

Section 202-PRAC Wait List Application

Please return this form to the above address

Applicant Name			
Current Address			
City, State, Zip			
Primary Phone		Cell Phone	
Secondary Contact		Phone Number	
Email			
Is the Head-of household, co-head or spouse 62 or older?	☐ Yes ☐ No		
Are you currently living in subsidized housing?	☐ Yes		☐ No
What is your approximate annual income (ie. Social Security, Pensions, Interest)	\$		

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member.

Head of Household			
Social Security Number		Birthdate	
☐ Spouse ☐ Co-Head ☐ Other Adult			
Social Security Number		Birthdate	

Unit Size: Guardian Angels Senior Housing will take your unit preferences/requirements into consideration. Guardian Angels Senior Housing occupancy standards indicate a minimum of one person per bedroom and maximum of two people. Please indicate unit size preferences below. If you require special unit features, Guardian Angels Senior Housing may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below:

Unit Size

☐ 1 Bedroom Unit

Special Features

☐ Mobility Accessible Unit
i.e. roll in shower, lowered light switches, roll under sinks

I would like to request a copy of the Guardian Angels Senior Housing Tenant Selection criteria.

☐ Yes ☐ No

PLEASE PLACE MY NAME ON THE FOLLOWING WAIT LISTS:

☐ **ANGEL RIDGE** – 280 Evans Avenue, Elk River
62 and over (PRAC) *1 bedrooms only*

☐ **PINE CONE MANOR** – 12612 3rd Ave S, Zimmerman
62 and over (PRAC) *1 bedrooms only*

PENALTIES FOR MISUSING THIS FORM

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Head of Household Signature _____ Date _____

Spouse/Co-Head Signature _____ Date _____

Guardian Angels Senior Housing *does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name of Section 504 Coordinator:	Marin Storstad
Address:	350 Evans Ave NW, Elk River, MN 55330
Phone Number:	763-635-5491
TDD/TTY Number:	711 National Voice Relay
Email	mstorstad@ga-er.org

For Office Use Only:

Date:	Time:	By:
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