

The Fargo Housing And Redevelopment Authority does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability.

<p>AN EQUAL OPPORTUNITY AGENCY ADDITIONAL HOUSEHOLD MEMBER APPLICATION</p> <p>FARGO HOUSING AND REDEVELOPMENT AUTHORITY 325 BROADWAY PO BOX 430 FARGO, ND 58107-0430 (701) 293-6262 (VOICE/TDD)</p>	<p>OFFICE USE ONLY Project/Program Manager</p>	<p>OFFICE USE ONLY Date Stamp</p>
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Complete each question. Please Print or Type. Contact us in writing with any change of address. 2 FORMS OF ID AND IMMIGRATION STATUS FOR EACH HOUSEHOLD MEMBER MUST BE ATTACHED TO THE APPLICATION.

1. Head Of Household: _____
 ADDRESS _____
 PHONE NUMBER(S) _____

2. List the correct legal name of all household members who will be added to the household 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 Participant	Gender (M/F)	Age	Birthdate	Social Security Number	Place of Birth (city, state)

3. 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 \$
\$		
\$		
\$		

4. Current Address: _____ Apt. # _____ City, State, Zip Code: _____
 Phone Number: _____ Landlord's Name: _____
 Landlord's Address: _____ City, State, Zip Code: _____
 Landlord's Phone Number: _____ I have lived at this address since _____ (fill in date)

5. 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)? _____

6. 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)? _____

7. Have you ever lived in low-income or federally subsidized housing before? (yes/no) _____ yes, when? _____
 What was the name of the Housing Authority _____

8. Do you owe any money to a low income and/or Federally funded agency? (yes/no) _____ If yes, which agency? _____

9. Have you ever been evicted from an apartment or house? (yes/no) _____ Is yes, by whom? _____ When? _____
 Why? _____

10. Do you drive a vehicle? (yes/no) _____ Year/Model _____ License plate number _____

11. Do you or anyone in your family claim any type of disability for the purposes of program allowances, deductions or preference? (yes/no) _____ If yes, who? _____

12. Do you have a caseworker? (yes/no) _____ If yes, please list name, agency and phone number _____

13. (optional) What is your ethnicity? Hispanic Non-Hispanic (for record keeping purposes only)
 14. (optional) What is your national origin? Asian Black Native American White Other (for record keeping purposes only)

RESIDENCE HISTORY

Provide landlord's name, address and phone number starting with your current address. Followed by your previous landlords 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.

Landlord name & address	Landlord's phone number	Your current or former address	Date you lived at address

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

Using the numbers below, please indicate whether any family members have been involved in, arrested for, or convicted of any crimes relating to the following:

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 HH member	Social Security number	Date of birth	Crime number	Status/Disposition

I certify that the information on this additional household member application is complete and true to the best of my knowledge. I understand that false statements or information are punishable under federal law. I understand that false statements or 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 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
(Print additional hh member name) (Print additional hh member name)

Redevelopment Authority to obtain any and all information pertaining to my rental history from 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.

Applicant's Signature Date

Applicant's Signature Date

Print Applicant's Name

Print Applicant's Name

Date of Birth Driver's License Number

Date of Birth Driver's License Number