



WAYBURY AT
CHASKA

Dear Applicant,

Thank you for your interest in Waybury Apartments. Enclosed is an application to be placed on the waiting list. Please know that Waybury Apartments is a HUD Project Based Section 8 Building reserved for Senior and/or Disabled households (Head, Co-head or Spouse must be disabled or over 62 years of age.) If you are interested in being placed on the waiting list, please complete the enclosed application and mail or fax to:

Waybury Apartments
Attention: Office
110340 Geske Road
Chaska, MN 55318
Fax (952)448-3987

Also, effective July 1, 2016, Waybury implemented a selection preference. The selection preference, in order of preference, is as follows:

1. Elderly household is one in which the head of household, co-head or spouse is at least 62 years of age.
2. Near-elderly household is a family whose head, spouse or sole member is a person with disabilities who is at least 50 years of age, but below the age of 62; or two or more persons with disabilities who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
3. Non-elderly household is one in which the head of household, co-head or spouse is disabled and 18 to 49 years of age.

Waybury is required to reserve 10% of the total numbers of units in the project for non-elderly households. Therefore, 11 units will be reserved at Waybury for non-elderly households. Waybury may exceed 11 units as long as the units exceeding the cap are leased in a nondiscriminatory manner.

What does this mean for the near-elderly and non-elderly households on the waiting list? The Tenant Selection Plan's preference system will mean that Waybury will select elderly households, as defined above, from the waiting list before selecting households as defined above as near elderly and non elderly. As Waybury has already exceeded the 10% required cap, it may mean a lengthier wait for those households that do not meet the definition of an elderly household.

For a complete copy of the Tenant Selection Plan for Waybury Apartments or if you have questions and/or concerns please do not hesitate to call (952)448-5022.

Please also note that Waybury Apartments is a smoke free property.

Sincerely,

Waybury Apartments
Carver County CDA

IMPORTANT INFORMATION
The Carver County CDA provides free interpreter services, upon request.
معلومات مهمة تقدم Carver County CDA خدمات الترجمة الشفوية مجاناً عند الطلب.
COV LUS QHIA TSEEM CEEB
Qhov chaw Carver County CDA muaj neeg txhais lus dawb, yog koj xa tau kev pab.
ВАЖНАЯ ИНФОРМАЦИЯ
По Вашей просьбе Carver County CDA может бесплатно предоставить Вам услуги переводчика.
INFORMACIÓN IMPORTANTE
Carver County CDA proporciona intérpretes a su pedido, gratis para Usted.
MACLUUMAAD MUHIIM AH
Carver County CDA waxa ay idiin heli kartaa tarjubaan lacag la'aan ah, haddii aad codsataan.

Waybury Apartments Waiting List Pre-Application

Section 8 Elderly or Disabled

110340 Geske Road Chaska, MN 55318
Phone (952)448-5022 Fax(952)448-3987

FOR STAFF USE ONLY Date and Time Application Received: _____ Gross Annual Income: _____

Preference Status:

☐ Elderly 62 and older

☐ Non-Elderly 49 and under

☐ 1 BR

☐ Near Elderly 50-61

☐ 2 BR

Name:

FIRST

MIDDLE INITIAL

LAST

Address:

STREET

APARTMENT #

CITY

STATE

ZIP

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Please indicate bedroom size preferred. ☐ 1 BR ☐ 2 BR

(Please note: You may check both BR sizes if you wish to be placed on both waiting lists. However, if your household composition does not qualify for the BR size(s) you indicate, the site manager will contact you to discuss.)

HOUSEHOLD MEMBERS

Please fill out a line in the table for every household member who will be living in the housing unit, including yourself, co-head or spouse and any children that you have physical custody of at least 50% of the time. **Start with head of household**, then spouse or co-head. Please fill out **every box** for **each person**. You must use the correct legal name for each member of your household as it appears on their social security card.

Household Member's FIRST and LAST Name	Relationship to You* (See Codes Below)	Birth Date	Age	Birthplace (County)	Sex (M or F)	Social Security Number ** (MUST provide or application will be returned. See exception below.)	Race*** (See Codes Below)	Hispanic (Y or N)
	HEAD							

* Relationship Codes: CH = Co-Head; S = Spouse; A = Other Adult; L = Live In Aide; C = Child (under 18); U = Unborn Child

** Only exceptions are if newborn has no social security number (must provide as soon as available) or infant is not born at the time of submitting this application or you are an ineligible citizen or you were 62 years old as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (you must provide proof that you were receiving HUD assistance as of 1/31/2010.)

*** Race Codes: W = White; B = Black or African American; AI= American Indian or Alaska Native; A=Asian; PI = Native Hawaiian or Pacific Islander; O=Other



HOUSEHOLD INFORMATION

What is your MONTHLY household gross (before deductions) income? \$ _____

NOTE: If you are self-employed, use net wages.

Income Examples: Wages, Child Support, Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest Income on Assets, Babysitting, Alimony, Annuities, Dividends, Income from Rental Property, Interest from Contract for Deed, etc.

Does the head, co-head or spouse qualify for housing due to a handicap or disability? ☐ Yes ☐ No

Does anyone in your household require a unit with special features? ☐ Yes ☐ No

If yes please check which special feature is required:

☐ Mobility Accessible Unit ☐ Communication Accessible Unit (Hearing) ☐ Communication Accessible Unit (Visual)

What is the primary language spoken in your household?

☐ English ☐ Russian ☐ Somali ☐ Spanish ☐ Vietnamese ☐ Hmong ☐ Other: _____

Are you or any member of your household subject to a lifetime registration under the State sex offender registration program? ☐ Yes ☐ No

How did you find out about Waybury Apartments?

☐ Newspaper Ad ☐ Family/Friend ☐ Brochure ☐ Employer ☐ Housing Link
☐ Internet/Website ☐ CDA ☐ Other: _____

APPLICANT CERTIFICATION

I/We certify that the information given to the Carver County CDA on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of eligibility for the Waybury Apartments.

I/We understand that the information provided on this application will be used in assessing eligibility for placement on the Waybury Apartments waiting list.

I/we understand that this is just a pre-application to be placed on the Waybury Apartments waiting list and our application has not yet been approved for Waybury Apartments. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. If you would like a copy of the Tenant Selection Plan please send a request in writing and a copy will be provided to you.

Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas except in designated smoking areas. ☐ Yes ☐ No

I/we agree to notify Waybury Apartments regarding any changes in household address, income/assets, family composition.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

****Please see cover letter attached to this pre-application for information regarding the selection preference for elderly applicants.**

Attachments to Pre-application: HUD Form 92006, Tennessen Warning and cover letter regarding selection preference information.

THERE ARE LAWS TO PROTECT YOUR RIGHTS TO INFORMATION AND PRIVACY

Under the Minnesota Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE CDA COLLECTS?

Within the context of the CDA Public Housing Program, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more of the following reasons:

1. To help us determine whether you are eligible to participate or to continue to participate in the CDA's housing program for which you have applied.
2. To enable us to establish the level of rent you must pay in accordance with federal law.
3. To assist the CDA in maintaining or upgrading its housing stock.
4. To enable the CDA to comply with legal requirements governing its and other agencies legislative mandates.

B. YOUR RIGHTS WHEN SUPPLYING INFORMATION (M.S. 13.04)

The information you are asked to provide to the CDA is information necessary for our determination of your eligibility for housing program benefits. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the CDA may not be able to provide you with the housing assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the CDA's responsible authority.

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the housing program and as authorized by state, local, or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development
2. CDA employees and contractors and CDA selected volunteer agencies serving you or your dwelling unit
3. MN Housing Finance Agency
4. Carver County Department of Human Services
5. Carver County Department of Financial Assistance
6. School Districts
7. Fire Department and Paramedics when an emergency situation or investigation requires the sharing of information
8. Utility companies servicing Carver County to insure that CDA rental units are maintained as required by the lease
9. U.S. Census Bureau
10. The City/Township and its various departments (those needing access to information) in which you receive CDA assistance
11. Owners of MHOP (Metropolitan Housing Opportunities Program) units. MHOP units are privately owned units under MPHA's (Minneapolis Public Housing Authority) ACC located in the metropolitan area. Information may be shared for the purpose of marketing and leasing the public housing units.
12. Federal, State or Local auditors
13. Researchers who are granted access to the data for the purposes of preparing summary data
14. Other Local, State and Federal agencies as may be required by law

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social services agency, information may also be shared with County, State, Local or Federal staff members who conduct such investigations pursuant to State and Federal Law. Information may also be shared with the appropriate judicial bodies.

We may deny parental access to private data when the minor, who is the subject of the data, requests that we deny such access. We may require the minor to submit a written request that the data be withheld. The written request shall set forth the reasons for denying parental access and shall be signed by the minor. Unless otherwise authorized by status of federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private. When you are no longer being served by the CDA, we will keep your file only until state and federal retention requirements are met.

D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

Information collected as part of the CDA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the CDA and our attorney. Only the CDA and our attorney and

those persons authorized by Local, State and Federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. WHAT INFORMATION DO YOU HAVE ACCESS TO?

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the CDA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies which you would like made. According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?

Write to us describing the nature of your disagreement. Send this information to: Responsible Authority, Carver County CDA, 705 N Walnut St Chaska, MN 55318. We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, please contact CDA's Responsible Authority.

Please sign below to acknowledge you have been given the above information.

SIGNATURE:_____

DATE:_____

SIGNATURE:_____

DATE:_____

SIGNATURE:_____

DATE:_____

SIGNATURE:_____

DATE:_____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Carver County CDA Disclosure of Fees, Rents, Utilities and Total Monthly Payment

Waybury
Unit rent: Based on resident income. Rent ranges: \$1352-\$1578
Rent Café/WIPs*: Varies based on payment method
Utility Cost Recovery Fee**: \$15.00
Resident Paid utilities: Electric, cable, internet, phone

* Tenant is put on notice that some forms of payment, (i.e. credit card merchant fees), or fees for Walk-In Payment system may be subject to additional fees.

** If Resident fails to put utilities in their name or if utilities are disconnected and revert to management, this monthly fee is in addition to utility costs Management may add to Resident's ledger for bills sent to Owner or Management, after the date Resident is required to put utilities in Resident's name.