



HERA (HIGHER EDUCATION RENTAL ASSISTANCE) CHECKLIST

The HERA program will provide rental assistance paid directly to the landlord for qualified applicants

Full-Time Students: \$1,800 per semester or \$450 per month

Part-Time Students: \$900 per semester or \$225 per month

Status determined by College, normally 12 credits or more is determined to be Full-Time.

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- Completed and Signed Application
 - Copy of Drivers License or State ID
 - Copy of Tribal ID
 - Copy of Social Security Card for all Household Members

SIGNED USCHA FORMS

- Consent Form
- Authorization for Release of Information
- Request for Verification of Per Capita Benefits
- Request for Verification of Employment (For all HH Members 18 and older)
- Request for Verification of Deposit (For all HH Members 18 and older)

INCOME VERIFICATION

- Copy of Most Current Pay Stub Not Applicable
- Copy of most recent Income Tax return
- Copy of Social Security Award Letter for each HH Member Not Applicable
- Copy of VA/Retirement/TANF/GA/Welfare/Work Comp Stubs Not Applicable

SCHOOL / HOUSING INFORMATION

- Copy of School Enrollment listing courses and credits
- Copy of transcripts from prior semester/quarter Not Applicable
- Copy of signed lease stating term and rental amount (Checks will be payable to landlord)

**Do NOT turn in your Application until all required documents are turned in.
It is your responsibility to obtain required documentation for HERA approval.**



HERA (HIGHER EDUCATION RENTAL ASSISTANCE) APPLICATION

This application will not be processed until all information requested has been Completed, Submitted, and Verified

APPLICATIONS ARE ONLY GOOD FOR ONE (1) YEAR. A NEW APPLICATION WILL BE REQUIRED BEFORE THE FALL SEMESTER. CLASS SCHEDULE AND GRADES WILL BE REQUIRED EACH SEMESTER.

APPLICANT NAME:

Last First MI

Contact Information

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Marital Status: _____

Emergency Contact Person: _____ Phone #: _____

I. HOUSEHOLD INCOME

Do you receive any income from the following sources on a Monthly or Recurring basis?

Source of Income	Yes	No	\$ Monthly or Recurring	Frequency
Per Capita				
Employer #1				
Employer #2				
Self-Employment				
Welfare Assistance (TANF, General Assistance)				
Veteran's Administration				
Child Support (Provide Court Order)				
Social Security				
Disability Benefits (Supplemental Social Security)				
Retirement Benefits / Pension (PERA, Railroad, Etc)				
Worker's Compensation				
Investment / Asset Income				
Other				

II. HOUSING INFORMATION

I will be living in a dorm

I will be leasing a property

III. COURSEWORK INFORMATION

I am enrolled Full Time

I am enrolled Part Time

I agree to allow all necessary verification of financial information needed to process my request for HERA including school enrollment and course completion.

I understand HERA is contingent on completing the coursework I enrolled for, and if I drop credits or earn a "D" I will be required to repay my HERA. I agree to provide USCHA a copy of my transcripts each semester.

V. SIGNATURES

I/We hereby affirm that the information provided is true and complete to the best of my/our knowledge, and authorize the Housing Authority to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in being determined ineligible for services.

If any of the aforementioned information changes, I/We agree to notify the Housing Authority immediately.

Signature _____ Date _____

FOR OFFICE USE ONLY

Received by USCHA Staff: _____

Date Received: _____

Time: _____



CONSENT FORM

RELEASE OF INFORMATION

I hereby authorize the Upper Sioux Community Housing Authority staff to verify my past and present employment earnings, or any other forms of earnings, records, bank accounts, and any other documentation related to my credit application.

CREDIT REPORT CONSENT

I further authorize the Upper Sioux Community Housing Authority staff to order a consumer credit report and verify other credit information at my expense.

GENERAL CONSENT

The information the Upper Sioux Community Housing Authority staff obtains is only to be used relative to my credit application. It is understood that a photo-copy of this form will also serve as authorization for completing any attached form. The information the Upper Sioux Community Housing Authority obtains is only to be used in the processing of my application for, but not limited to: Rental Applications, Loan Applications, Grant Applications, any other Housing related Programs.

WAIVER

I hereby release Upper Sioux Community Housing Authority and its staff from liabilities which may occur.

Full Name Printed (First, Middle, Last)

Phone Number

Address

Birth Date (Month, Day, Year)

Social Security Number

Signature

FOR OFFICE USE ONLY	
Received by:	
Date Received:	Time:



AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I, _____ (Applicant Full Printed Name)
hereby authorize and grant my informed consent to you:

(Name of Company / Agency)

to release and make available to the **Upper Sioux Police Department**, **Upper Sioux Community Housing Authority**, and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02, sub. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes:

Criminal History

Driving Records

All Information gathered of any type-

Previous / Current Employment records and History

Personal References

I understand that the purpose of permitting the Upper Sioux Police Department to have access to this information is to determine my suitability for Housing Assistance and Services with the Upper Sioux Community Housing Authority and Upper Sioux Community.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Upper Sioux Community Housing Authority or to you of that fact.

This document authorizes release of requested information whether or not such information should otherwise be protected from disclosures by any constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from the use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document

I authorize release of any information related to my activities including schools, employment, criminal justice agencies, regulatory agencies, and health care professionals.

I authorize review and copying of all documents.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes claims, damages, losses and expenses, including reasonable attorney fees.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization shall remain effective during my employment or service period with the Upper Sioux Community.

All information obtained shall be kept confidential by the Upper Sioux Community Police Department during the course of their investigation and final report shall only be forwarded to the Executive Director of Tribal Programming or their designee.

Full Name (Last, First, Middle) Other/Maiden Name(s) used

Current Address (Street and City) State Zip Code

1st Previous Address and City State Zip Code

2nd Previous Address and City State Zip Code

Date of Birth Drivers License Number Social Security Number

Home Phone Number Cell Phone Number Work Phone Number

Copy of Drivers Licensed Attached

Signature Date

FOR OFFICE USE ONLY

Date Received _____ Date Completed _____

USC PD Case No _____

Name of Person requesting background _____

Check One Housing Assistance Foster Care Other

Report Provided to _____

REQUEST FOR VERIFICATION OF PER CAPITA BENEFITS

TO: UPPER SIOUX COMMUNITY
 Attn: Finance
 PO Box 147
 Granite Falls, MN 56241

FROM: Upper Sioux Community
 Housing Authority
 PO Box 147
 Granite Falls, MN 56241

I have applied for a loan / grant / housing services and stated that I receive other income. You are authorized to verify this information and to supply the Upper Sioux Housing Authority with any and all information as requested. Your response is solely a matter of courtesy for which no responsibility is attached to you. The confidentiality of this information you have furnished will be solely used by the Upper Sioux Housing Authority to determine eligibility for certain programs.

Name:	Signature of Applicant:
Address:	Date:
City, State, Zip:	Social Security # :

BELOW FOR OFFICE USE ONLY

Signature of Staff Requesting:	Title	Date:
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1. What is the monthly per capita amount? \$ _____
2. What is the total year to date? \$ _____
3. Net Per Capita check last month \$ _____

Deduction from Per Capita Paid to:	\$ Amount	Final Payment Date	# of pmts left

*This form is to be forwarded to the Upper Sioux Community Housing Authority and is not to be transmitted through the applicant or any other party.

Signature of Staff Completing Form:	Title:	Date :
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Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request			
1. To (Name and address of employer)	2. From (Name and address of lender) Upper Sioux Community Housing Authority 5722 Travers Lane PO Box 147 Granite Falls, MN 56241		
I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.			
3. Signature of Lender (USC Housing Authority)	4. Title Housing Specialist	5. Date	6. Lender's Number (Optional) n/a
I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.			
7. Name and Address of Applicant (include employee or badge number)		8. Signature of Applicant	

Part II — Verification of Present Employment						
9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment				
12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly		13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No		
12B. Gross Earnings						
Type	Year To Date	Past Year	Past Year	Rations	\$	
Base Pay	Thru _____ \$	\$	\$	Flight or Hazard	\$	16. Date of applicant's next pay increase
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase
Bonus	\$	\$	\$	Pro Pay	\$	
Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$	18. Date of applicant's last pay increase
				Variable Housing Allowance	\$	
19. Amount of last pay increase						
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)						

Part III — Verification of Previous Employment			
21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____		
22. Date Terminated			
24. Reason for Leaving	25. Position Held		

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.		
26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Instructions

Verification of Employment

The lender uses this form for applications for conventional first or second mortgages to verify the applicant's past and present employment status.

Copies

Original only.

Printing Instructions

This form must be printed on letter size paper, using portrait format.

Instructions

The applicant must sign this form to authorize his or her employer(s) to release the requested information. Separate forms should be sent to each firm that employed the applicant in the past two years. However, rather than having an applicant sign multiple forms, the lender may have the applicant sign a borrower's signature authorization form, which gives the lender blanket authorization to request the information it needs to evaluate the applicant's creditworthiness. When the lender uses this type of blanket authorization, it must attach a copy of the authorization form to each Form 1005 it sends to the applicant's employer(s).

For First Mortgages:

The lender must send the request directly to the employers. We will not permit the borrower to hand-carry the verification form. The lender must receive the completed form back directly from the employers. The completed form should not be passed through the applicant or any other party.

For Second Mortgages:

The borrower may hand-carry the verification to the employer. The employer will then be required to mail this form directly to the lender.

The lender retains the original form in its mortgage file.

Request for Verification of Deposit

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (If VA); by 12 USC, Section 1701 et.seq. (If HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. or 7 USC, 1921 et.seq. (If USDA/FmHA).

Instructions: Lender — Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to depository named in Item 1.
 Depository — Please complete Items 10 through 18 and return DIRECTLY to lender named in Item 2.

The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

Part I — Request

1. To (Name and address of depository)	2. From (Name and address of lender) Upper Sioux Community Housing Authority 5722 Travers Lane PO Box 147 Granite Falls, MN 56241		
I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.			
3. Signature of lender (USC Housing Authority)	4. Title Housing Specialist	5. Date	6. Lender's No. (Optional) n/a
7. Information To Be Verified			
Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
To Depository: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in Items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.			
8. Name and Address of Applicant(s)		9. Signature of Applicant(s)	

To Be Completed by Depository

Part II — Verification of Depository

10. Deposit Accounts of Applicant(s)

Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	

11. Loans Outstanding To Applicant(s)

Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)	Secured By	Number of Late Payments
		\$	\$	\$ per		
		\$	\$	\$ per		
		\$	\$	\$ per		

12. Please include any additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full in Item 11 above.)

13. If the name(s) on the account(s) differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected by your records.

Part III — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

14. Signature of Depository Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in item 14	18. Phone No.	

Instructions

Verification of Deposit

The lender uses this form for applications for conventional first or second mortgages to verify the cash deposits that the applicant listed on the loan application.

Copies

Original only.

Printing Instructions

This form must be printed on letter size paper, using portrait format. When printing this form, you must use the "shrink to fit" option in the Adobe Acrobat print dialogue box.

Instructions

The applicant must sign this form to authorize his or her depository to release the requested information. Separate forms should be sent to each depository named in the loan application. However, rather than having the applicant sign multiple forms, the lender may have the applicant sign a borrower's signature authorization form, which gives the lender blanket authorization to request the information it needs to evaluate the applicant's creditworthiness. When the lender uses this type of blanket authorization, it must attach a copy of the authorization form to each Form 1006 it sends to the depository institutions in which the applicant has accounts.

For First Mortgages

The lender must send the request directly to the depositories. We will not permit the borrower to hand-carry the verification form. The lender must receive the completed form directly from the depositories. The completed form should not be passed through the applicant or any other party.

For Second Mortgages

The borrower may hand-carry the verification to the depositories. The depositories will then be required to mail this form directly to the lender.

The lender retains the original form in its mortgage file.