



GUIDELINES FOR COMPLETING APPLICATION

Welcome to Fargo Housing & Redevelopment Authority!

We want to process your application as quickly as possible. Before submitting your application, please make sure all needed documents are attached and no sections of the application are left blank. **Incomplete applications will not be processed.** Once your complete application has been received, **we will contact you through the mail** when there is a change in the application status.

- 1. Make sure all required documents that apply to your household listed below are attached.**
- 2. DO NOT leave any sections of the application blank.**

Help us by checking the following:

2 Required documentations for **all adult household members 18 yrs. or older**, listed the application:

1. Driver's License or State issued Photo ID (green card/passport Photos do not apply)

2. Social Security Card

Letters from Social Security or DMV offices do not apply. **Need actual copy of cards and photo IDs**

2 Required documentations for **all children under 18 years of age** listed on the application:

1. Social Security Card 2. Birth Certificate

Documentation of Immigration Status *Born outside the U.S.A* (I-94 - Resident Alien - Green Card or other INS documentation for all household members listed:

(Photo copy of *front & back* of I-94 Cards or Green Cards)




Signatures of **ALL** adults 18 years of age and older.

Residence history for the past **5 years must be listed**

Criminal Record: Do not leave Blank

FOR LEGIBILITY - DO NOT FAX/SCAN

The Fargo Housing and Redevelopment Authority does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability.

 <p>Application for Housing Assistance</p> <p>325 Broadway North PO Box 430 Fargo, ND 58107-0430 (701)293-6262 (Voice/TDD) www.FargoHousing.org</p>	<p>For office use, only</p> <p>Bdrm Size: _____</p> <p>App ID#: _____</p>	<p>DATE STAMP TIME RECEIVED</p> <div style="text-align: right;">   </div>
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Housing programs available - See the Application Guide on the back of application for more information.

SELECT appropriate program or building. To ensure legibility DO NOT FAX/SCAN.

<p>Subsidized Housing:</p> <p><input type="checkbox"/> Section 8 Housing Choice Voucher</p>	<p>Project Based Voucher:</p> <p><input type="checkbox"/> Crossroads (55+) <input type="checkbox"/> Sunrise (55+) <input type="checkbox"/> North Sky (55+) <input type="checkbox"/> Herald Square (1 bdrm) <input type="checkbox"/> 220 Broadway (1 bdrm)</p>	<p>Elderly/Disabled Preference Units:</p> <p><input type="checkbox"/> Lashkowitz High-Rise (1 bdrm) <input type="checkbox"/> Pioneer Manor (1 bdrm)</p> <p>Wheelchair Accessible:</p> <p><input type="checkbox"/> New Horizon Manor (1 & 2 bdrm)</p>	<p>Scattered Sites</p> <p>Family Public Housing</p> <p><input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom</p>
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This form must be filled out in English. Print neatly in ink. All fields are required.

1. List yourself first and others who will live with you: Name as it appears on social security card. Include unborn children and live-in aides.

Last name	First name + middle initial	Relation	Age	Sex (M/F)	Birthdate (mm / dd / yy)	Social Security Number	Place of Birth
		HEAD					

If you have more than Eight household members, please check here and list them on a separate piece of paper.

2. Contact Information – provide current mailing address (note: returned mail will result in removal from the waiting list)

Address: _____ Apt #: _____ Telephone #: _____

City/State/Zip: _____ E-mail address: _____

3. Have you or anyone in your household ever used a name (including maiden name) other than the one you listed above? Yes No
If yes, what name(s). _____

4. Have you or anyone in your household ever used a social security number other than the one you listed above? Yes No
If yes, what number(s)? _____

<p>5. Ethnicity</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p>	<p>6. Race</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>	<p><input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____</p>	<p>7a. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7b. What language/dialect do you speak? _____</p>
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8. Preferences - the FHRA gives the following preferences in addition to Minors and Local Residency .

Head of Household Preference: (check all that apply) Elderly (62 years or older. Head or Co-Head only.)
 Household member eligible for Veteran status.
 Require wheelchair accessibility Household member is Disabled – **Verifiable by doctor**

9. Assets and Income Provide gross (not net) amounts for all questions.

<p>9a. Value of family assets</p> <p>Assets include bank accounts, Trust funds, stocks, bonds, CD's, IRA's Retirement Funds, Burial Fund's, Life insurance, and land or real estate.</p> <p>\$ _____</p>	<p>9b. Total monthly income</p> <p>Combine income from all family members. Including income received by children in the household. You may estimate</p> <p>\$ _____</p>	<p>9c. Income source(s) Check all that apply.</p> <p><input type="checkbox"/> Wages/Employment <input type="checkbox"/> Welfare(TANF/MFIP) <input type="checkbox"/> Retirement <input type="checkbox"/> Self-Employment <input type="checkbox"/> Food Support/SNAP <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> SSI/Social Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Pensions <input type="checkbox"/> Child support <input type="checkbox"/> Rental Property Income <input type="checkbox"/> Interest/Annuity Income <input type="checkbox"/> Other assistance: _____ <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much)</p>
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<p>10. Have you ever lived in low-income or federally subsidized Housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, when _____</p> <p>Who was Head of Household _____</p> <p>Name of Housing Authority _____</p>	<p>11. Do you owe any money to a low income and/or Federally funded agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, which agency _____</p> <p>12. Have you ever been evicted from an apartment/home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, by whom? _____</p> <p> When? _____ Why? _____</p>
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RESIDENCE HISTORY

You **must provide a 5-year residence history**. Failure to provide complete accurate information delays the processing of your application. Include landlord's name, address and phone number starting with your previous addresses for the past 5-year period. Each listing must include your unit address and dates you lived there. **(Do not leave this blank)** This includes living outside the U.S. or being homeless.

Landlord name, address & phone number	List your current address first then list previous addresses for past 5 years.	Dates you lived at addresses Example (01/2004 – Present)
1.		
2.		
3.		
4.		

CRIMINAL RECORD do not leave blank.

Using the numbers below, please indicate whether you or any family members listed on this application have been involved in, or convicted of any crimes relating to the following: **(Answer NONE if this does not pertain to any household members.)**

- | | | | |
|-------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| 1. Homicide/Murder | 2. Sex Offense | 3. Burglary/Robbery/Larceny | 4. Threats or Harassment |
| 5. Destruct of Prop/Vandalism | 6. Assault /Fighting | 7. Disorderly Conduct | 8. Narcotics Traffic/Use/Poss |
| 9. Child Abuse/Dom. Violence | 10. Receiving Stolen Goods | 11. Fraud | 12. Prostitution |
| 13. Gang Related Activity | 14. Public Intox/Drunk & Disorderly | 15. Other _____ | |

Name of Household member	Social Security number	Date of birth	Crime number	Status/Disposition

POLICE RECORD VERIFICATION

The Fargo Housing & Redevelopment Authority (FHRA) is obliged to verify certain information about all adult members of families applying for admission to our Public Housing and/or Section 8 Rental Assistance Programs. Households in which a member has been involved in Narcotic, Gang Related or Violent Criminal Activity may not be eligible to receive Federally Funded Housing Assistance. This is in compliance with the Department of Housing & Urban Development's (HUD's) Zero Tolerance Policy.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST COMPLETE THIS SECTION AND SIGN BELOW.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested, or if I make inappropriate property selections, my name may not be added to the waiting list. I understand that having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I understand that the Fargo Housing & Redevelopment Authority will conduct criminal background checks on all adult members of my household.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES



RELEASE OF INFORMATION

I understand that I need to notify Fargo Housing and Redevelopment Authority in writing if my address changes. (If FHRA correspondence is returned or we are unable to contact you because of an incorrect address, your name will be removed from the waiting list(s).)

I certify that the information on this pre-application is complete and true to the best of my knowledge. I understand that false statements of information are punishable under federal law. I understand that false statements of information are grounds for denial of my application and/or termination of housing assistance and tenancy.

I understand that if any member of my household owes money to any Federally Funded Housing Agency, has engaged in illegal narcotic activity, gang related activity, violent criminal activity, has been evicted/terminated from a Federally Funded Housing Program for these activities (including Material Misrepresentation/ Program Violations) my/our name(s) will be placed on a Do Not Select listing which will be forwarded to other housing agencies.

All prospective tenants applying for any service through the Fargo Housing and Redevelopment Authority are asked to give authorization for the release of all information, including private/nonpublic information, from utility companies, previous landlords, management companies and governmental agencies (including law enforcement agencies) concerning the applicant's rental history and any and all information maintained by law enforcement agencies, including but not limited to criminal history.

I/We hereby authorize the Fargo Housing and Redevelopment Authority to obtain either credit reports or consumer reports, any and all information pertaining to my rental history from utility companies, former management companies or landlords whose properties I have resided in during the last five (5) years and any and all information, including private/nonpublic information, maintained by law enforcement agencies, including but not limited to my criminal history, for the purpose of reviewing my rental application.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST SIGN BELOW; AUTHORIZATION TO VERIFY ALL INFORMATION.

Applicant's Signature Date

Applicant's Signature Date

Print Applicant's Name

Print Applicant's Name

Date of Birth (Mandatory) Driver's License or ID Number & State

Date of Birth (Mandatory) Driver's License or ID Number & State

Applicant's Signature Date

Applicant's Signature Date

Print Applicant's Name

Print Applicant's Name

Date of Birth (Mandatory) Driver's License or ID Number & State

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Please Attach the Following Documents with your Housing Application:

For all Adults = U.S. PICTURE ID and SOCIAL SECURITY CARD.

For All Children = SOCIAL SECURITY CARDS and BIRTH CERTIFICATES.

COPIES BOTH SIDES OF IMMIGRATION STATUS FOR EACH FAMILY MEMBER BORN OUTSIDE U.S



APPLICATION GUIDE

Please fully complete the pre-application and attach the required documents, each question is equally important in determining your eligibility and placement on the waiting list for housing assistance. Use this Application Guide for help in choosing the property or program that would best serve your needs.

Please assure we have a valid mailing address.

All address changes must be submitted in writing; Un-deliverable mail will result in removal from the waiting list.

Housing Choice Voucher (Section 8) and Public Housing tenant's pay approximately 30% of household's gross adjusted monthly income towards rent with the minimum rent of \$50 on units or program's listed below.

Section 8 Housing Choice Voucher:

Rental Assistance applicants are responsible for finding their own qualified unit. The property owner and/or landlord will establish the lease, enforce its provisions and collect the clients' agreed-upon share of the rent. The FHRA pays the landlord a subsidy for the difference between the market rent price and the amount of rent paid by the tenant using a Payment Standard.

Project Based Voucher Unit:

These are designated units with-in the following properties that come with a Housing Choice Voucher attached. These allow you to pay approximately 30% of your income for rent.

(For 55+ years old)

*Crossroads Senior living
North Sky Senior Living
Sunrise North Senior Living*

(All Applicants)

*220 Broadway (downtown)
Herald Square (downtown)*

Elderly and Disabled Preference Housing

Lashkowitz High Rise: 101 2nd Street South.

This secured 22 stories High Rise offers community room, elevators, meal service, bus line and weekend van service. The Fargo senior commission provides activities and services as well as an on-site Service Director.

Pioneer Manor: 201 11th Street North.

This secured 46-unit building offers on-site computer lab, community room and laundry.

Handicap Accessible Housing

New Horizons Manor: 2525 North Broadway.

FHRA's fully accessible community with roll-in showers, specialized appliances, therapy room, enhanced security system. Offering on-site laundry, meal program and 24 hour assisted living services.

Family Public Housing: Scattered across Fargo enabling residents the opportunity to live in safe, quality housing at affordable costs. Location with brief description listed below.

(Madison and Jefferson School Areas)

This community consists of 27 two-bedroom two-story duplexes; 38 three-bedroom ground floor single family homes and 23 four-bedroom two-story single-family homes. Each unit features unfinished basement, Laundry hookups and large back yard with shed.

(18th Street and 25th Avenue South)

A cluster of Duplex style property consisting of: 14 two-bedroom duplexes and 14 three-bedroom duplexes. All units are split level with laundry hookups, storage shed and large community back yard.

(30th and 31st Avenues South and 22nd Street South)

This site consists of 18 two-bedroom split level duplexes; 2 units are ground floor duplex wheelchair-accessible; 6 three-bedroom split level duplexes. These units are scattered throughout the neighborhood featuring laundry hookups, private yards and large backyard sheds for each unit.

(34th Avenue South)

Spacious cluster of 28 two-bedroom split level or two-story duplex units; 2 two-bedroom ground floor wheelchair-accessible and 12 three-bedroom two-story or split level duplex units. This neighborhood features large community yards, back yard sheds for each unit and 2 playground areas.

For more information, visit us at: www.fargohousing.org

Note: Before submitting your application make sure all needed documents are attached and no sections of the application are left blank. Incomplete applications will not be processed

Once your complete application has been received, we will contact you through the mail when there is a change in the status of your application status.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.