



## TRAIL'S EDGE SOUTH WAITING LIST OPENING APRIL 1, 2022

The Carver County CDA is accepting pre-applications for our waiting list for 1, 2 and 3-bedroom units at Trail's Edge South located in the City of Waconia. Our anticipated opening date for occupancy will be November 1, 2022 (date is subject to change). Income limits do apply.

**Note: We will not accept applications prior to April 1, 2022. Any applications received prior to that date will be returned.**

Call 952-448-7715, ext. 0 to request an application or download the application on our website:  
<https://www.carvercda.org/affordable-rentals/cda-owned-properties/>

**Applications can be returned to by mail, fax or email:**

Mail to or drop off: CCCCDA 705 N Walnut St Chaska, MN 55318	Fax: 952-448-6506	Email: info@carvercda.org
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Below are the current income limits.

County: Carver  
Effective Date: 04/01/2021

----- Income Limits By Household Size -----

	1	2	3	4	5	6
20%	14,700	16,800	18,900	20,980	22,660	24,340
30%	22,050	25,200	28,350	31,470	33,990	36,510
40%	29,400	33,600	37,800	41,960	45,320	48,680
50%	36,750	42,000	47,250	52,450	56,650	60,850
60%	44,100	50,400	56,700	62,940	67,980	73,020



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

# Trail's Edge South Waiting List Pre-Application

885 Airport Rd

Phone (952) 448-7715 ext. 0 Fax (952) 448-6506

Online: <https://www.carvercda.org/affordable-rentals/cda-owned-properties/>

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<b>FOR STAFF USE ONLY</b> Date and Time Application Received: _____ Gross Annual Income: _____ <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR
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<b>Name:</b> _____ FIRST MIDDLE INITIAL LAST
<b>Address:</b> _____ STREET APARTMENT # _____ CITY STATE ZIP
<b>Home Phone:</b> (____) _____ <b>Work Phone:</b> (____) _____
<b>Cell Phone:</b> (____) _____ <b>Email:</b> _____
Please indicate bedroom size preferred. <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 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	Student** Yes or No
	HEAD		

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

\*\* Will this person be a student during this or the upcoming calendar year? Includes elementary, junior & senior high, college, university, technical, trade & mechanical schools.

## 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 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 our 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.

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

I/we understand that this is just a pre-application to be placed on the waiting list and our application has not yet been approved. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

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 Carver County CDA regarding any changes in household address, income/assets, family composition.**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments to Pre-application: Tennessean Warning



## **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:** \_\_\_\_\_