



Housing Division – City of South St. Paul HRA

**Housing Questionnaire for Senior Public Housing**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Family Composition: List all household members who live or will live in the unit.**

Last Name	First Name	Sex	Birth Date	Social Security #
1.				
2.				

**Demographic Information:**

Member # (from above)	Ethnicity			Gender		Race (check all that apply)						Are you mobility impaired requiring features of an accessible unit?			Do you have a disability other than mobility impairment?		
	Hispanic or Latino	Not Hispanic or Latino	I choose not to respond	Female	Male	American Indian/Alaska Native	Asian	Black/African American	Native Hawaiian/Other Pacific Islander	White	I choose not to respond	Yes	No	I choose not to respond	Yes	No	I choose not to respond
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INCOME: Does any member receive or expect to receive income from the following sources?**

Check **Yes** or **No** to each item, as applicable, and include the gross monthly pay amount.

(List all income sources in the following section: Income Continued)

	Yes	No	Gross Monthly		Yes	No	Gross Monthly
1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11. Disability benefits including social security disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Does any member work for someone who pays them in cash or is self-employed?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12. Regular payments from pensions (PERA, railroad, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Regular pay for member of the armed forces.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13. Regular payments from retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Public Assistance (MFIP, GA, MSA) <b>Benefits are received by (circle one):</b> <b>direct deposit</b> <b>check</b> <b>cash card</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14. Death benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15. Regular payments from annuities or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Unemployment or severance pay	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Student financial assistance (public or private, not including student loans)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	17. Net income from rental property	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies, or individuals not living in the unit (not including groceries)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9. Alimony/Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	19. Are any changes to income expected within the next 12 months due to a raise, bonus, or other reason?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10. Social Security Income (including unearned income of minor children)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	20. Other (list): _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**INCOME CONTINUED: List all income marked 'YES' above and list the household member it belongs to.**

Item #	Household Member #	Name and mailing address of income source(s) for all household members	Contact Information (name, phone, fax, and email)

**ASSETS:** Check YES or NO on all the following lines. If YES, enter the amount or value of the asset and the current income from the asset. (List all asset sources in the following section: Assets Continued)

Asset	Yes	No	Current Balance	Asset	Yes	No	Current Balance
1. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	9. 401K*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	10. IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. Cash cards used to receive government benefits or other income	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	11. Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. Online donation accounts (GoFundMe, Kickstarter, Fundly, local bank, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	12. Pension/Retirement/Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. US Savings Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	13. Money Market or Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	14. Treasury Bills	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7. Securities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	15. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8. Whole or Universal Life Insurance Policy (do not include term life insurance)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	16. Lump Sum Payment (inheritance, insurance settlement, lottery winnings, capital gains, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

\*Include Trusts, 401k, etc. only if the accounts are accessible to the household prior to termination or employment, retirement, or death. If you are unsure, list the account and it will be verified.

**ASSETS CONTINUED:** List all assets marked 'YES' above and list the household member it belongs to.

Item #	Household Member #	Name and mailing address of asset source(s) for all household members	Contact Information (name, phone, fax, email)

**Disposal of Assets:** Have you disposed of any asset for less than Fair Market Value in the past two years?

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Type of asset:	/	
Date of disposal of asset(s):	/	
Amount received:	\$ / \$	
Market value at time of disposal:	\$ / \$	

**Medical/Dental Deductions:**

**Medical: Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.**

	Yes	No
Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other kind of medical insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name and address of insurer: _____ _____		
Do you receive medical assistance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have a monthly spend-down?	<input type="checkbox"/>	<input type="checkbox"/>
Monthly spend-down amount: _____ _____		
Do you pay for prescription medication?	<input type="checkbox"/>	<input type="checkbox"/>
Name and address of pharmacy: _____ _____		
Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate the types of bills owed: _____ _____		
Do you expect to have extraordinary medical/dental expenses in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list the amount and type of expense: _____ _____		
Name and facility where this can be verified: _____ _____		
Doctor's name and address: _____ _____		

**Please bring receipts for your non-prescription medication.**

**Additional Information Needed:**

	<b>Yes</b>	<b>No</b>
Do you work or live in South St. Paul? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently homeless? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently staying in a shelter? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently staying with a friend or family temporarily? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran or surviving spouse of a Veteran? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested or convicted of any criminal offense? ....	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a pet?.....	<input type="checkbox"/>	<input type="checkbox"/>
(If Yes, circle one) <b>Dog</b> <b>Cat</b>		
Is the pet a companion or service animal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documentation verifying the pet is a companion animal?	<input type="checkbox"/>	<input type="checkbox"/>
(If Yes, circle one) <b>Dog</b> <b>Cat</b>		
Do you own a vehicle? .....	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURES:**

I/we certify that the foregoing information is true and complete to the best of my/our knowledge and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

**Applicant/Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant/Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This applicant/resident required assistance in completing the Household Questionnaire due to: \_\_\_\_\_

Assistance was provided by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



It is the policy of the South St. Paul HRA to affirmatively further fair housing in all its programs so that individuals of similar income levels have equal access to Minnesota Housing programs, regardless of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity or sexual orientation. The South St. Paul HRA's fair housing policy incorporates the requirements of the Fair Housing Act, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendment Act of 1988, as well as the Minnesota Human Rights Act.