



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 address information sheet.

Current Address Information:

What is your CURRENT ADDRESS?

PLEASE PRINT:

Your Name: \_\_\_\_\_

Your CURRENT Address: \_\_\_\_\_

Street Address of Applicant

City State Zip

\* List the MONTH and YEAR you moved IN to your CURRENT address:

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

Who are you living with? Or renting from?

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



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**Each adult listed on the application must complete and sign a current and prior address information sheet.**

### **Prior** Address Information:

What was your PRIOR ADDRESS?

**PLEASE PRINT:**

Your Name: \_\_\_\_\_

Your **PRIOR** Address:

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

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

\*List the **MONTH** and **YEAR** you **MOVED IN:**

\* \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\*List the **MONTH** and **YEAR** you **MOVED OUT:**

\* \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Who were you living with? Or renting from?**

**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