

MORGAN APARTMENTS APPLICATION

1921 & 1935 6th St SE

Minot, ND 58701

(701) 852-0485

(Managed by the Minot Housing Authority)

APPLICANT INFORMATION

Bedrooms desired: 1 or 2
(please circle)

Full Name: _____
(last) (first) (middle)

Present Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Social Security Number: _____ Birth Date: ____/____/____

Present Employer: _____ Years There: _____ Phone: _____

Other Source(s) of Income: _____

In an emergency situation, Minot Housing Authority makes every effort to assist medical professionals in obtaining important information. Minot Housing Authority will keep the following information on file and confidential as required per your authorizations. Please remember to update this form if there are any changes.

Nearest family, friend, or caseworker we should notify in an emergency:

1. Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Address: _____

2. Name: _____
Relationship: _____
Home Phone: _____ Work Phone: _____
Address: _____

In case of an emergency, I give permission to Minot Housing Authority Staff to enter my apartment for a WELFARE CHECK. Circle one: YES or NO

Signature

Date