

**SUBALLOCATOR  
GOVERNMENT DATA PRACTICES ACT  
DISCLOSURE STATEMENT**

<b>PRINT NAME(S) OF HOUSEHOLD MEMBERS SIGNING THIS FORM</b>	

Your Suballocator 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 Suballocator 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 Suballocator. 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. Suballocator is asking for information that is necessary for the administration and management of 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. Other information may be used to assist Suballocator 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):

**Attachment 1** -Section 42 Housing Tax Credit/  
TCAP or Section 1602

**Attachment 2** - HOME

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 Suballocator to establish your eligibility to occupy a unit in the Property. 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.

4. The information asked for under Part B of the checked Attachment(s) will help Suballocator in the evaluation and management of some of the programs it operates and your supplying of this information will be very helpful to the Suballocator. 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.
  
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 Suballocator, but could affect the Owner's decision of whether it will rent a unit to you. The determination by the Owner is separate from Suballocator's determination and Suballocator does not participate, in any way, in the Owner's decision.
  
6. All of the information that you supply to Suballocator will be accessible to staff of the Suballocator 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 Suballocator to the Owner's management agents of the Property.
  
7. 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 Suballocator 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 _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____
Applicant/Tenant Signature: _____	Date _____

**Attachment 1**  
**Section 42 Housing Tax Credit Program/TCAP and Section 1602**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members
2. Student status and, where applicable, evidence that student household meets Section 42 eligibility
3. Amount and source of all earned and unearned income of all household members
4. Source, type, value and income derived from all household assets
5. Type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Disabled or handicapped status of members of your household (for program eligibility, if applicable)
7. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status

**Attachment 2**  
**HOME Program**

**Part A**

1. Household composition, legal name(s), date(s) of birth, and relationship to the head of household of all household members.
2. Student status of household members and evidence of HOME student eligibility, if applicable
3. The amount and source of all earned and unearned income of all household members
4. Type, value and income derived from all household assets.
5. The type, value and income derived from all household assets disposed of for less than fair market value within the past 2 years
6. Current and/or previous housing history (for program eligibility, if applicable)

**Part B**

1. Race
2. Ethnicity
3. Gender
4. Social Security Number or Alien Registration
5. Disabled or handicapped status