

## Free Lot Housing Program Application

### APPLICANT INFORMATION *(Please Print)*

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### APPLICANT SPOUSE OR CO-APPLICANT

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annual household income: \$ \_\_\_\_\_

How do you want to hold the title? \_\_\_\_\_

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### APPLICATION INFORMATION *(Internal Use Only)*

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

AN EXCELLENT COMMUNITY IN WHICH TO LIVE AND WORK!

This institution is an equal opportunity provider.

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## Tennessee Warning

In your Free Lot Housing program application for the City of Halstad, you are asked to provide certain information about yourself. Under the Minnesota Government Data Practices Act, we are required to advise you of the following in regards to the use of your information.

- Our purpose and intended use for the information you provide is to process your application so that a free lot can be obtained.
- You are not legally required to provide the information requested. However, we may refuse to process your application if you fail to provide the requested information.
- Your private information will only be provided to the City of Halstad employees whose work requires access to the information.

**Please read the above information before signing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_