

**PRE-APPLICATION FOR HOUSING**  
*AN EQUAL OPPORTUNITY AGENCY*

DATE STAMP



**BURLEIGH COUNTY HOUSING AUTHORITY (BCHA)**

410 SOUTH 2<sup>ND</sup> STREET

BISMARCK ND 58504

PHONE: 701-255-2540 TDD: 1-800-545-1833 Ext. 439

Section 504 Coordinator:

Burleigh County Housing Authority does not discriminate against any person because of  
Race, Color, Religion, Sex, Handicap, Disability, Familial Status, or National Origin.

Print neatly. All fields are required.

We will accommodate persons who cannot utilize the application process by providing alternative methods of taking applications. Please advise us of your needs.

**1. What program(s) are you applying for? (See Current Waiting List for more information and availability)**

<input type="checkbox"/> <b>Public Housing</b>	Property owned by Burleigh County Housing Authority
<input type="checkbox"/> <b>Crescent Manor/Crescent West</b>	Designated elderly only 55+ years in Burleigh County
<input type="checkbox"/> <b>Housing Choice Voucher Program</b>	Section 8 Housing Assistance in Burleigh County
<input type="checkbox"/> <b>Kidder County Housing Choice Voucher Program</b>	Section 8 Housing Assistance in Kidder County
<input type="checkbox"/> <b>Sheridan County Housing Choice Voucher Program</b>	Section 8 Housing Assistance in Sheridan County
<input type="checkbox"/> <b>Dakota II Townhomes</b>	Property owned by Burleigh County Housing Authority
<input type="checkbox"/> <b>Dakota II Apartments</b>	Designated elderly only 62+ years in Burleigh County

**2. List the correct legal name of all household members who will live in the assisted unit as it appears on their social security card.** Begin with the head of the household, spouse, children, live in aides and other adults. If you are expecting a child please list the unborn child (and due date) as a household member and notify us when he or she is born.

<b>PLEASE PRINT:</b>				Relationship to Head of Household	Sex M/F	Disabled Y/N	Birthdate mm/dd/yy	Social Security Number	Place of Birth (city, state)
Name:	First	Middle Int.	Last						
1.				HEAD					
2.									
3.									
4.									
5.									
6.									
7.									

If there are additional household members, please attach a piece of paper with the information needed above.

**APPLICANT CURRENT PHYSICAL ADDRESS**

Name

Physical Address

Apt #

City

State

Zip

I have lived at this address since: this date \_\_\_\_\_ to Present.  
MM/YY

**CURRENT MAILING ADDRESS**

Name

Address or PO Box

City

State

Zip

( )  
Phone number

Email Address

***Contact us in writing with any changes of address.***

**If BCHA correspondence is returned because of incorrect address, your name will be removed from Waiting List.**

3. Are you enrolled as a student at an institution of higher education? For Example, UTTC, BSC, U of Mary, etc) Yes ☐ No ☐  
If yes, where? \_\_\_\_\_
4. Have you or anyone in your household ever used a name (previous marriage(s) or maiden name) other than the one you listed above? Yes ☐ No ☐  
If yes, what name or name(s) \_\_\_\_\_
5. 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)? \_\_\_\_\_
6. Do you or anyone in your household require a specific accommodation to fully use our programs and services? Yes ☐ No ☐
7. Do you now, or have you ever lived in low-income or federally subsidized housing before? Yes ☐ No ☐  
If yes, when and where? \_\_\_\_\_
8. Are you, or anyone in your household, required to register as a sex offender? Yes ☐ No ☐
9. Have you, or anyone in your household, been evicted from federally assisted housing for drug related criminal activity? Yes ☐ No ☐
10. Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures? Yes ☐ No ☐

11. List **ALL** the states where **ALL** adult household members are currently living and have previously lived:

Head of Household:	States Lived:
Spouse/Other Adult:	States Lived:
Other Adult	States Lived:

#### Criminal Record

12. Using the numbers below, please indicate whether you or any family members listed on this application 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	Crime number	City, State of Offense	Date of Offense

13. How did you learn about this housing? \_\_\_\_\_
14. How do you want us to communicate with you? ☐ Orally ☐ Sign Language ☐ Interpreter, What Language? \_\_\_\_\_
15. Head of Household Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
16. Head of Household National Origin or Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native  
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
17. Do you authorize anyone other than yourself or your household to request and receive verbal and written information regarding housing? Yes ☐ No ☐  
If yes, Whom? Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address, City State & Zip: \_\_\_\_\_

**Signature(s) of ALL adults age 18 or over living in the household.**

By signing below, each individual certifies to the following: I certify that the information on this application is true, complete and accurate. I understand that if I do not provide all of the information requested my name may not be added to the waiting list. I understand that it is considered fraud to provide false, incomplete or inaccurate information, and that penalties may apply if fraud is committed. I agree that Burleigh County Housing Authority may make inquiries to verify my income, assets, household composition and size, rental history, delinquent debtors, and conduct a criminal background check of adults in my household for the purpose of verifying my eligibility for the Housing Assistance Program.

_____ Signature of Applicant (Head-of Household)	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date

*If signing as a Guardian, provide a copy of the Court appointed documentation with application*

10/2025





## U.S. Department of Housing and Urban Development

### Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

BURLEIGH COUNTY  
HOUSING AUTHORITY  
410 S. 2ND STREET  
BISMARCK, ND 58504

I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:*

Signature

Date

Printed Name



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



BURLEIGH COUNTY HOUSING AUTHORITY

and/or

WASHINGTON COURT

410 SOUTH 2ND STREET, BISMARCK, ND 58504

Phone (701)255-2540, Fax (701) 255-3459 TDD: 1-800-545-1833 EXT. 439



**Each adult listed on the application must complete and sign a current and prior landlord reference.**

**Current Landlord Information:**

Where do you live now? What is your CURRENT ADDRESS?

Are you on the lease with someone else as Head of Household?

If yes, list both names.

PLEASE PRINT:

Your Name(s) \_\_\_\_\_

Your Current Address:

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Phone

Date at this address:

From \_\_\_\_\_ / \_\_\_\_\_ to Present.  
MONTH YEAR

Who is your Landlord? Or name of Housing Authority?

Or who are you living with? Parents/Relative?

Check If:

- ☐ Landlord  
☐ Housing Authority  
☐ Parent/Relative/Friend  
☐ Own Home  
☐ Shelter

\_\_\_\_\_  
Name of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
Street Address of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Phone

*I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

OVER → → →





# BURLEIGH COUNTY HOUSING AUTHORITY

and/or

## WASHINGTON COURT

410 SOUTH 2ND STREET, BISMARCK, ND 58504

Phone (701)255-2540, Fax (701) 255-3459 TDD: 1-800-545-1833 EXT. 439



**Each adult listed on the application must complete and sign a current and prior landlord reference.**

### **Prior** Landlord Information:

Where did you live before? What was your PRIOR ADDRESS?

Were you on the lease with someone else as Head of Household?

If yes, list both names.

#### PLEASE PRINT:

Your Name(s) \_\_\_\_\_

Your Prior Address:

\_\_\_\_\_  
Street Address of Applicant

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates at this address:

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR MONTH YEAR

Who was your Landlord? Or name of Housing Authority?

Or who were you living with? Parents/Relative?

Check If:

- ☐ Landlord
- ☐ Housing Authority
- ☐ Parent/Relative/Friend
- ☐ Owned Home
- ☐ Shelter

\_\_\_\_\_  
Name of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
Street Address of Landlord/Housing Authority/Parent/Relative/Friend/Shelter

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Phone

*I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

OVER → → →