

2017 TBRA Application Process:

When completing this application, keep in mind:

- You must have sufficient income to pay your portion of monthly rent; as TBRA will only pay up to \$350 per month for up to 12 months. **This is not a Section 8 program.**
- You must rent a unit in Anoka County as TBRA will not transfer outside the county.

1. Read the *TBRA Application* carefully and answer each question as instructed, sign/date where noted. **Completed applications need to be submitted by no later than 4:00 p.m. on March 24, 2017. Faxed or emailed applications will not be accepted** and late applications will not be considered.
2. Preference will be given to applicants who are homeless, at risk of imminent homelessness, or severely rent burdened.
3. You will be notified of your acceptance or ineligibility for TBRA no later than April 7, 2017. Acceptance does not mean you'll receive TBRA. Additional steps need to be completed prior to allocating TBRA.
4. After an applicant has been notified of acceptance for TBRA, a Preliminary meeting with the Program Administrator (PA) will be scheduled to discuss the income qualification process and sign any additional forms as needed. Calculating income is a main factor in determining whether or not you qualify for TBRA.
 - We will calculate income and interest on assets for all members of the household;
 - Documents that verify income and assets for all household members will be required
5. The TBRA program complies with HUD's annual *HOME Income Limits*.

INCOME LIMITS cannot exceed:

1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
\$30,050	\$34,350	\$38,650	\$42,900	\$46,350	\$49,800	\$53,200	\$56,650

6. Once the PA determines that you've income qualified, a Tenant Briefing meeting will be scheduled to:
 - discuss the status of your application;
 - review your rental situation;
 - lay out what final steps need to be completed to qualify for TBRA

2017 TBRA Program Information:

- TBRA is allocated one year at a time. If HUD funding continues, rent assistance may be available for a total of two years. Clients must apply each year, income/rent qualify each year and their unit must pass an HQS (housing quality standards) inspection each year. **Subsidy payments are capped as follows*:**
 - Year 1 – up to \$350 per month for up to 12 months
 - Year 2 – up to \$250 per month for up to 12 months

*amounts/terms may be less than noted depending on client's income calculation

A second year of TBRA is not guaranteed.
- The term of the lease between landlord and tenant must be the same as the 12-month TBRA subsidy year. When the lease terminates, TBRA terminates.
- Rent limits (per bedroom size) do apply, and are based on Gross Rent which is rent plus tenant-paid utilities. **TBRA does not pay security or damage deposits or utility expenses.**
- Households pay the balance remaining after the allocated TBRA subsidy is subtracted from the rent. For example: *A 2-bedroom unit rents at \$850/month and the household receives a \$350 TBRA subsidy . . . \$850 minus \$350 equals \$500 which is the household's share of rent to pay.* Households often pay more than 30% of their income for rent when using Anoka County's TBRA.
- The county's TBRA Occupancy Standard is 2 persons per living/sleeping space with exceptions possible in certain circumstances.
- The household's unit must pass a Housing Quality Standards inspection prior to approval of a TBRA subsidy. The program administrator will schedule this with the landlord. Tenant need not be present at the inspection.
- Anoka County's TBRA program is funded and governed by HUD's HOME program, and is aimed at helping low-income households (individuals and/or families) whose combined income is less than 51% of the current Area Median Income (AMI).
- TBRA assists households who are either homeless, at risk of imminent homelessness, or who are severely rent burdened and preference will be given to applicants in those situations.
- **Please consider:** if your financial situation is such that you have a low, fixed income which will not increase significantly over time, you should explore subsidized housing and/or getting on a subsidized housing waiting list. TBRA provides short-term assistance, but it is not a permanent solution to a long-term housing problem.
- For more program info, including HUD's current *Income and Rent Limits* and the *Metro HRA's Utility Allowance* chart, view the county's *TBRA Policy* at www.anokacounty.us/cd → Renters → TBRA

Questions? Call 763-323-5764 or email linda.hedstrom@co.anoka.mn.us

Tenant Based Rental Assistance (TBRA) Application

HUD - HOME Program Funds	Anoka County, MN	Received: _____ At: _____ a.m. / p.m.
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↑ Office Use Only ↑

Contact Information

APPLICANT NAME:	
CURRENT ADDRESS:	
HOME PHONE:	CELL PHONE:
EMAIL:	

Are all members of the household U.S. citizens? Yes No **If no**, "citizen status" documents need to be provided.

Are you currently renting a unit? Yes No; **If yes**, is the unit in Anoka County Yes No
If yes, How many bedrooms ____; Current rent is \$ _____ /month

Are you currently homeless, soon to be displaced from your housing or living in substandard housing? Please explain:

Are you rent burdened in that you currently pay more than 50% of your monthly income for rent? Please explain:

Race / Ethnicity information is collected to assure compliance with federal fair housing and equal opportunity rules

Race of Head of Household (check one) – Optional

- White Black/African American American Indian/Alaska Native Asian Asian and White
 Black /African American and White American Indian/Alaska Native & White Other: _____
 Native Hawaiian/Other Pacific Islander American Indian/Alaska Native and Black/African American

Ethnicity (check one) – Optional Non-Hispanic Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.)

Household Composition

List all persons who will be living in the unit. Each household member age 18 years or older (and under age 18 if head, spouse, or co-head of household) must disclose income and assets and sign and date this application.

Full Name of Each Household Member (exactly as it appears on driver's license or other government document)	Relationship to Head of Household (spouse, co-head, dependent, other adult)	Date of Birth	Student Status* FT = Full Time PT = Part Time N/A = Not Applicable	Social Security Number	Receives Income
1.	Head of Household		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
2.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
4.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
5.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
6.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
7.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes
8.			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A		<input type="checkbox"/> No <input type="checkbox"/> Yes

* Include public/private elementary, middle & senior high, college/university, technical, trade, & mechanical schools. Don't include on-the-job training.

For questions 1 through 42 below, check YES or NO for every box.
 (Income and Asset information will be verified by the TBRA Program Administrator)

Household INCOME

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of TBRA approval.
 Include all full time, part time or seasonal income even if completing this application in the off-season.

DOES ANY HOUSEHOLD MEMBER RECEIVE OR EXPECT TO RECEIVE THE FOLLOWING INCOME:
 (If you check YES, then write the amount in the "Gross Monthly Amount" column. List sources on page 3)

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

Household ASSETS

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:
 (If you check YES, then write the amount in the "Current Balance" column)

YES	NO		Current Balance
		21. Checking Accounts - (6 month average balance) -----	\$
		22. Savings Accounts - (statement of current balance) -----	\$
		23. Cash cards used to receive government benefits or other income - (receipt with current balance) -----	\$
		24. Capital Investments -----	\$
		25. Bonds -----	\$
		26. Trusts* -----	\$
		27. Securities -----	\$
		28. Whole or Universal Life Insurance Policy (do not include term life insurance) -----	\$
		29. 401K* -----	\$
		30. IRA/KEOGH Accounts -----	\$
		31. Certificates of Deposit -----	\$
		32. Pension/Retirement/Annuity accounts -----	\$
		33. Money Market Funds -----	\$
		34. Treasury Bills -----	\$
		35. Stocks -----	\$
		36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) -----	\$
		37. Are any accounts held jointly with someone not in the unit? Which account and with whom? 	
		38. Other: _____	

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

YES	NO		Value
		39. Do you now own a home or other real estate? ----- If yes, list address(es): _____	\$ _____
		40. Do you receive payments for a home you sold by contract for deed? -----	\$ _____
		41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment? (wedding rings and personal jewelry do not count) -----	\$ _____
		42. Are any assets held jointly with another person? List person and asset(s). _____ _____	
Enter cash value of all household assets			\$ _____

I/We hereby certify that I/We have have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____

Expense Information: (check yes or no, whichever applies)

- Yes No Does your household have un-reimbursed medical expenses? Only answer yes if the head of household, co-head, or spouse is 62 or older OR if they are 18 or older and disabled.
- Yes No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- Yes No Does your household pay expenses for the care of a family member with disabilities that enables a family member to work?

If you checked "Yes" to any of the Expense Information questions, complete the *Deductions and Allowances* chart on page 4; if you answered "No" to all 3 questions, skip page 4 and complete pages 5 and 6.

Skip this page (4) if you answered "No" to all three of the "Expense Information" questions on page 3

Deductions and Allowances

(Day care and Medical expenses will be verified by the TBRA Program Administrator)

A. Day Care		Amount
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, name and address of provider: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	
Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work? If yes, name and address of provider: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	

B. Medical – Only applies to head of household/co-head/ spouse who are 62+ and/or disabled OR 18+ and disabled*		Monthly Amount
Do you have Medicare?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have any other kind of medical insurance? If yes, name and address of insurer: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Do you receive medical assistance? If yes, do you have a monthly spend-down?	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Do you pay for prescription medication? If yes, name and address of pharmacy: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Do you have any non-prescription (over the counter) medication that your doctor has requested you use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Do you have any outstanding medical bills on which you are paying? If yes, indicate the types of bills owed: _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense: _____ _____ _____	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
Name and facility where this can be verified: _____		
Doctor's name and address: _____		

***Disability:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Does not include current, illegal use of or addiction to a controlled substance.

ADDITIONAL INFORMATION

The following questions pertain to every member of the household.
Check either **YES** or **NO** in response to each question. Add an explanation for all items checked YES.

Yes	No	
		Will any household member, including children, live in the unit on a less than full-time basis? Explain: _____
		Do you anticipate any change in your household (someone moving in or out) during the next 12 months? Explain: _____
		Does any adult member of the household have zero income? If yes, name(s): _____
		Does/Will the household receive other rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.). _____
		Does your household have any needs that might be better served by a unit which is accessible to person with mobility, hearing or visual impairments? Explain: _____

CONFLICT OF INTEREST

Are any household members related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer or elected official of Anoka County or the Anoka County Housing and Redevelopment Authority (AHCRA), administrator or Development Owner (either through family or business ties)? Yes No

If **YES**, identify who, organization & role: _____

Is this a current role Yes No If **NO**, identify date role ceased. _____

SIGNATURES (required)

I/We have read and understand the information contained in the *Application Packet* including the *TBRA Application Process and TBRA Program Information* pages. I/We understand that the foregoing information is being collected to determine if I/we are eligible to receive rent assistance. I/We authorize the Anoka County TBRA Program Administrator to verify all information provided in this Application. I/We certify that the foregoing information is true and complete to the best of my/our knowledge; and I/we further understand that any intentional misrepresentation on this form may result in disqualification for or termination of the TBRA subsidy for my/our household. If any of the aforementioned information changes, I/we agree to notify the Program Administrator immediately.

Applicant Signature: _____	Date _____
Applicant Signature: _____	Date _____
Applicant Signature: _____	Date _____
Applicant Signature: _____	Date _____

Questions? Contact Linda Hedstrom, TBRA Program Administrator, at 763-323-5764

Return completed application by mailing or delivery to:
(faxes or emails of the application will not be accepted)

**Anoka County Community and Government Relations
ATTN: TBRA Program Administrator
325 East Main Street, Suite W250
Anoka, MN 55303**

Authorization to Release Information

I / We, _____ have applied for
Print Name/s

Tenant Based Rental Assistance (TBRA) through Anoka County's Community and Government Relations Department. As part of the application process, the TBRA Program Administrator will be verifying income and asset information contained in my / our application to determine if I / we income qualify for the program.

By signing this *Release*, I / we give permission to Anoka County's TBRA Program Administrator to request the information and/or documents checked below. The recipient of this *Authorization to Release Information* is authorized by me / us to release the requested information to the TBRA Program Administrator.

Please complete any attached form and provide requested reports/statement/documents as they relate to my / our:

- Employment history;
 - Income, including but not limited to, copies of pay stubs, earnings statements, hours, OT, rate of pay, etc.;
 - Assets, including but not limited to, copies of bank/credit union statements, money market statements, retirement account statements, investments, and other financial account balances;
 - Other county/government assistance such as GA, MFIP, EA, FHPAP, and/or Child Care Assistance
 - Credit history;
 - Summaries of Child Care expenses
 - Spousal or Child Support payments
 - Handicap assistance or expenses
 - Social Security, Supplemental Security Income, Social Security Disability benefits;
 - Medical expenses;
 - Copies of income tax returns
 - Property information
- I / We also grant permission to the Metro HRA to release information pertaining to my / our Section 8 qualification, application, acceptance, denial or other requested information.

-A copy of this Authorization to Release Information may be accepted as an original -

Applicant (Print Name)

Social Security Number

Date

Applicant Signature

Co- Applicant (Print Name)

Social Security Number

Date

Co-Applicant Signature

This authorization is good for 12 months from the signature date