

<p>AN EQUAL OPPORTUNITY AGENCY PRE-APPLICATION FOR HOUSING</p> <p>FARGO HOUSING AND REDEVELOPMENT AUTHORITY 325 BROADWAY PO BOX 430 FARGO, ND 58107-0430 (701) 293-6262 (VOICE/TDD) (701) 293-6269 (FAX)</p>	<p>For office use only</p> <p>BR SZ: _____</p> <p>APP ID # _____</p> <p>_____</p> <p>_____</p>	<p>DATE STAMP</p> <p>TIME REC'D</p>
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Complete each question. Please Print or Type. Contact us in writing with any change of address.
COPIES OF A PICTURE ID AND SOCIAL SECURITY CARD FOR ALL ADULTS MUST BE ATTACHED.

1. What program(s) are you applying for? (check at least one program)

<input type="checkbox"/> Lashkowitz High Rise (elderly/disabled preference)	<input type="checkbox"/> Pioneer Manor (elderly only; 62 and older)
<input type="checkbox"/> New Horizons Manor (wheelchair accessible)	<input type="checkbox"/> Family (public housing)
<input type="checkbox"/> Section 8 Rental Assistance	
2. How do you want us to communicate with you?
 (circle one) Braille Tape Sign Language Orally Having someone accompany you.
3. Do you require an interpreter? (yes/no) If yes, what language do you speak? _____
4. List the correct legal name of all household members who will reside in the unit as it appears on their social security card. Begin with the head of household, spouse and children. Then list any additional adults. If you are expecting a child please list the unborn child as a household member and notify us when he or she is born.

Name (Last, First, Middle)	Relationship to Head of Household	Gender (M/F)	Age	Date of Birth	Social Security Number	Place of Birth (city, state)
	HEAD					

(List additional household members on a separate sheet of paper and attach to this pre-application.)

5. Monthly Household income, source, and household member that receives income. Please include all sources of income. (Ex. wages, overtime, commissions, tips, bonuses, social security benefit payments, unemployment, retirement fund benefits, welfare, TEEM, alimony, child support, interest or dividends from household assets, gambling winnings, etc.)

Monthly Dollar Amount	Source (ex. Place of employment, Social Security, etc.)	Household Member Who Receives \$
\$		
\$		
\$		

(List additional household income on a separate sheet of paper and attach to this pre-application.)

6. Current Mailing Address: _____ Apt. # _____ City, State, Zip Code: _____
 Phone Number: _____ Landlord's Name: _____
 Landlord's Address: _____ City, State, and Zip Code: _____
 Landlord's Phone Number: _____ I have lived at this address since _____ (fill in date)
7. 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) _____
8. 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)? _____
9. Have you ever lived in low-income or federally subsidized housing before? (yes/no) _____
 If yes, when? _____ Who was the head of household? _____
 What was the name of the Housing Authority? _____
10. Do you owe any money to a low income and/or federally funded agency? (yes/no) _____
 If yes, which agency? _____
11. Have you ever been evicted from an apartment or home? (yes/no) _____
 If yes, by whom? _____ When? _____ Why? _____

12. Do you or anyone in your household claim any type of disability for the purposes of program allowances, deductions or preference? (yes/no)_____ If yes, by whom? _____
13. Do you drive a vehicle? (yes/no)_____ Model/year_____ License plate number_____
14. Are you or any other members (excluding minors) currently a full-time student or expect to be one in the next 12 months? (yes/no) _____
15. If we are unable to reach you, whom may we contact locally? (name, address, phone number) _____
16. Do you have a caseworker? (yes/no)_____ If yes, please list name, agency and phone number_____
17. Do you authorize anyone other than yourself or your household to inquire about your housing? (yes/no) _____
 If yes, who? (full name and relationship to the head of household)_____
18. (optional) What is your ethnicity? Hispanic Non-Hispanic (for record keeping purposes only)
19. (optional) What is your national origin? Asian Black Native American White Other (for record keeping purposes only)

RESIDENCE HISTORY

You must provide a **5-year residence history**. Include landlord's name, address and phone number starting with your current address, followed by your previous addresses for the past 5 year period. Each listing must include your unit address and dates you lived there. **Failure to provide complete and accurate information may delay the processing of your application. (Do not leave this blank)**

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.		

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 have read this page and understand that the FHRA will conduct criminal background checks on all adult members of my household.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

Using the numbers below, please indicate whether you or any family members listed on this application have been involved in, arrested for, 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

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, _____ and _____ hereby authorize the Fargo Housing and Redevelopment Authority to obtain 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.

 Applicant's Signature Date

 Print Applicant's Name

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

 Applicant's Signature Date

 Print Applicant's Name

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

 Applicant's Signature Date

 Print Applicant's Name

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

 Applicant's Signature Date

 Print Applicant's Name

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

Please complete other side

Housing Authorities across the nation have received serious budget cuts in the past few years. In an effort to prioritize households, the Fargo Housing Authority Board of Commissioners has instituted local preferences. A local preference means that 90% of preference households would get assistance before non-preference households. This new rule will be applied to our current waiting list on **January 1, 2005**.

The local preferences are as follows: (Please check all that apply)

- Person listed as head of household is near elderly. **(Near elderly is defined as 50 years of age or older).**
- Person listed as head of household is disabled. This can be a physical, mental, or emotional disability. **(This preference must be diagnosed and documented by a physician - forms are available at the FHRA office).**
- Person listed as head of household has custody of minor children that will also reside in the household. **(Minor children are children under the aged of 18 years of age).**
- Person listed as household member is eligible for Veteran status.
- Person listed as head of household requires wheelchair accessibility.

If you do not qualify for any of the above local preferences, we will still keep you on the waiting list(s) for housing assistance on the non-local preference waiting list. If at any time you are on our waiting list(s) and your preference status changes, please contact our office at 293-6262.

****I have read and understand that my household may or may not qualify for a local preference and that I must obtain proper verification from a licensed professional in order to be put on the local preference waiting list.**

Head of Household's signature

Date

Print Head of Household's Name

Supplemental and Optional 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.

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.	

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

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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.