

**AN EQUAL OPPORTUNITY AGENCY**

**PRE-APPLICATION**

**FARGO HOUSING AND REDEVELOPMENT AUTHORITY**

325 BROADWAY  
 PO BOX 430  
 FARGO, ND 58107-0430  
 (701) 293-6262 (VOICE/TDD)  
 (701) 293-6269 (FAX)

**For office use only**

BR SZ: \_\_\_\_\_  
 APP ID # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATE STAMP**

TIME REC'D

**Complete each question. Please Print or Type. Contact us in writing with any change of address.**

1. What program are you applying for?  
 \_\_\_ Sunrise **(55 and over) 350 26<sup>th</sup> Avenue North**  
 \_\_\_ Crossroads **(55 and over) 1670 East Gateway Circle South**  
**Bedroom Size Preferred:**  1 Bedroom  2 Bedrooms
2. Do you currently have a Voucher for Rental Assistance?  Yes  No  
 If no, would you like an application for Rental Assistance mailed to you?  Yes  No
3. How do you want us to communicate with you?  
 Braille  Tape  Sign Language  Orally  Having someone accompany you.
4. Do you require an interpreter?  Yes  No If yes, what language do you speak? \_\_\_\_\_
1. 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 household, and then list any additional adults.

Name (Last, First, Middle)	Relationship to Head of Household	Gender (M/F)	Age	Date of Birth	Social Security Number	Place of Birth (city, state)
	<b>HEAD</b>					

(List additional household members on a separate sheet of paper and attach to this pre-application.)

6. 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.)

7. Current Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

8. What is your ethnicity? (for record keeping purposes only) \_\_\_ Hispanic \_\_\_ Non-Hispanic
9. What is your national origin? (for record keeping purposes only) \_\_\_ Asian \_\_\_ Black \_\_\_ Native American \_\_\_ White \_\_\_ Other
10. Do you authorize anyone other than yourself to inquire about your application? \_\_\_yes \_\_\_no  
 If yes, who? (full name and contact #) \_\_\_\_\_

**NOTICE:** This is a pre-application to submit your name on the wait list. A complete application will be required prior to moving into the property. ALL pre-applicants will be contacted by the means you provide on this pre-application.