



APPLICANT UPDATE FORM

Only complete this form if you have changes to your pre-application.

Please check, which Waiting List applies to you.

Family Waiting List Or Highrise Waiting List

HOH Name: _____ SS#: _____ - _____ - _____

Your Phone Number: _____ Contact Phone Number: _____

Current/New Address: _____

City: _____ State: _____ Zip: _____

Owner/ Landlord Name: _____ Telephone Number _____

Other Family Members:

Please accurately and completely fill out each row for every family member except the Head of Household.

Do not add a Head of Household in this section.

Name	Social Security No.	Sex	D.O.B	Relation to Head

*Additional space provided on back of form if necessary.

Please Check/Circle Yes or No for all questions:

- Yes No Head of Household is at least 62 years old (Highrise Only) (40 pts)
- Yes No Head of Household is disabled (Highrise Only) (30 pts)
- Yes No I am 50 to 61 years old (Highrise Only) (35 pts)
- Yes No I am a Student or involved in Self Sufficiency Program (5 pts)
- Yes No I've been *involuntarily displaced; *homeless; *living in substandard housing; or a *VAWA victim who has been involuntarily displaced (5 pts)
- Yes No I have served in the U.S. Military (2 pts)
- Yes No I am paying more than 50% of my income for rent and utilities (Family Only)

***See definitions on reverse side**

Other Changes: _____

Applicant Signature: _____

Date: _____

MPHA Staff Initials: _____

Date: _____

Please Mail or Return to:

Minneapolis Public Housing Authority
Leasing and Occupancy: Attn: Leasing Clerk
1001 Washington Ave. N.
Minneapolis, MN 55401-1043

***VAWA** (Violence Against Women Act) - A federal law to protect victims of dating violence, domestic violence, sexual assault, and stalking.

***Involuntarily Displaced**- If you or a member of your applicant family has moved or will have to move due to: a disaster (fire, flood, or tornado); government action; physical violence against you or a family member by someone you lived with; or an eviction beyond your control (**this does not include eviction for non-payment of rent**).

***Homelessness**- A homeless family includes any person or family that lacks a fixed, regular, and adequate nighttime residence and also has a primary nighttime residence that is a supervised public or private operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing); an institution providing temporary residence for persons intended to be institutionalized; or a public or private place not designed for or intended for use as sleeping accommodations for human beings.

***Substandard Housing**- If the current housing unit you reside in lacks operable plumbing; does not have a useable flushable toilet; does not have a useable shower or bathtub; does not have electricity or has unsafe or inadequate electrical service; does not have a safe or adequate heat source, or has been declared unfit for human habitation by an agency or unit of government

*Add additional Family Members here:

Name	Social Security No.	Sex	D.O.B	Relation to Head