

**Date:** November 20, 2003

**To:** Property Owners/Management Agents  
MHFA Portfolio - Section 8 Contract Administration  
HUD Portfolio - Section 8 Contract Administration

**From:** MHFA Multifamily Division

**Subject:** **Government Data Practices Act Disclosure Statement - UPDATED**

Enclosed is a copy of the updated Government Data Practices Act Disclosure Statement with attachments. The updated form and all applicable attachments are effective January 1, 2004. Instructions for implementation have been included.

In working with tenants, the owner/agent warrants compliance with the applicable data privacy laws and regulations including the Minnesota Government Data Practices Act Statement form. Each adult household member's name must be printed clearly at the top in the box(es) provided; signatures and dates are required on page 2 of the form. An incomplete form (i.e. lacking signatures and dates) is not valid and will be noted at the time of the tenant file audit.

Owners/agents are required to have the head of household, spouse, co-head and all household members over the age of 18 sign the form. The completed form is to be retained in the tenant's file.

The form is to be signed one time only and is valid as long as the tenant lives at the property and participates in the programs identified in item #2 on the first page of the form. If a tenant moves from one unit to another, the original signed form should be moved to the file for the new unit. A copy should be kept in the file for the old unit.

Only one form is needed per unit as long as the head of household, spouse, co-head and all household members over the age of 18 have signed and dated the form.

When an adult is added to the household, he/she must be added and the original form signed and dated. When a minor in the household reaches age 18, he/she must be added and the original form signed and dated.

A copy of the form should be given to the applicant/tenant. It is acceptable to give the applicant/tenant an unsigned copy.

For new tenants, the form should be completed at the time of initial application.

Additional directions for completion of the form have been included with this memo.

If you need additional assistance please contact the Housing Management Officer assigned to your property(ies).

## Instructions for Data Privacy Act Form version 1/04

1. Before use, owner or management agent must fill in the property location (Name of property, City, State & Zip, only) in the box provided and under item #2, check the box(es) for each MHFA loan type or program applicable to the property. Once this is done, copies can be made.
1. The form consists of a two-page form and attachments. Attachments may be discarded if they are not applicable to the property.
1. Part A contains items that if the applicant/tenant did not provide the information, their application or assistance would be denied.
1. Part B of each attachment contains items that MHFA may collect, but are voluntary on behalf of the applicant/tenant. They would not lose their assistance or residency if they did not provide the information.
1. Each adult household member's name must be printed clearly at the top in the box provided. Signatures go on page 2. Managers should check to be sure each signature is accompanied by the date signed.
1. The form is to be signed one-time and is valid as long as the tenant lives at the property and participates in the program(s) identified in item #2. If a tenant moves from one unit to another, the original signed form should be moved to the file for the new unit. A copy should be kept in the file for the old unit.
1. Only one form is needed per unit as long as the head of household, spouse, co-head, and all household members over the age of 18 have signed the form.
1. If an adult is later added to the household or a minor reaches age 18, they must be added to and sign & date the form. It is not necessary to complete and sign a new form.
1. A copy of the form should be given to the applicant/tenant. It is acceptable to give them an unsigned copy.
1. For new tenants, the form should be completed at the time of initial application.
1. For existing tenants, the form should be implemented upon the next recertification.

**Minnesota Housing Finance Agency**  
**GOVERNMENT DATA PRACTICES ACT**  
**DISCLOSURE STATEMENT**

PRINT NAME(S) OF HOUSEHOLD MEMBER'S SIGNING THIS FORM	

Minnesota Housing Finance Agency (“MHFA”) is asking you to supply information that relates to your application to occupy, or continue to occupy, a unit in the following property (“Property”):

Some of the information you are being asked to provide to MHFA may be considered private or confidential under the Minnesota Government Data Practices Act, Minnesota Statutes chapter 13. Section 13.04(2) of that law requires that you be notified of the matters included in this Disclosure Statement before you are asked to provide that information to MHFA. The owner of the Property (“Owner”) may also ask you to supply information that relates to your application. The Owner’s request for information is not governed by the Minnesota Government Data Practices Act.

1. MHFA is asking for information that is necessary for the administration and management of a State or Federal program to provide housing for low and moderate-income families. Some of the information may be used to establish your eligibility to initially occupy, or to continue to occupy, a unit in the Property and/or to receive either State or Federal rental assistance. Other information may be used to assist MHFA in the evaluation and management of some of the programs it operates.

2. As part of your application, you are asked to supply the information contained in each of the following Attachments that are checked with an “X” (all checked boxes apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Attachment 1 - Section 8, 236, and 202 Programs<br><input type="checkbox"/> Attachment 2 - Housing Tax Credit Program<br><input type="checkbox"/> Attachment 3 - ARM or LMIR First Mortgage | <input type="checkbox"/> Attachment 4 - Deferred Loan (other than MARIF)<br><input type="checkbox"/> Attachment 5 - MARIF<br><input type="checkbox"/> Attachment 6 - HOME |
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Each Attachment has two parts: Part A and Part B.

3. The information asked for under Part A of the checked Attachment(s) may be used by MHFA to establish your eligibility to occupy a unit in the Property or to receive State or Federal rental assistance. If you refuse to supply any portion of the information asked for under Part A of the checked Attachment(s), you may not qualify for initial or continued occupancy of a unit in the Property or for receipt of State or Federal rental assistance.

4. The information asked for under Part B of the checked Attachment(s) will help MHFA in the evaluation and management of some of the programs it operates and your supplying of this

information will be very helpful to the MHFA. Your failure to provide any of the information asked for under Part B of the checked Attachment(s) will not affect whether or not you qualify for initial or continued occupancy of a unit in the Property or for State or Federal rental assistance.

5. The Owner may also ask for information to determine whether or not it will rent a unit in the Property to you. Your supplying of, or refusal to supply, any information requested by the Owner will not affect a decision by MHFA, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from MHFA's determination and MHFA does not participate, in any way, in the Owner's decision.

6. All of the information that you supply to MHFA will be accessible to staff of the MHFA and may be made available to staff of the Office of the Minnesota Attorney General, the United States Department of Housing and Urban Development, the United States Internal Revenue Service, and other persons and/or governmental entities who have statutory authority to review the information, investigate specific conduct, and/or take appropriate legal action, including but not limited to law enforcement agencies, courts and other regulatory agencies. The information may also be provided by MHFA to the Owner's management agents of the Property. Under certain circumstances the information that you supply to MHFA may become public data and available, upon written request, to the general public.

6. This Disclosure Statement remains in effect for as long as you occupy a unit in the property and are a participant in the program(s) identified in #2, above.

I was (We were) supplied with a copy of and have read this Minnesota Housing Finance Agency Government Data Practices Act Disclosure Statement and the Attachment(s) identified in #2, above.

Head of household, spouse, co-head and all household members age 18 or older must sign below:

Applicant/Tenant Signature _____	Date _____

# Attachment 1

## Section 8, 236 and 202 Programs

### Part A.

1. Household composition, legal name(s), age(s) and relationship to the head of household of all household members
1. Declaration of citizenship or legal non-citizenship of all household members
1. Social Security Number disclosure of all household members, age 6 and older
1. Date of birth of all household members
1. Elderly, disabled or handicapped status of affected members of your household (for program eligibility and/or program allowances)
1. Custody of minor children
1. Non-immigrant student status
1. Housing preferences by program or statute
1. Employment or unemployment status
1. Amount and source of all earned and unearned income of all household members
1. Type, value and income derived from all household assets
1. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
1. Participation in self-sufficiency programs
1. Medical expenses (for program allowances)
1. Handicap assistance expenses (for program allowances)
1. Child care expenses (for program allowances)
1. Need for reasonable accommodation for any member of the household
1. Need for assistive animal and/or devices
1. Credit and criminal history background data of all adult household members
1. Disclosure of the use, sale, distribution or manufacture of illegal drugs of any adult household members
1. Disclosure of arrests or convictions of the use or illegal distribution or manufacture of illegal drugs or controlled substances
1. Disclosure of arrests or convictions of a felony or misdemeanor (other than a traffic violation)
1. Disclosure of lifetime registration as a predatory sex offender of any adult household member
1. Disclosure of a pattern of alcohol abuse of any adult household member that would interfere with other tenants' rights
1. Disclosure of receipt of previously received government housing subsidy
1. Disclosure of termination of housing assistance for fraud, non-payment of rent or utilities or failure to cooperate with recertification procedures
1. Current and previous residency

### Part B

1. Race
1. Ethnicity
1. Gender of head of household
1. Marital Status
1. Occupation
1. Receipt of Public Assistance

## **Attachment 2**

### **Housing Tax Credit Program**

#### **Part A**

1. Household composition, legal name(s), date of birth, and relationship to the head of household of all household members
1. Student status
1. Amount and source of all earned and unearned income of all household members
1. Type, value and income derived from all household assets
1. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
1. Custody of minor children
1. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)

#### **Part B**

1. Race
1. Ethnicity
1. Gender of head of household
1. Social Security Number or Alien Registration of all household members
1. Elderly, disabled or handicapped status of members of your household
1. Marital Status
1. Receipt of Public Assistance
- 1.** Request and verification of need for reasonable accommodation

## Attachment 3

# MHFA First Mortgage Loan Programs ARM, LMIR

### Part A

1. Household composition, legal name(s), date of birth, and relationship to the head of household of all household members
1. Student status
1. Employment or unemployment status
1. Amount and source of all earned and unearned income of all household members
1. Elderly, disabled or handicapped status of affected members of your household (for program eligibility, if applicable)

### Part B

1. Race
1. Ethnicity
1. Gender of head of household
1. Social Security Number or Alien Registration of all household members
1. Elderly, disabled or handicapped status of members of your household
1. Marital Status
1. Request and verification of need for reasonable accommodation

**Attachment 4**  
**MHFA Deferred Loan Programs**  
**(other than MARIF)**

**Part A**

1. Household composition, legal name(s)\*, age(s) and relationship to the head of household of all household members
1. Employment or unemployment status
1. Amount and source of all earned income of all adult household members
1. Amount and source of all unearned income of all household members
1. Type, value and income derived from all household assets
1. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years

**Part B**

1. Race
1. Ethnicity
1. Gender of head of household
1. Social Security Number or Alien Registration of all household members
1. Elderly, disabled or handicapped status of affected members of your household
1. Marital Status
1. Receipt of Public Assistance

\* For purposes of reporting to MHFA under the HOPWA program, participant names are coded for confidentiality.

**Attachment 5**  
**Deferred Loan Program**  
**Minnesota Families Affordable Rental Investment (MARIF)**

**Part A**

1. Information regarding the household composition including the number of members in your household.
1. The amount and source of all earned and unearned income of all household members.
1. The type, value and income derived from all household assets.
1. The type, value and income derived from all household assets disposed of for less than fair market value within the last 2 years.
1. Receipt of Public Assistance and/or rent assistance.
1. Social Security Number or Alien Registration of all household members.
1. Evidence of current or recent Minnesota Families Investment Program (MFIP) participant. "Recent MFIP participant" means a family who left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to the family's application for tenancy in a MARIF unit, and whose income at the time of application is equal to or less than 160% of the federal poverty level for the family's size.

**Part B**

1. Race
1. Marital Status
1. Ethnicity
1. Previous housing
1. Request and verification of need for reasonable accommodation
1. Gender of head of household

## **Attachment 6 HOME Program**

### **Part A**

1. Information regarding the household composition including the number of members in the household.
1. The amount and source of all earned and unearned income of all household members
1. The type, value and income derived from all household assets.
1. Bedroom Size
1. Tenant Rent Contribution

### **Part B**

1. Race
1. Ethnicity
1. Gender of head of household
1. Receipt of Public Assistance and Type of Assistance (ie Rural Development, Section 8 etc)
1. Homeless Household
1. Development Address
1. Disabled Status
1. Household Type (i.e., single, elderly, etc. and related single parent)
1. Unit number household occupies