

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	
	Date of Birth:		
Phone:	E-mail:		
Annual household income: \$			
How do you want to hold the	title?		
APPLICATION INFORMA	TION (Internal Use	Only)	
Accepted by:		_ Date:	
Title:			

Mayor Nqtk'F gNqpi Clerk-Treasurer Veronica Dye """"Councilmember Fctlp'Lqj puqp
Councilmember Dtcpf qp'O lengrupp
Councilmember Shane Carlson

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Tennessen 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:	
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