



PRE-APPLICATION FOR HOUSING
AN EQUAL OPPORTUNITY AGENCY
COMMUNITY HOMES OF BISMARCK, INC | WASHINGTON COURT
410 SOUTH 2ND STREET BISMARCK ND 58504

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

Section 504 Coordinator: Nicole Schurhamer

Community Homes of Bismarck, Inc. does not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Disability, Familial Status, or National Origin.

PRINT CLEARLY. ALL FIELDS ARE REQUIRED. USE BLUE INK.

We will accommodate persons who cannot utilize the application process by providing alternative application methods. **Please advise us of your needs. If this application is not filled out entirely, it will be mailed back to your current address to be completed.**

If something is not applicable to you, put N/A or Ø.

List the correct legal name of all household members who will live in the assisted unit as it appears on their social security card. If you are expecting a child, please list the unborn child (and due date) as a household member and notify us when they are born.

If you do not have a Social Security Number, you may claim exemption if you are an ineligible non-citizen or were 62 as of 1/31/2010 and receiving HUD Housing Assistance as of 1/31/2010.

PLEASE PRINT			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.								

List income, source and household members who receive income. Please include all sources of income – wages, overtime, commissions, tips, bonuses, social security benefits, unemployment, retirement fund benefits, welfare, TANF, alimony, child support, interest or dividends from household assets, gambling winnings etc.

Name of ALL Household members receiving income.	Name of Employer or Gig Income (Uber, Doordash, OnlyFans etc.) or Self Employment	Total Weekly Wages	TANF/ Trans	Monthly Child Support/ Alimony	Unemployment Benefits/ Workers Comp	School Grants	Pension, Retirement VA benefits etc.	Social Security	SSI, SSDI etc.	All other Income: Land Rent, Interest etc.
1.		\$	\$	\$	\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$	\$	\$	\$	\$

Assets: Attach additional pages if necessary.

Name of Bank, Credit Union, or Savings and Loan: →	\$	\$	\$	\$	\$	\$
	Debit Card	Checking Account	Savings Account	C.D.	Stocks	IRA
Direct Express pay card?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	Mobile Banking?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
Receive regular funds via Peer to Peer Payment Apps?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Venmo: \$	CashApp: \$	Other Payment App: \$		

RENTAL HISTORY: All rental history will be verified. Include rentals, living with friends/relatives, shelters, institutions, group homes, etc. for **all adult household members**. Attach additional pages if necessary.

APPLICANT CURRENT PHYSICAL ADDRESS

Name of Applicant _____

Physical Address _____ Apt# _____

City _____ State _____ Zip _____

I have lived at this address since _____ to the Present.
MM/YY

CURRENT LANDLORD INFORMATION

Name of Landlord/Housing Authority/Friend/Shelter _____

Street Address of Landlord/Housing Authority/Friend//Shelter _____

City _____ State _____ Zip _____

(_____) _____
Landlord Phone Number

CHECK IF:

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

Applicant Current Mailing Address if different from physical: _____
Address or P.O. Box _____ City _____ State _____ Zip _____

CONTACT US IN WRITING WITH ANY CHANGES OF ADDRESS.

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

APPLICANT PRIOR ADDRESS

Name of Applicant _____
Physical Address _____ Apt# _____
City _____ State _____ Zip _____
I lived at the above address FROM: _____ TO _____
MM/YY MM/YY

PRIOR LANDLORD INFORMATION

Name of Landlord/Housing Authority/Friend/Shelter _____
Street Address of Landlord/Housing Authority/Friend//Shelter _____
City _____ State _____ Zip _____
(_____) _____
Landlord Phone Number

CHECK IF:

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

- 1. 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? _____
- 2. 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) _____
- 3. 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)? _____
- 4. Do you or anyone in your household require a specific accommodation to fully use our programs and services? Yes No
- 5. Do you now, or have you ever lived in low-income or federally subsidized housing before? Yes No
If yes, when, and where? _____
- 6. Are you, or anyone in your household, required to register as a lifetime sex offender or offender against children? Yes No
- 7. Have you, or anyone in your household, been evicted from federally assisted housing for drug related criminal activity? Yes No
- 8. 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
- 9. Will this be your primary residence? Yes No
- 10. List ALL the states **including counties** where ALL household members are **currently living and have previously lived:**

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

CRIMINAL RECORD

11. Using the numbers below, please indicate whether you or any household 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/Theft 4. Harassment or Threats 5. Destruction of Property/Vandalism 6. Assault/Fighting
7. Disorderly Conduct 8. Drug Traffic/Use/Possession/Manufacturing 9. Domestic Violence 10. Receiving Stolen Goods 11. Fraud 12. Child Abuse/Neglect
13. Prostitution 14. Public Intoxication/Drunk & Disorderly/DUI 15. Other (please specify): _____

Name of Household Member	Crime number from above	City & State of Offense	Date of Offense

12. How did you learn about this housing? _____
13. How do you want us to communicate with you? Orally Sign Language Interpreter; what Language? _____
14. Do you authorize anyone other than yourself or your household to request and receive verbal and written information regarding housing? Yes No Name: _____ Relationship: _____
Address: _____
Phone #: _____
15. Are all members of the household U.S. Citizens? Yes No

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 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 Community Homes of Bismarck, Inc. may make inquiries to verify my income, assets, household composition and size, rental history, 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 Head of Household _____ Date _____

Signature of Spouse _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

If signing as a Guardian, you must provide a copy of the Court appointed documentation with application.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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



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