"/> River Bluff Apts.	1020 Bluff Avenue East	Shakopee	55379
	<input type="checkbox"/> River Winds Apts.	303 Jewett Street	Marshall	56258
	<input type="checkbox"/> Roselawn Village	1074 Roselawn Avenue West	Roseville	55113
	<input type="checkbox"/> Superior View Apts.	1022 Junction Avenue	Duluth	55812
<input type="checkbox"/> West Apts.	1501 West 143rd Street	Burnsville	55306	
<input type="checkbox"/> Winston Court	710 East 31st Street	Hibbing	55746	

Key:

Housing Community in **bold** offers ASI Services

Housing Community in *italics* and underlined only offers one (1) bedroom apartments

SECTION 6: HOUSING LOCATIONS (CONTINUED)

Nationwide Housing Locations for Seniors Age 62 & Better

Apartment Living (1BR)

Each resident rents his/her own one (1) bedroom apartment. Accessible apartments are available. ASI supportive services are available in some locations, and some locations offer services from other providers. Housing locations in **bold print** indicate housing with ASI Services available. Please contact ASI's Program/Services Intake Specialist with service related questions at (651) 645-7271 or (800) 466-7722. TTY/TDD (800) 657-3529.

Please note: ASI services are available only to qualified applicants and residents, and rent payments do not include the cost or provision of ASI supportive living services that may be available. In addition, the eligibility for or selection of ASI services is not required for housing eligibility or occupancy. Some locations offer information and referral services at no charge to residents. Meal programs are available at some locations from other providers for a suggested donation.

State	Name of Property	Address	City	Zip Code
Minnesota	<input type="checkbox"/> Arlington Gardens	110 Arlington Avenue West	St. Paul	55117
	<input type="checkbox"/> Autumn Trails of Rogers	21845 129th Avenue North	Rogers	55374
	<input type="checkbox"/> David F. Day Apts.	1221 22nd Street South	Sartell	56377
	<input type="checkbox"/> Kenosha Drive Apts.	3461 Kenosha Drive NW	Rochester	55901
	<input type="checkbox"/> Maple Trail Apts.	165 24th Place NW	Owatonna	55060
	<input type="checkbox"/> Washington Avenue Apts.	608 Washington Avenue	Albert Lea	56007
Montana	<input type="checkbox"/> Aspen Village	615 Janet Street	Helena	59601
	<input type="checkbox"/> The Portage	1521 23rd Street South	Great Falls	59405
	<input type="checkbox"/> Summer Wood Apts.	1441 North 15th Avenue	Bozeman	59715
	<input type="checkbox"/> Van Ee Apts.	420 Grandview Drive	Kalispell	59901
Nevada	<input type="checkbox"/> Tonopah Lamb Apts.	4250 East Tonopah Avenue	Las Vegas	89115
	<input type="checkbox"/> Ruby Duncan Manor*	500 W Owens Avenue	Las Vegas	89106
*If selecting this location, please choose your preferred unit size: <input type="checkbox"/> Studio <input type="checkbox"/> 1BR				
North Dakota	<input type="checkbox"/> Frontier Apts.	554 23rd Street West	Dickinson	58601
South Dakota	<input type="checkbox"/> Pasque Meadow Apts.	4611 East Brennan Drive	Sioux Falls	57110
Texas	<input type="checkbox"/> Tangle Brush Villa	3300 Tangle Brush Drive	The Woodlands	77381
Wisconsin	<input type="checkbox"/> Heirloom Court Apts.	100 Heirloom Avenue	Hudson	54016
Wyoming	<input type="checkbox"/> Heritage Court Apts.	3912 Gregg Way	Cheyenne	82009

Key:

Housing Community in **bold** offers ASI Services

SECTION 7: GROUP HOME SETTINGS

The locations listed below are NOT apartment buildings. These are accessible homes where residents rent only a bedroom and share the common areas with other residents, including the bathroom and kitchen facilities. Most of these locations also have skilled nursing and supportive care staff on-site 24/7, who attend to residents receiving services from ASI or another provider.

Please contact ASI's Programs/Services Intake Specialist with service related questions at (651) 645-7271 or (800) 466-7722. TTY/TDD (800) 657-3529.

HOMES WITH 24/7 ASSISTED LIVING SERVICES

ASI offers/provides 24/7, on-site **Assisted Living** services to Medicaid eligible residents.

	Name of Property	Address	City	Zip Code
Minnesota	<input type="checkbox"/> 28th Street Home	2749 11th Avenue South	Minneapolis	55407
	<input type="checkbox"/> Camden Home	500 49th Avenue North	Minneapolis	55430
	<input type="checkbox"/> Chicago Home	3710 Chicago Avenue	Minneapolis	55407
	<input type="checkbox"/> Moses Residence	220 NW 17th Street	Grand Rapids	55744

HOMES WITH 24/7 COMMUNITY RESIDENTIAL SETTING (CRS) / CORPORATE ADULT FOSTER CARE

ASI offers/provides 24/7, on-site **CRS / Corporate Adult Foster Care** services to Medicaid eligible residents.

	Name of Property	Address	City	Zip Code
Minnesota	<input type="checkbox"/> Cedar Home	2461 Cedar Avenue	White Bear Lake	55110
	<input type="checkbox"/> Flintwood Home	12330 Flintwood Street NW	Coon Rapids	55448
	<input type="checkbox"/> Magnolia Home	12455 Magnolia Street NW	Coon Rapids	55448
	<input type="checkbox"/> Silver Lake Home	3512 Silver Lake Road NE	St. Anthony	55418
	<input type="checkbox"/> Snelling Home	1746 Snelling Avenue N	Falcon Heights	55113
	<input type="checkbox"/> Van Buren Home	8706 Van Buren Street NE	Blaine	55434

HOMES WITH SERVICES FROM ANOTHER SKILLED NURSING/SUPPORTIVE SERVICE PROVIDER

	Name of Property	Address	City	Zip Code
Minnesota	<input type="checkbox"/> Iglehart Home	814 Iglehart Avenue	St. Paul	55104
	<input type="checkbox"/> Pesch Place	2000 Mary Hills Drive	Golden Valley	55422
	<input type="checkbox"/> Selby Home	825 Selby Avenue	St. Paul	55104

Key:

Housing Community in **bold** offers ASI Services

Please note: ASI services are available to qualified applicants and residents. Rent payments do NOT include the cost or provision of ASI offered services. Eligibility for or selection of ASI services is not required for housing eligibility or occupancy. Please contact ASI's Programs/Services Intake Specialist with service related questions at (651) 645-7271 or (800) 466-7722. TTY/TDD (800) 657-3529.

Disclosure and Release of Information Authorization

I authorize Accessible Space, Inc. and the approved vendor Rental History Reports (RHR), a consumer reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, worker's compensation records (including medical information), and criminal history records.

I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand that proper identification will be required and that I should direct my request to: **RHR (952) 545-3953**.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment, any such statements and/or answers are found false, or that information has been omitted, such false statements or omissions will be just cause for denial of the housing application.

I acknowledge that a photocopy of this authorization will be accepted with the same authority as the original. This release expires five (5) years after date of origination.

Signature

Date

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Home Phone w/ Area Code	
Street Address	City	State	Zip Code
If you have ever lived in any CITIES or STATES other than those provided above, please list them here			
If you have gone by any NAMES other than the one provided above, please list it here			
If you, or any member of your household, has used a different SOCIAL SECURITY NUMBER, please list it here			

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

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.