



Initial Application

819 10th St, Worthington, MN
56187 Atrium/Family Housing:
(507) 376-3655 Section 8
Housing: (507) 376-9123

OFFICE USE ONLY

Date _____

Time _____

Bedrooms _____

SECTION A: YOU MUST CHECK WHAT YOU ARE APPLYING FOR. (You may apply for more than one.)

PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS ON THE FORM.

USE LEGAL NAMES ONLY. **** Incomplete applications will be returned.**

- ☐ Atrium (1 bedroom) (Worthington only) **SMOKE FREE**
- ☐ Family Housing (Worthington only) **SMOKE FREE**
- ☐ Section 8 Housing Choice Voucher (*Rental assistance in **Local Jurisdiction** of Nobles, Cottonwood Lincoln, Lyon, Murray, Jackson and Redwood Counties*) *See SECTION C: PREFERENCES

SECTION B: HEAD OF HOUSEHOLD *** Must NOT be declared a dependent of Parent/Guardian

Last Name _____ First Name _____ Middle Initial _____

Social Security No. _____ Sex: ☐ Female ☐ Male

Date of Birth _____ Place of Birth _____

Race: ☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Preferred Language: ☐ English ☐ Other _____

English Speaking Contact Person If Available: Name _____ Relationship _____

Phone Number _____

Current Address _____ Apt. _____ County _____

City/State _____ Zip _____ Phone: (____) _____ - _____

Email Address: _____

If homeless: contact address and phone # (**mandatory**) _____

Note: You are required to notify the Housing Authority in writing of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

SECTION C: PREFERENCES (*) applies only to Section 8

☐ Local Jurisdiction

☐ Dependent Child(ren)

Are you or other adult family member: ☐ Elderly(62 or older) ☐ Handicapped/Disabled * (Verification of disability is required

If so, who? _____ for the preference to be applicable)

SECTION D: FAMILY

List all additional members of your family that will be living with you.

(Use separate page if more than 6 additional family members are in your household)

						Social Security # OR Permanent Resident #
Name (First & Last)	Relationship	Date of Birth	Place of Birth	Sex	Race	***REQUIRED**
1.						
2.						
3.						
4.						
5.						
6.						

(CONTINUED ON PAGE 2)

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SECTION E: HOUSEHOLD INCOME

Check all income sources that apply to your household. Indicate the **GROSS** amount you receive per month.

THIS SECTION MUST BE COMPLETED.

If not complete the application will be returned. If none indicate "O".

SOURCE OF INCOME**GROSS MONTHLY AMOUNT RECEIVED**

Public Aid	\$ _____	(TANF, Food Support, CASH)
Social Security	\$ _____	← Who receives this benefit: _____
Pension	\$ _____	← Who receives this benefit: _____
Employment	\$ _____	← ** list employer below
Child Support	\$ _____	← Who receives this benefit: _____
General Assistance	\$ _____	← Who receives this benefit: _____
Other (specify)	\$ _____	← Who receives this benefit: _____

** If employed, list name and address of Employer: _____

SECTION F: BACKGROUND

1. Veteran's Status? _____
2. Have you ever been subsidized by any HUD program in the past?
 - a). If yes, which Public Housing authority? _____
 - b). Under what program? ☐ Section 8 ☐ Public Housing ☐ Other
3. Do you owe any money to a Public Housing Authority _____
4. Have you or anyone in your household ever been convicted or are currently being prosecuted for a crime? If yes, please explain below: _____
5. Have you ever engaged in the felonious use or possession of drugs? _____
6. Do you presently have any pets or service animals? _____

Yes	No

SECTION G: The following information is REQUIRED:

1. Are you homeless: ☐ Yes ☐ No *If yes, this information must be verified.*

If yes, please explain: _____

Please provide name of agency assisting you, if any: _____

2. What do you currently pay for rent? \$ _____
Do you currently have a lease? ☐ Yes ☐ No
3. How many bedrooms in your unit? _____
4. What utilities do you pay? ☐ Heat ☐ Electric ☐ Water ☐ Sewage ☐ Trash
5. How long at your present address? _____
6. Landlord's Name: _____ Landlord's Phone Number _____

SECTION H: SIGNATURE PAGE

WARNING: Title 18, Section 1001 of the United State code, state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.I/we certify that the information given is complete and accurate. I/we hereby authorize the Worthington Housing Authority toverify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit or report. I/we declare under penalty of perjury under the laws of the United States of America and the State of Minnesota that the information contained in this statement of facts is true, correct and complete. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.

All adults 18 and over in the household must sign the application.

Head of Household: _____ Date_____

Other Adult _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

To expedite your application, please include copies of your Driver's License, or other legal form of photo ID, and your Social Security Card or Permanent Resident Card

