Dale Street Place **313 N Dale Street** **St. Paul, MN 55103** **(651) 224-7665**

Management Staff Only:
Date Application Rec'd: _____
Time Application Rec'd: _____

Waiting List Rental Application

NOTE: Dale Street Place requires that the head-of-household, co-head or spouse must be disabled or 62 years of age or older.

Do you now receive or expect to receive any financial assistance for rent through a program such as St. Paul Public Housing, Housing Choice Voucher, Bridges Program, Met Council, Group Residential Housing (GRH)?

☐ Yes ☐ No

Case Worker/Manager Name: _____ Phone #: _____

If you are approved to move-in, would you require Project Based Section 8 assistance? ☐ Yes ☐ No

How did you hear about the property? _____

Phone Number: _____ Email Address: _____

Household Information						
Full Legal Name (First, Middle, Last)	**Sex**	**Relationship**	**Social Security Number**	**Birth Date**	**Full-Time Student Y/N**	**Disabled Y/N**
		Head of Household				

Vehicle Information		
Make:	Model:	License Plate:

Pet Information			
Do you have any pets? ☐ Yes ☐ No		If yes, please answer questions below:	
# of pets:	Description:	Pet Breed(s):	Service Animal? ☐ Yes ☐ No

List all states and counties in which all household members have ever lived: _____

_____

If you are disabled, please list the name and address of the provider that can verify your disability:	
Name:	
Street Address:	
City, State Zip	

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Residency Information (Past Three Years)				
Current Full Street Address:				Own, Rent or Other:
City:			State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	Move-In Date:	Move-Out Date: Current Residence
Landlord Name:		Property/Landlord Phone:		Monthly Rent/Mortgage Amount:
Past Full Street Address:				Own, Rent or Other:
City:			State:	Zip Code:
Landlord Name:		Property/Landlord Phone:		Monthly Rent/Mortgage Amount:

Have you ever been evicted? ☐ Yes ☐ No

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.		
Would you or anyone in your household benefit from an apartment with special features?		
Mobility Accessible	☐ Yes	☐ No
Communication Accessible (Hearing)	☐ Yes	☐ No
Communication Accessible (Visual)	☐ Yes	☐ No

Household Questions	**Y/N**	**Explanation**
Do you expect any additions to the household within the next twelve months?		Name of New Member:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver:

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Student Information	
Does this household contain all full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive)?	
Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time:	
Member Name:	Member Name:
Institution:	Institution:
☐ Full Time ☐ Part-Time	☐ Full Time ☐ Part-Time

Criminal History	Y/N	If Yes, Explanation:
Is any member of your household subject to any state sex offender or violent offender lifetime registration requirement?		
Is any member of your household currently using, selling, distributing or in possession of an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?		
Are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household members?		

Household Income		
Member Name	Income Type	Annual Amount

Household Assets				
Member Name	Asset Type	Value	Interest Earned	Cost to Convert

Assets Disposed of for Less Than Fair Market Value				
I/We hereby certify that we ☐ Have ☐ Have Not sold or given away any assets within the last two years where the amount received was $1,000 or more below the total fair market value. If applicable: Identify assets sold or disposed of for fair market value.				
Member Name	Asset Type	Market Value	Date Sold/Disposed	Amount Received

Head of Household Race/Ethnicity Information			
Ethnicity (select one)	☐ Hispanic or Latino	☐ Not Hispanic or Latino	☐ Prefer Not to Disclose
Race (select all that apply)	☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Other
	☐ Prefer Not to Disclose		

Household Signatures
Applicant represents all of the above statements are true and correct. Applicant authorizes continuing verification of the above information, references, criminal history and credit records at anytime including before, during and after the expiration of the lease term and releases from liability all persons and entities requesting or supplying information. Applicant acknowledges that false, incomplete or misleading information constitutes grounds for rejection of this application; discovery of false, incomplete or misleading information that occurs after occupancy will result in termination of the right of occupancy of all occupants under lease and/or forfeiture of deposits and fees. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsity a material fact or make false statement in any matter within the jurisdiction of a federal agency.

I, the undersigned applicant(s), have read and agree to all of the provisions of this application and represent and promise that the information contained herein is true and correct.		
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:
Print Name:	Signature:	Date:

Please return your completed application to:

Dale Street Place
313 N Dale Street
St. Paul, MN 55103
Fax: (651) 224-7846

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OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Signature of Applicant **Date**