



Pre-Application for Disabled or Nearly Elderly (50-61) Placement on the General Occupancy Waitlist for Low-Rent Highrise Housing

MPHA will provide free language assistance if needed.

A. If you are a Senior, 62 years or older, DO NOT FILL OUT THIS FORM. Come to 1001 Washington Ave. No., Minneapolis, MN on M-W-F, 8:00 am to 3:30 pm to begin the application process.

B. 1. If you are disabled or near elderly 50-61 complete this Pre-Application for placement on the General Occupancy Waitlist for low-rent highrise housing.

2. The applicant must complete, sign, and hand-deliver this Pre-Application to:

MPHA-Leasing Department
1001 Washington Avenue North
Minneapolis, MN 55401

MPHA accepts pre-applications on Monday, Wednesday, and Fridays' from 8:00 am to 3:30 pm

3. If you are under 50 years of age, you must show proof of disability before MPHA will place you on the General Occupancy waitlist. For example proof of receiving SSI or SSDI or submission of a [Request for Medical Information](#) form completed by your healthcare provider.

C. Legal Name: _____ **Email:** _____

Alias, Maiden Name (s): _____

Address: _____ **Apt.** _____ **Phone ()** _____

City: _____ **State:** _____ **Zip:** _____

D. Please list yourself and the other person in your household. Applications for highrise units are limited to 1 or 2 person households.

Name of Household Member			Soc. Sec.	Relation to Head of	Date of	Age	Sex	Place of
Last	First	MI	Number	Household	Birth			Birth
1.				Head of Household				
2.								

E. Circle Yes to all preferences that apply to your household. If **Yes** is not circled, you will not get the preference.

Yes a. I am disabled. Do you receive SSI? **Yes or No** (If No, submit a [Request for Medical Information](#) form.)

Yes b. I am 50-61 years old.

Yes c. I have served in the U.S. Military.

Yes d. I had to move or will have to move in the next 6 months because of: (check all that apply.)

- A disaster, such as a fire my unit is uninhabitable.
- Government action involving code enforcement/public development programs.
- An owner action outside of my ability to control or prevent. This does not include displacement because of non-payment of rent.
- Domestic or dating violence to or stalking of a member in my applicant family.
- A hate crime against a member of my applicant family.
- Retaliation resulting from cooperation with law enforcement.
- Unit inaccessibility.

Yes e. I am currently living in substandard housing because: _____

Yes f. I am homeless or my primary night-time residence is: (please check all that apply.)

- A supervised shelter designed to provide temporary housing.
- A temporary residence for institutionalized person such as a half-way house but does not include prison or jail.
- A place not designated or normally used as a regular sleeping place for humans.

Yes g. Head/Co-Head of Household is a student or an active participant in a self-sufficiency program.

F. List your family's total gross monthly income for **all** family members. Income includes but is not limited to: employment wages; self-employment income; MFIP, SSI/Disability; Social Security; General Assistance; MN Supplemental Assistance; Child Support; and Gifts from family or friends.

My family's total monthly income is: _____

G. 1. Head of Household is: a. White _____ b. Black/African _____ c. American Indian/Alaskan Native _____
d. Asian/Pacific Islander _____ e. Ethnic Group Hispanic _____ f. Non-Hispanic _____

2. Do you expect anyone to move in or out of your household within the next few months?

Yes/No If yes, please explain: _____

H. Language Survey

Yes/No 1. Is the Head or Co-Head of Household proficient in speaking English?

Yes/No 2. If no, do you want free interpreter services during the application process? If yes, what language? _____

Yes/No 3. Is the Head or Co-Head of Household proficient in reading English? If no, list the languages that the Head or Co-Head of House is proficient in reading. _____

I. List the name, address, and phone number of two persons who can contact you.

1. Name: _____

Address: _____ Phone _____

2. Name: _____

Address: _____ Phone _____

Certification:

I/we certify that all information on this Form is current, complete, and accurate. I/we understand that incomplete or inaccurate information is grounds for MPHA to remove my application from the waitlist, to deny my admission to public housing or to terminate my tenancy. During the application process I will inform MPHA in writing of any changes to my answers on this Pre-Application with ten (10) business days. If I do not, MPHA may withdraw my application or deny my admission.

Signature of Head and Co-Head of Household:

Signature: _____ Date: _____
(Head of Household)

Signature: _____ Date: _____
(Co-Head of Household)

English

This information is important, if you do not understand it, please call your MPHA representative, for free language assistance

Hmong

Yog koj tsi to taub txog cov nqi lust seem ceeb no, thov hu mus rau ntawm tsev luam qhov chaw ua hauj lwm MPHA peb yuav pab ntxhais rau nej

Somali

Halkan waxaa ku qoran war ama akhbaar aad u muhim ah, haddii aad fahmi kari weydo, fadlan ula tag wakiilka hay'adda MPHA, si aad tarjumaad bilaash ah uga hesho.

Oromo

Beeksifni kun hedduu barbaachisaa dha. Yaadni isaa hoo isiniif hin galle ta'e, bakka bu'aa "MPHA" (Bulchiinsa Mana Mootummaa Magaalaa Minneapolis) akka afaan isiniif hiikamu gargaarsa tolaa gaafadhaa.

Amharic (Ethiopian)

ይህ መረጃ በጣም አስፈላጊ ነው። ምን እንደሚል የማይገባዎ ከሆነ፣ ከዚህ MPHA (የሚንያፖሊስ የመንግስት የመኖሪያ ቤቶች ባለስልጣን) ወኪል ጋር ተገናኝተው በነጻ የሚሰጥ የቋንቋ[ማስተርጓሚ] እርዳታ እንዲሰጥዎ ይጠይቁ።

Laotian

ຖ້າຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈໃນຂໍ້ຄວາມສໍາຄັນນີ້, ທ່ານຕ້ອງໄປຫາທັງ ຫ້ອງການເຮືອນຫລວງ MPHA ຫວກເຈົ້າຈະຊ່ວຍອະທິບາຍໃຫ້ທ່ານ.

Spanish

Esta información es importante , si usted no lo entiende, por favor póngase en contacto con MPHA para asistencia lingüística gratuita

MPHA use only

Date Stamp: Place on Near-elderly Waitlist _____ Place on General Occupancy Waitlist _____

Applicant's Preferences are: Disabled _____ 50-61 years old _____ Involuntary Displacement _____

Veteran _____ Substandard Housing _____ VAWA _____ Full-time Student/Self Sufficiency _____

Time: _____ a.m. p.m. Staff Initial _____

Pre-AP Rev. 03/17/2015