



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.

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

_____ Name of Landlord/Housing Authority/Parent/Relative/Friend

_____ Street Address of Landlord/Housing Authority/Parent/Relative/Friend

_____ 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



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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 _____

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 _____

Name of Landlord/Housing Authority/Parent/Relative/Friend

Street Address of Landlord/Housing Authority/Parent/Relative/Friend

City _____ State _____ Zip _____

(_____) _____
Phone

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Applicant Signature

Date