

**Milbank Housing and Redevelopment Commission**

*309 S Main St.*

*Milbank, SD 57252*

*PHONE: 605-432-7519*

**ATTENTION APPLICANTS**

**Attached is an application for Housing Assistance. This application must be fully completed, signed where required, and returned to Housing. If the application is not filled out completely, it will be returned to you and this will delay processing your application.**

**Read each section carefully.** You are responsible for completing the application with the information for our office to verify. To help in processing your application, please bring the following documents with you to the office.

- Picture ID's for all adults in household
  - Social security Cards for all household members
  - Birth Certificates for all household members
  - Last bank statement for all accounts.
  - Last 6 paystubs from current employment
  - Tanf letter
  - General Assistance Letter
  - Latest check stub on pension, annuities, or any type of retirement received.
  - Latest Social Security or SSI award letter.
  - Child support log in and pin Number.
  - Financial Aid Award Letter and Class Schedule.
  - Most recent tax return (if applicable).
  - Childcare statement
  - Life insurance policies
  - Last statement regarding real estate, savings, cd's, stocks and bonds, or any other type of investments.
- (If 62 or older, or disabled)**
- Latest copy of supplement insurance premium.
  - Doctor and hospital bills that were paid by you.
  - Pharmacy bills paid by you.

Application sent: \_\_\_\_\_

Application due: \_\_\_\_\_

Application Received: \_\_\_\_\_

# Milbank Housing & Redevelopment Commission

---

309 S Main St. Milbank, SD 57252 Ph: 605-432-7519

## **READ BEFORE YOU COMPLETE THE APPLICATION FOR HOUSING ASSISTANCE**

**DON'T RISK YOUR CHANCE FOR FEDERALLY ASSISTED HOUSING BY PROVIDING FALSE, INCOMPLETE, OR INACCURATE INFORMATION ON YOUR APPLICATION AND RECERTIFICATION FORMS.**

**PURPOSE:** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**PENALTIES FOR COMMITTING FRAUD:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

Evicted from your apartment or house.

Required to repay all overpaid rental assistance you received.

Fined up to \$10,000.

Imprisoned for up to five years and/or

Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

**ASKING QUESTIONS:** When you fill out your application, you should know what is expected of you. If you do not understand something, call the phone number above.

**COMPLETING THE APPLICATION:** When completing the application, you must include the following information:

### **INCOME:**

**ALL SOURCES OF MONEY YOU OR ANY FAMILY MEMBER RECEIVES (wages, cash payments, welfare payments, alimony, social security, pensions, etc.)**

**ANY MONEY RECEIVED ON BEHALF OF YOUR CHILDREN (child support, social security, etc.)**

**INCOME FROM ASSETS (life insurance, interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.)**

**EARNINGS FROM SECOND OR PART-TIME JOBS.**

**ANY ANTICIPATED INCOME (such as a bonus or pay raise you expect to receive)**



**C. HEAD OF HOUSEHOLD CODE : (Check One)**

- 1. White \_\_\_\_\_
- 2. Black \_\_\_\_\_
- 3. Native American or Alaskan \_\_\_\_\_
- 4. Asian or Pacific Islander \_\_\_\_\_

**Ethnicity (Check One)**

- 1. Hispanic \_\_\_\_\_
- 2. Non-Hispanic \_\_\_\_\_

**D. ASSETS: List assets for all household members. Each item must be checked "Yes" or "No".**

Name and Address of Bank, Credit Union, or Savings and Loan (Branch), which can verify this item.

Checking Account: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Savings: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

CD's: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Bonds (any type): \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

(List series, face amount, and month and year purchased on separate sheet)

Money Market Funds: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Stocks: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Equity in Real Property: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

(Send County Treasure's tax statement. If you are making payments, please attach an amortization statement)

Life Insurance/Other: (type \_\_\_\_\_) \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Have you disposed of any assets in the past two years?\* Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: What was disposed of? \_\_\_\_\_ Value of Assets \$ \_\_\_\_\_

\*If you have sold property Contract-for-Deed, attach a copy of the contract and an amortization statement.

**E. INCOME:**

Declare the income for the head of household, spouse and all household members age 18 and over who are currently receiving income or expect to receive income in the next 12 months. This includes family members who are temporarily absent, such as members serving in the Armed Forces, or members temporarily employed away from home. Benefits received on behalf of minors are also considered income.

**EXAMPLE OF INCOME**

	YES	NO	AMOUNT	
1.	_____	_____	_____	<b>Wages, Earned Income, Self Employment or Odd Jobs</b>
2.	_____	_____	_____	Social Security <b>Claim # 's</b> _____
3.	_____	_____	_____	Supplemental Security Income
4.	_____	_____	_____	Lyft/uber/door dash/etc...
5.	_____	_____	_____	TANF/General Assistance <b>County</b> _____
6.	_____	_____	_____	Military Pay (VA Benefits) <b>Enter VA Claim #</b> _____
7.	_____	_____	_____	State Supplement for Supplemental Security Income
8.	_____	_____	_____	Unemployment or Workmen's Compensation/Severance Pay
9.	_____	_____	_____	Federal Wages
10.	_____	_____	_____	Retirement or Pension Income (Annuities/Insurance Policies)
11.	_____	_____	_____	Contributions or Gifts
12.	_____	_____	_____	Net Income from a Self-owned Business
13.	_____	_____	_____	Alimony
14.	_____	_____	_____	Child Support/Child Support Pass Through _____
15.	_____	_____	_____	Lottery Winnings
16.	_____	_____	_____	Leased Land Trust Income
Other (Please list any other income you or any members of your family receive.)				

---



---

Please complete below for any boxes marked yes above:

Name of Family Member			
Name of employer or Source of income			
Address			
City, State, Zip			

**F. FOR MEMBERS LISTED IN PART II AS DISABLED OR HANDICAPPED:**

Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and attach receipts for your expenditures: \_\_\_\_\_

**\*If you are a new applicant and family member is disabled or handicapped, your Doctor will be contacted for proper verification.**

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Address

Any Family Member disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Head of Household or spouse 62 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

**If no to both of these, skip section G.**

**G. MEDICAL EXPENSES: (Medical expenses for elderly, disabled, or handicapped only.)** Indicate on whose behalf medical expenses will be incurred for the next 12 months.

Name of Family member	List name of doctor, hospital clinic, and/or drug store	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Do you have any Over the Counter Medications? \_\_\_\_\_ Yes \_\_\_\_\_ NO Do you have mileage for Dr. Visits \_\_\_\_\_ Yes \_\_\_\_\_ NO

**\*If yes, submit receipts for OTC Meds and appt. dates and locations for medical appointments to Housing Authority.**

Name and Address of Health Insurance Company \_\_\_\_\_

**H. CHILD CARE:**

Do you have childcare costs related to working or going to school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Provider                      Address                      Phone                      Cost

---

---

Is your childcare State Assisted? Yes \_\_\_ No \_\_\_

**I. OTHER CONTACT PERSON:**

Please list someone who could be contacted if we are unable to reach you by phone or mail. (We will only leave a message with this person for you to call us.)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**J. FULL TIME STUDENT:**

Provide the following information for each household member who is 18 and a full time student. Attach additional sheets if necessary.

Name of Household Member                      Name & Address of Education Institute \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**K. LIVING ARRANGEMENT:** In what type dwelling do you live? (Check One)

Rented Home	_____	In Home of Relative	_____
Rented Mobile Home	_____	Rented Apartment	_____
Own Home	_____	Public Housing	_____
Own Mobile Home	_____	Other Assisted Housing	_____
Lot Rent	_____	Other	_____

How did you hear about us? \_\_\_\_\_

**L. PRIOR EVICTIONS:**

Have you or any member in your household ever been evicted from public assisted housing in the past 3 years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state reason and/or cause for eviction. \_\_\_\_\_  
\_\_\_\_\_

Have you received Housing Assistance from any other government program? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list all other agencies:  
\_\_\_\_\_

**M. CRIMINAL HISTORY:**

Have you or any member in your household ever been arrested for drug or other criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide a copy of the court documents \_\_\_\_\_  
\_\_\_\_\_

Please list all states that you have lived in. \_\_\_\_\_

Is any one in your family a registered sex offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, \_\_\_\_\_ Lifetime \_\_\_\_\_ Other Staff verified: \_\_\_\_\_

**N. PERSONAL INFORMATION:**

Are you a victim of Domestic Violence? \_\_\_\_\_yes \_\_\_\_\_no

If you are divorced or legally separated you must furnish us with documentation. Please attach copies of divorce decree or legal separation agreement.

All the information I have provided on my/our application is true and complete.

Signature(Head) \_\_\_\_\_ Date \_\_\_\_\_

Signature(Spouse) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Adult Member) \_\_\_\_\_ Date \_\_\_\_\_





# APPLICANT/TENANT CERTIFICATION

## Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to my best knowledge. I have reviewed the application form and the HUD Form 50058, which ever applies to me, and certify that the information shown is true and correct.

## Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone whom is staying with me.

## Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

## No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

## Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

## Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

1. _____ Signature of Household Adult	Date _____
2. _____ Signature of Household Adult	Date _____
3. _____ Signature of Household Adult	Date _____
4. _____ Signature of Household Adult	Date _____

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Milbank Housing & Redevelopment Commission**

**309 S Main St.**

**Milbank, SD 57252**

**(605) 432-7519**

**CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Milbank Housing any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Section 8, Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquires that may be requested, include but are not limited to:

- |                                  |                               |
|----------------------------------|-------------------------------|
| Identity and Marital Status      | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity  |
| Residence and Rental Activity    |                               |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and for continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

- |   |  |
|---|--|
| Previous Landlords (including<br>(Public Housing Agencies)<br>Courts and Post Offices<br>Schools and Colleges<br>Law Enforcement Agencies<br>Support and Alimony Providers<br>Retirement System<br>Welfare Agencies | Past and Present Employers<br>Credit Providers and Credit Bureaus<br>State Unemployment Agencies<br>Social Security Administration<br>Medical and Child Care Providers<br>Veterans Administration<br>Banks and Financial Institutions<br>Utility Companies |
|---|--|

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of the authorization is on file with MHRC and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.**

\_\_\_\_\_  
Head of Household Signature (Print Name) Date

\_\_\_\_\_  
Spouse/adult Signature (Print Name) Date

\_\_\_\_\_  
Adult Member Signature (Print Name) Date