

Applicant Name

Please print

Head of Household – Last, First

Co-Applicant – Last, First

Co-Applicant– Last, First

Co-Applicant – Last, First



ACCAP maintains the right to deny admission or terminate housing. Grounds for denial or termination of housing are:

- * Providing false or misleading information on the Housing Application, Tax Credit Application, HOME Application, or to ACCAP Housing Staff.
- * If applicant or tenant harasses or engages in threatening, violent, or abusive behavior toward ACCAP staff.
- * If applicant does not meet the Screening Criteria listed on page 2 of application, or if the application is received incomplete.

By signing this application, I affirm that I believe that these facts are accurate and true. I know that I may have to prove my statements. I know that I may be denied housing or that legal action may be taken if I knowingly provide false information.

By signing this application, I permit Anoka County Community Action Program (ACCAP) to verify the references and employment information given in this application and to request a credit check. I authorize ACCAP to obtain and share information about my income, credit, rental, and criminal background. They can obtain information regarding my application and eligibility from parties listed on this application or with governmental agencies as required to process this application. The attached "Minnesota Government Data Practices Act Disclosure Statement" further explains this process. This information will help decide if I am eligible for housing with Anoka County Community Action Program.

Signature Head of House

Application Date

Signature (Other Adult)

Application Date

Signature (Other Adult)

Application Date

Signature (Other Adult)

Application Date

The Minnesota Data Privacy Act says I have the right to know why you ask for information and how you use it. I know I can refuse to give this information. If I refuse, I know that I may be denied consideration or housing with ACCAP. This agreement is valid for one year after the date I have signed unless I cancel this agreement in writing. I agree that a photocopy and fax of this release may be used.

ACCAP shall not discriminate against the Applicant in the provision of services, or in any other manner, or on the basis of race, creed, color, sex, national origin, family status, disability or source of income. Upon request, ACCAP will make this form available in alternate formats per requirements of ADA.