

# AFFORDABLE HOUSING RENTAL APPLICATION

## Minot Housing Authority

<p><b>APPLICATION FOR HOUSING</b>  <b>MINOT HOUSING AUTHORITY</b>          108 E. Burdick Expy          Minot, ND 58701          Ph: (701) 852-0485          Fax: (701) 852-3043</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>Bdrm Size: _____</p> <p>App ID#: _____</p>		<p><b>DATE STAMP</b>  <b>TIME RECEIVED</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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PROPERTY NAME: \_\_\_\_\_ BEDROOM SIZE: 0 1 2 3 4 ACCESSIBLE:

**CAREFULLY COMPLETE EACH QUESTION IN THE APPLICATION OR IT WILL BE DEEMED INCOMPLETE. Please print neatly in ink or type.**

**COPIES OF A PICTURE ID AND SOCIAL SECURITY CARD FOR ALL ADULTS MUST BE ATTACHED.**  
**COPIES OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR ALL CHILDREN MUST BE ATTACHED.**  
**COPIES OF IMMIGRATION STATUS FOR EACH FAMILY MEMBER BORN OUTSIDE OF U.S. MUST BE ATTACHED.**

### PERSONAL INFORMATION

Current Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home, live-in aides, and unborn children.

Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) Optional	Age	Date of Birth	Social Security Number	RECEIVING ANY INCOME	
						YES	NO
1	HEAD					<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any changes in the size of your household **within the next 12 months**?  YES  NO  
 If yes, please explain: \_\_\_\_\_

Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months?  YES  NO  
 If yes, please explain: \_\_\_\_\_

Does any member in your household have a disability and require:  
 Live-In Care Attendant:  YES  NO      Accessible Unit:  YES  NO

Is any adult member of your household separated, but not divorced?  YES  NO

Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  YES  NO

## PERSONAL INFORMATION

Number of vehicles (including company cars): 0 1 2 3

**Vehicle #1**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Owner: \_\_\_\_\_

**Vehicle #2**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Owner: \_\_\_\_\_

**Vehicle #3**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Owner: \_\_\_\_\_

Are you currently under eviction or have you ever been evicted?  YES  NO  
 If yes, why: \_\_\_\_\_

Have you ever filed for bankruptcy:  YES  NO  
 If yes, when: \_\_\_\_\_

As property manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly?  YES  NO

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application that is grounds to cancel your application?  YES  NO

## ADDITIONAL CONTACT INFORMATION

If we are unable to reach you, whom may we contact locally?

Name(s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Do you authorize this person to inquire about your housing? Yes  No

## RESIDENCE HISTORY

You must provide a **5-year residence history**. 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. **Failure to provide complete and accurate information may delay the processing of your application.**

(Do Not Leave This Area 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 (01/2008 – Present)
1.		
2.		
3.		
4.		



## EMPLOYMENT INFORMATION

**EMPLOYER #1:** HEAD OF HOUSEHOLD APPLICANT WHO IS EMPLOYED: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ PER \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**EMPLOYER #2:** HOUSEHOLD MEMBER WHO IS EMPLOYED: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ PER \_\_\_\_\_

Length of Employment: \_\_\_\_\_

## BANK INFORMATION

Bank Name #1: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Checking Account No.: \_\_\_\_\_

Savings Account No.: \_\_\_\_\_

Bank Name #2: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Checking Account No.: \_\_\_\_\_

Savings Account No.: \_\_\_\_\_

## ALIMONY/CHILD SUPPORT INFORMATION

Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if **NO** Child Support or Alimony is being received? Case ID# \_\_\_\_\_  YES  NO

If yes, name of person with court order? \_\_\_\_\_ Amount \$ \_\_\_\_\_ per \_\_\_\_\_

If yes, name of person(s) paying Child Support/Alimony? \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  YES  NO

If **"NO"**, are you making efforts to collect the amounts due?  YES  NO

If **"YES"**, please explain the efforts you're making:

Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? (This includes help from children's father or mother for clothes, groceries, etc.)  YES  NO

If yes, please list: Amount \$ \_\_\_\_\_ per \_\_\_\_\_

Name of person(s) paying Child Support/Alimony:

\_\_\_\_\_

Phone: \_\_\_\_\_ Child: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Child: \_\_\_\_\_

## ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

**PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"**

**\*Attach a Separate Sheet of Paper for Additional Income/Asset Information**

	YES	NO		INCOME AMOUNT
	<input type="checkbox"/>	<input type="checkbox"/>	Are any members of the household self-employed? Who is self-employed? _____ What type of work does this person do? _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive cash contributions or gifts to help pay expenses that a household would normally pay, including rent, utility payments or groceries on an ongoing basis from persons not living with you? Name of person that pays you? _____ What is their address? _____ What is their phone number? _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from Workers' Compensation/Unemployment Benefits? Who is receiving Workers' Compensation/Unemployment Benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military? Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Veteran's Administration (VA) benefits? Who receives VA benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive GI Bill benefits? Who receives GI Bill benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive payments from the Social Security Administration? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> DDAI <input type="checkbox"/> Other _____ Who receives payments from the Social Security Office? _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as AFDC/TANF/TEEM, General Assistance? Who is receiving Public Assistance? _____ Caseworker: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from a pension, annuity or retirement benefit account? <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement _____ Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from insurance policies? Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
	<input type="checkbox"/>	<input type="checkbox"/>	Does your household receive long-term medical care insurance payments, <i>in excess of \$180 per day</i> , for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____

## ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

**PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"**

**\*Attach a Separate Sheet of Paper for Additional Income/Asset Information**

			<b>INCOME AMOUNT</b>
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does any household member receive periodic payments from lottery winnings? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive income from mineral, surface, oil or gas rights? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Income from rental of real estate or personal property? Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive income from Indian Trust Land or any other Tribal affiliated benefits? <i>(Ex: mineral interest, land, gaming, etc.)</i> Who receives these payments? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive child care assistance? Who receives this assistance? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have a family member age 17 or under who has unearned income? <i>(Ex: Social Security, SSI, etc.)</i> Which household member? _____ List Unearned Income Type: _____	\$ _____ PER _____
			<b>ESTIMATED VALUE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member currently own real estate or a mobile home? Property Owner? _____ Mortgage Company: _____ Phone Number: _____ If Real Estate or Mobile Home is owned, is it for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have personal property held for investment purposes? <i>(Ex: gems, jewelry, coins, stamp collections, etc.)</i> Household member who holds personal property? _____ Property Type: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have a CD or Money Market account? <input type="checkbox"/> CD <input type="checkbox"/> Money Market Name(s) on Account? _____ Bank Name: _____ Phone Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401K <input type="checkbox"/> Other: _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or Whole Life Insurance? <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Whole Life Insurance <input type="checkbox"/> Other _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____	\$ _____



# RELEASE OF INFORMATION

**Minot Housing Authority**  
**108 E. Burdick Expy**  
**Minot, ND 58701**  
**PH: 701-852-0485**  
**FAX: 701-852-3043**



I understand that I need to notify Minot Housing Authority (MHA) in writing if my address changes. (If MHA 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 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 Minot Housing 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 Minot Housing 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

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date of Birth (Mandatory)      \_\_\_\_\_  
Driver's License/ID Number & State

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date of Birth (Mandatory)      \_\_\_\_\_  
Driver's License/ID Number & State

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date of Birth (Mandatory)      \_\_\_\_\_  
Driver's License/ID Number & State

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date of Birth (Mandatory)      \_\_\_\_\_  
Driver's License/ID Number & State