

<p align="center">AN EQUAL OPPORTUNITY AGENCY—APPLICATION</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 align="center">For office use only</p> APP ID # _____ Time rec'd _____	<p align="center">DATE STAMP</p>
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Complete each question. Please Print. Contact us in writing with any change of address. If correspondence is returned because of an incorrect address, your name will be removed from the waiting list(s). A COPY OF A PICTURE ID AND SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER MUST BE ATTACHED.

1. What properties are you applying for? (check all that apply) **Please Circle Bedroom Size Preferred: 0 1 2 3 4**
 303 Roberts Street (eff & 1 bedrooms) **Church Townhomes (2 & 3 bedrooms)** **For 55 yrs and over**
 220 Broadway (eff & 1 bedrooms) **Dakota Life (1 bedrooms)** **Sunrise North (1 & 2 bedrooms)**
 Bluestem Court (2, 3 & 4 bedrooms) **Crossroads (1 & 2 bedrooms)**
2. Do you require an interpreter? (yes/no) If yes, what language do you speak? _____
3. List the legal name of all household members who will reside in the unit as it appears on their social security card. 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 application.)

4. 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.)

5. 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)
6. 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)? _____
7. 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)? _____
8. Have you ever been evicted from an apartment or home? (yes/no) If yes, by whom? _____ When? _____
 Why? _____
9. Do you owe a current or previous landlord for unpaid rent, damages or legal fees? ___yes ___no
 Why? _____
10. Do you drive a vehicle? (yes/no) _____ Model/year _____ License plate number _____
11. If we are unable to reach you, whom may we contact locally? (name, address, phone number, relationship). _____
 Do you authorize this person to inquire about your housing? ___yes ___no
12. Do you have a caseworker? (yes/no) _____ If yes, please list name, agency and phone number _____
13. What is your ethnicity? Hispanic Non-Hispanic (required for record keeping purposes only)
14. What is your national origin? Asian Black Native American White Other (required for record keeping purposes only)

