

# MINOT HOUSING AUTHORITY

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Minot, ND 58701-4434

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THIS SPACE FOR OFFICE USE ONLY

## Application for Public Housing (Scattered Sites)

**(2) 2 Bedroom/1 Bath, Duplex**

**Application Deadline: 4:00pm, Friday, February 6<sup>th</sup>, 2026**

*This application will be made in alternate formats upon request*

**(Read this document carefully, complete all areas, sign, date, and return to Minot Housing Authority)**

*"The mission of Minot Housing Authority is to provide quality, affordable housing opportunities and promote maximum independence in our community's lower income families, elderly, and persons with disabilities."*

*Minot Housing Authority is an Equal Housing Opportunity Agency and does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age, or disability.*

PRIVACY ACT NOTICE: The information requested in this form is to be used by the Department to determine maximum income for eligibility, recommended unit size and the amount of the individual contribution to be made by the applicant. It will not be disclosed outside the Department except as required and permitted by law. You do not have to give us this information. However, failure to do so may result in delay or rejection of program benefits. Authority for collection of this information is Section 7(d) of 42 U.S.C., 3535(d); Section 5(b) of the U.S. Housing Act of 1937 (42 USC 1437f).

### 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.**

### GENERAL INFORMATION and POLICY:

Minot Housing Authority provides housing assistance programs designed to assist moderate and low-income families. Department of Housing and Urban Development (HUD) regulations require that a public housing agency (PHA) provide assistance based on *income targeting*. This applies to new admissions each fiscal year.

The **Housing Choice Voucher (HCV) program** assists eligible applicants with funding by way of a voucher that can be used throughout Ward County for housing in privately owned rental units. HUD's "75/25 Rule" requires a minimum of 75 percent of families admitted to the program must have incomes that do not exceed 30 percent of the area median income as published by HUD. A maximum of 25 percent of families admitted cannot exceed the 50 percent income limit.

The **Public Housing (Milton Young Towers and Family Housing)** "40/60 Rule" generally provides that the percentages of 75/25 found in the HCV program changes to 40/60 and is based on the same income limits. In Public Housing, the assistance stays with the dwelling unit rather than the tenant.

For more complete information, *Fact Sheets* are available at the MHA office for review regarding the HCV, Public Housing, and Multifamily programs.

Income table effective April 5, 2025 for Ward County based on the Median Income of \$110,300 for a family of four:

<u>Household Members</u>	<u>30% Income Limit</u>	<u>50% Income Limit</u>
1	\$ 23,600	\$ 39,350
2	27,000	44,950
3	30,350	50,550
4	33,700	56,150
5	37,650	60,650
6	43,150	65,150
7	48,650	69,650
8	54,150	74,150

## GENERAL INFORMATION and POLICY CONTINUED:

**Initial Appointment:** When properly completed and received at MHA, an application will be entered into the system by date / time stamp within the appropriate waiting list based on preference priorities that may be established for the list. When your application has been reviewed and processed into our system, you will be notified by mail. Later, when you receive notification from MHA that housing assistance may be available, you must make an initial appointment within ten (10) days from the date of the letter to begin the eligibility / verification process (initial appointment). If you do not respond to the notice, your application will be deactivated and closed - you must reapply.

**No Show:** If you are a "no show" for your scheduled initial appointment, your application will be deactivated and closed - you must reapply.

**Rescheduled Initial Appointment:** You must notify MHA prior to the time of the initial appointment if it is necessary to cancel. A new appointment must be rescheduled within five (5) working days of the initial appointment.

**Documentation Required at the Time of the Initial Appointment:** (you will be reminded of this information in your notification letter from MHA). All adults (age 18 and older) must attend the appointment. You must bring Social Security and SSI documentation for **each member** of the household (minors also need a Social Security number). A photo ID is required of all adults in the household and a birth certificate for all minors (under 18 years of age). If you do not have the necessary documents for verification at the initial appointment, you must submit them within ten (10) days of the initial appointment. If not, your application will be deactivated and closed - you must reapply.

**Ineligibility for Drug Related and Criminal Activity:** If any family member commits, or has committed drug-related criminal activity, or violent criminal activity, within the last three (3) years prior to being notified of selection, the family will be denied assistance. Other criminal activities, criminal offenses, or "patterns" of criminal behavior may be cause for denying assistance for one (1) year up to and including lifetime.

## APPLICANT / TENANT CERTIFICATION

I / We:

- Do hereby swear and attest that **all information** given in this application **is true and correct** to the best of my / our knowledge and belief; and
- Understand that **all changes** in the income of any adult member of the household as well as any changes in the quantity or makeup of household members must be reported to Minot Housing Authority (MHA) **in writing immediately**; and
- Agree to give MHA the right to investigate any reference or income sources necessary to determine eligibility, including criminal background checks; and
- Understand that if I / we become a tenant of MHA and should move, owing money to MHA, my / our names(s) will be placed on a bad-debt listing which will be forwarded to other housing agencies.
- Have read and understand the above conditions and policy.

**Signature(s) of ALL adults age 18 or over living in the household:**

\_\_\_\_\_  
*Signature of Applicant (Head-of-Household)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Other Adult*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Other Adult*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Other Adult*

\_\_\_\_\_  
*Date*



(Please print all information legibly)

**Applicant Name:** (Head-of-Household) \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** (if different than street address) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

Note: Please inform MHA of any changes in the above information while you are on a waiting list.

**List yourself and all family members and persons that will live in the household:** (print please!)

(Examples of Relation To Head-of-Household: spouse, son, daughter, other adult, etc.)

Legal Names	Relation	Sex	Age	Date of Birth	Social Security Number	Place of Birth (City / State)
	Head					

**Head-of-Household information** - (Check all boxes in all categories that applies to you.)

☐ Non-Elderly  
☐ Elderly  
(at least 62 years of age)  
☐ Disabled

☐ U.S. Citizen  
☐ Not U.S. Citizen  
☐ Are you a Veteran

☐ Immigrant \*\*  
☐ Non-Immigrant / Student \*\*  
☐ Non-Immigrant Alien \*\*  
\*\*If you checked one of these,  
you should attach verification.

(Providing the following information for the Head-of-Household is voluntary - check all that apply.)

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native  
☐ Asian ☐ Native Hawaiian or Other Pacific Islander  
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Complete all that may apply: (providing the following information is voluntary and may be used for local admission priorities.)

Is any family member disabled / handicapped? ☐ Yes ☐ No

Do you have a caseworker? ☐ Yes ☐ No

If yes, what is their name, agency, and phone number? \_\_\_\_\_

**Application for Public Housing Assistance**

Determination of eligibility is based in part on household income from all household members age 18 or over, plus benefits and other non-earned income paid directly to, or on behalf of minors and full-time students. Please complete the following:

**Income:**

What is the total gross income for all members of your household who are 18 or over? *Circle one:* **Annually or Monthly**

Amount: \$ \_\_\_\_\_

*(Total income includes all money earned from employment, and any unearned income from Social Security, SSI, unemployment benefits, pensions, child support, public assistance, Veteran benefits, Workmen's Compensation, money contributions, or any other source of income. Also include benefits and other non-earned income paid directly to, or on behalf of minors and full-time students.)*

**Source of Income:**

Are you or any member of your family receiving any of the following?

			<u>If yes, total amount per month</u>
Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
SSI	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Wages	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Unemployment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Child Support	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Workers Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
TANF	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
VA Benefits	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Railroad Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Other Pensions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
National Guard	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Babysitting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____
Money Contributions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ _____

Other (explain source(s) of income and amount per month) \_\_\_\_\_

**Assets:**

Does any family member have the following?

Own Home	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the value?	\$ _____
Own Rental Property	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the monthly income?	\$ _____
Checking Account	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the average balance?	\$ _____
Savings Account	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the current balance?	\$ _____
CD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Burial Fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Mineral Rights	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the yearly income?	\$ _____
IRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Stocks / Bonds	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the total amount?	\$ _____
Trust Fund	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the monthly income?	\$ _____
Life Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the cash value?	\$ _____

Other (explain the asset(s) and indicate the value or earnings received per month) \_\_\_\_\_



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.