

<p style="text-align: center;">AN EQUAL OPPORTUNITY AGENCY PRE-APPLICATION FOR HOUSING</p> <p>FARGO HOUSING AND REDEVELOPMENT AUTHORITY 325 BROADWAY PO BOX 430 FARGO, ND 58107-0430</p> <p>(701) 293-6262 (VOICE/TDD) (701) 293-6269 (FAX)</p>	<p style="text-align: center;">For office use only</p> <p>BR SZ: _____</p> <p>APP ID # _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">DATE STAMP</p> <p>TIME REC'D _____</p>
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Complete each question. Please Print or Type. Contact us in writing with any change of address. If FHRA 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 program(s) are you applying for?
 - The Graver
 - Section 8 Rental Assistance
2. How do you want us to communicate with you? (circle one) Braille, tape, sign language, orally, having someone accompany you.
3. Do you require an interpreter (yes/no) If yes, what language do you speak? _____
4. List the correct legal name of all household members who will reside in the unit as it appears on their social security card. Begin with the head of the household, spouse and children. Then list any additional adults. 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 pre-application.)

5. 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.)

6. 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)
7. 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)? _____
8. 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)? _____
9. Have you ever lived in low-income or federally subsidized housing before? (yes/no) _____ If, yes, when? _____
 Who was the head of household? _____ What was the name of the Housing Authority? _____
10. Do you owe any money to a low income and/or federally funded agency? (yes/no) _____ If yes, which agency? _____
11. Have you ever been evicted from an apartment or home? (yes/no) If yes, by whom? _____ When? _____
 Why? _____

12. Are you a student? _____ Do your parents claim you as a dependent on their federal income tax? _____
13. Do you or anyone in your household claim any type of disability for the purposes of program allowances, deductions or preference?
 (yes/no) _____ If yes, by whom? _____
 Why? _____
14. Do you drive a vehicle? (yes/no) _____ Model/year _____ License plate number _____
15. If we are unable to reach you, whom may we contact locally? (name, address, phone number) _____

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

17. Do you authorize anyone other than yourself or your household to inquire about your housing? (yes/no) _____
 If yes, who? (full name and relationship to the head of household) _____
18. (optional) What is your ethnicity? Hispanic Non-Hispanic (for record keeping purposes only)
19. (optional) What is your national origin? Asian Black Native American White Other (for record keeping purposes only)

RESIDENCE HISTORY

You must provide your **past 5-year residence history**. Include 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	Dates you lived at address
1.			
2.			
3.			
4.			

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
_____ 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 Household member	Social Security number	Date of birth	Crime number	Status/Disposition

I understand that I will be asked to complete a more detailed application at a future date.

I also understand that I need to notify Fargo Housing and Redevelopment Authority in writing if my address changes. (If FHRA 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 pre-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 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 Applicant's Name) (Print Additional Adult Applicant's 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.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST SIGN BELOW.

Applicant's Signature Date

Print Applicant's Name

Date of Birth Driver's License Number & State
(Mandatory)

Applicant's Signature Date

Print Applicant's Name

Date of Birth Driver's License Number & State
(Mandatory)

Applicant's Signature Date

Print Applicant's Name

Date of Birth Driver's License Number & State
(Mandatory)

Applicant's Signature Date

Print Applicant's Name

Date of Birth Driver's License Number & State
(Mandatory)