

Preliminary Application

1500 3rd Ave. NW - PO Box 517
Mandan, ND 58554
Phone (701) 663-7494 Fax (701) 663-7495

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|---|
| Office use only Date Rec'd _____ Time Rec'd _____ |
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What programs are you applying for? (Please check which program you are interested in)

- Housing Choice Voucher Program in Morton County.
- Housing Choice Voucher Program in Mercer County.
- Housing Choice Voucher Program in Emmons County.
- Emmons County Public Housing units - 2 & 3 bedroom units.
- Beulah Elderly Retirement units. (Public Housing Units - 1 bedroom units)
- Hazen Elderly Retirement units. (Public Housing Units - 1 bedroom units)
- Beulah Family units.(Public Housing units) - 2 & 3 bedroom units
- Hazen Family units. - (Public Housing units) - 2 & 3 bedroom units

This form must be complete, to properly assist you. We must have accurate and complete information. Please answer ALL questions. Failure to answer all questions may delay your eligibility determination.

Mailing Address: _____

Please answer to following questions: Have you or anyone in your household ever violated a previous family obligation in connection with a HUD program? [] Yes [] No Have you or anyone in your household ever engaged in felonious use/possession of drugs or committed a violent criminal act? [] Yes [] No Do you or anyone in your household owe money to a Public Housing Authority? [] Yes [] No

Please provide us with a phone number where you can be reached:
Home _____ Work _____ Friend / Relative _____

START WITH THE HEAD OF YOUR HOUSEHOLD, LIST THE FOLLOWING INFORMATION FOR ALL PEOPLE LIVING IN YOUR HOUSEHOLD.

| Last Name | First Name | MI | Sex Birth Date | Relationship to Head | Social Security# Alien Reg # | Full time student Yes or No |
|-----------|------------|----|-------------------|-------------------------|---------------------------------|--------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

List Name and Address of Absent Parent(s).

| | | |
|------|-------|---------|
| Name | Phone | Address |
| Name | Phone | Address |

IN THE SPACE BELOW, REPORT ALL INCOME RECEIVED BY YOU AND ANY MEMBER OF YOUR HOUSEHOLD AGE 18 AND OLDER, PROVIDE THE FULL MAILING ADDRESS OF THE EMPLOYER OR SOURCE OF INCOME AND TOTAL (BEFORE ANY DEDUCTIONS) INCOME RECEIVED PER YEAR.

| Household Member Name | Name of Employer / or Source of Income | Address and Phone # of Employer | Annual Gross Income |
|-----------------------|---|---------------------------------|---------------------|
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Income includes: Wages, Armed Forces Pay, Social Security, SSI Tanf, Pensions, Annuities, Insurance and Disability Payments, Unemployment, Workmans Compensation, Alimony, and Child Support - List County that pays the support.

LIST ALL CHECKING, SAVINGS AND OTHER BANK ACCOUNTS OF HOUSEHOLD MEMBERS

| Type of Account | Account Number | Current Balance | Name and Address of Bank |
|-----------------|----------------|-----------------|--------------------------|
| | | | |
| | | | |

LIST OF STOCKS, BONDS, CERTIFICATES OF DEPOSITS, TRUSTS, REAL ESTATE AND CASH OF HOUSEHOLD MEMBERS

| Type of Asset | Identifying # (Description) | Current Value | Name and Address of issuing Institution |
|---------------|-----------------------------|---------------|---|
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