

PLEASE PRINT.

BURLEIGH COUNTY HOUSING AUTHORITY

and/or





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 **<u>CURRENT</u>** ADDRESS?

CLIDDENIE			
ur CURRENT Address:	Street Address of Applicar	nt	
	City	State Zip	
w List the MONTH of	A VEAD way may a	IN to your CUDDENT oddroom	
* List the MONTH an	nd YEAK you moved	IN to your CURRENT address:	
		_	
	*From/_ MONTH	to Present. YEAR	
Who	<u>are</u> you living w	rith? Or renting from?	
1 1 70			
check If:			
☐ Landlord			
☐ Landlord☐ Housing Authority	Name of Landlord/Housing	Authority/Parent/Relative/Friend/Shelter	
☐ Landlord	Name of Landlord/Housing	Authority/Parent/Relative/Friend/Shelter	
☐ Landlord☐ Housing Authority☐ Parent/Relative/Friend		Authority/Parent/Relative/Friend/Shelter /Housing Authority/Parent/Relative/Friend/Shelter	
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Own Home 			
☐ Housing Authority☐ Parent/Relative/Friend☐ Own Home			
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Own Home 	Street Address of Landlord City	/Housing Authority/Parent/Relative/Friend/Shelter	
☐ Landlord☐ Housing Authority☐ Parent/Relative/Friend☐ Own Home	Street Address of Landlord	/Housing Authority/Parent/Relative/Friend/Shelter	
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Own Home □ Shelter 	Street Address of Landlord City () Phone	/Housing Authority/Parent/Relative/Friend/Shelter State Zip	, tha
☐ Landlord ☐ Housing Authority ☐ Parent/Relative/Friend ☐ Own Home ☐ Shelter authorize the above named or	Street Address of Landlord City () Phone	/Housing Authority/Parent/Relative/Friend/Shelter State Zip obtain information about me or my family	, that
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Own Home □ Shelter 	Street Address of Landlord City () Phone	/Housing Authority/Parent/Relative/Friend/Shelter State Zip obtain information about me or my family	that



PLEASE PRINT

BURLEIGH COUNTY HOUSING AUTHORITY

and/or





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.

Prior Address Information:

What was your **PRIOR** ADDRESS?

Your PRIOR Address:	Street Address of Appli	icant			
	Street Address of Applicant				
	City		State	Zip	
*Lis	st the MONTH and	d YEAR you N	OVED IN	•	
	*	/	-		
	Month	Year			
*Li	st the MONTH an	nd YEAR you.	MOVED C	OUT:	
	*	/	-		
	Month ere you living	Year			
Landlord	Name of Landlord/Hous	sing Authority/Parent/Relat	ive/Friend/Shelter		
☐ Landlord☐ Housing Authority☐ Parent/Relative/Friend☐ Owned Home		sing Authority/Parent/Relat		No. to co	
□ Landlord□ Housing Authority□ Parent/Relative/Friend		sing Authority/Parent/Relat		Shelter	
☐ Landlord☐ Housing Authority☐ Parent/Relative/Friend☐ Owned Home				Shelter Zip	
☐ Housing Authority☐ Parent/Relative/Friend☐ Owned Home	Street Address of Landl		ent/Relative/Friend/S		
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Owned Home □ Shelter 	Street Address of Landle City () Phone	ord/Housing Authority/Par	ent/Relative/Friend/S	Zip	
☐ Landlord ☐ Housing Authority ☐ Parent/Relative/Friend ☐ Owned Home ☐ Shelter	Street Address of Landle City () Phone	to obtain informat	ent/Relative/Friend/S State tion about me	Zip	
 □ Landlord □ Housing Authority □ Parent/Relative/Friend □ Owned Home □ Shelter 	Street Address of Landle City () Phone	to obtain informat	ent/Relative/Friend/S State tion about me	Zip	