

NEW ULM ECONOMIC DEVELOPMENT AUTHORITY

100 North Broadway, New Ulm, MN 56073

Phone: (507)359-8227 Fax: (507)359-8281 Email: nueda@newulmmn.gov

INITIAL APPLICATION

Public Housing – Broadway Haus/Family Units (New Ulm)

Section 8 Housing Choice Vouchers (Brown County)

PLEASE PRINT CLEARLY AND COMPLETE ALL QUESTIONS ON THE FORM. INCOMPLETE APPLICATIONS WILL BE RETURNED. USE LEGAL NAMES ONLY.

Indicate which program(s) you are applying for: (You may apply for more than one)

- Broadway Haus Apartments (New Ulm) **SMOKE FREE**
- Family Units (New Ulm) **SMOKE FREE**
- Section 8 Housing Choice Voucher (Brown County)

SECTION A: HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Middle Initial _____
 Current Address _____ City _____ State _____ Zip _____
 Mailing Address (if different) _____
 Telephone Number _____

Note: You are required to notify our office of any change of address. If we cannot contact you at the address on file, your name will be removed from the waiting list and you will have to reapply.

SECTION B: PREFERENCES

- Local Jurisdiction** (New Ulm for Broadway Haus; Brown County for all others)
- Extremely Very Low Income** (According to Current Income Limits for Brown County)
- Homeless** (This information must be verified)

SECTION C: FAMILY (List **all** members of your family that will be living with you)

Name	Relationship	Date of Birth	Sex	Social Security #
1.	SELF			
2.				
3.				
4.				
5.				

*Attach a separate page if needed

**Are any family members listed above employed or attending school in Brown County? Yes No

SECTION D: INCOME (Check all that apply and indicate **GROSS** monthly amount you receive)

Source of Income	Gross Monthly Amount Received
Employment Wages	\$
Public Assistance (MFIP, DWP, GA, MSA)	\$
Social Security or SSI Payments	\$
Unemployment Benefits	\$
Pensions (PERA, Railroad, 401K, IRA, VA)	\$
Child or Spousal Support	\$
Self Employment	\$
Military or Veteran Disability Pay	\$
Other regular monthly income from any other sources	\$

I/we certify that all the information provided is complete and accurate. I/we understand that any false statements or omissions made on this application will cause me/us to be disqualified for assistance.

Signature _____ **Date** _____

New Ulm EDA Staff Use Only

Date/Time Received _____ / _____ Letter Sent _____