




AFFORDABLE HOUSING RENTAL APPLICATION BURLEIGH COUNTY HOUSING AUTHORITY

 Burleigh County Housing Authority	BURLEIGH COUNTY HOUSING AUTHORITY 410 South 2nd Street Bismarck, ND 58504 Phone (701) 225-2540 Fax (701) 255-3459 TDD: (800) 545-1833 ext. 439	FOR OFFICE USE ONLY Bdrm Size: _____ App ID#: _____	 DATE STAMP TIME RECEIVED	
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PROPERTY NAME: _____ BEDROOM SIZE: ☐0 ☐1 ☐2 ☐3 ☐4 ACCESSIBLE: ☐

 **CAREFULLY COMPLETE EACH QUESTION IN THE APPLICATION OR IT WILL BE DEEMED INCOMPLETE. Please print neatly in ink or type.**

COPIES OF A PICTURE ID AND SOCIAL SECURITY CARD FOR ALL ADULTS MUST BE ATTACHED.

COPIES OF SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR ALL CHILDREN MUST BE ATTACHED.

COPIES OF IMMIGRATION STATUS FOR EACH FAMILY MEMBER BORN OUTSIDE OF U.S. MUST BE ATTACHED.

PERSONAL INFORMATION

Current Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email #1: _____ Email #2: _____

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home, live-in aides, and unborn children.

Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) Optional	Age	Date of Birth	Social Security Number	RECEIVING ANY INCOME	
						YES	NO
1	HEAD					<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate any changes in the size of your household **within the next 12 months**? ☐ YES ☐ NO

If yes, please explain: _____

Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months? ☐ YES ☐ NO

If yes, please explain: _____

Does any member in your household have a disability and require:

Live-In Care Attendant: ☐ YES ☐ NO Accessible Unit: ☐ YES ☐ NO

Is any adult member of your household separated, but not divorced? ☐ YES ☐ NO

Does your household receive Section 8 rental or Housing Assistance Voucher? ☐ YES ☐ NO

If **No**, has your household applied to receive Section 8 or Housing Assistance Voucher? ☐ YES ☐ NO

PERSONAL INFORMATION

Number of vehicles (including company cars): ☐0 ☐1 ☐2 ☐3

Vehicle #1

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Vehicle #2

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Vehicle #3

Make/Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: _____ Owner: _____

Are you currently under eviction or have you ever been evicted? ☐ YES ☐ NO

If yes, why: _____

Have you ever filed for bankruptcy: ☐ YES ☐ NO

If yes, when: _____

As property manager, I am making you aware that no one else can join the household without prior management approval. Do you understand this clearly? ☐ YES ☐ NO

Do you understand that if we discover during the verification process that others will be living in your household not listed on the application that is grounds to cancel your application? ☐ YES ☐ NO

ADDITIONAL CONTACT INFORMATION

If we are unable to reach you, whom may we contact locally?

Name(s): _____

Current Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email #1: _____ Email #2: _____

Do you authorize this person to inquire about your housing? Yes ☐ No ☐

RESIDENCE HISTORY

You must provide a **5-year residence history**. Include Landlord's name, address and phone number starting with your previous addresses for the past 5-year period. Each listing **MUST** include your unit address and dates you lived there. **Failure to provide complete and accurate information may delay the processing of your application.**

(Do Not Leave This Area Blank)

Landlord Name, Address & Phone Number	List your current address first then list previous addresses for past 5 years.	Dates you lived at addresses Example (01/2008 – Present)
1.		
2.		
3.		
4.		

CRIMINAL RECORD

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: **(Answer NONE, if this does not pertain to any household members.)**

- | | | | |
|-------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| 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 _____ | |

☐ **NONE** (Household members do not have any criminal background)

Name of Household Member	Social Security Number	Date of Birth	Crime Number	Status/Disposition

POLICE RECORD VERIFICATION

The Burleigh County Housing Authority (BCHA) is obliged to verify certain information about all adult members of families applying for admission to our Affordable Housing Programs. Households in which a member has been involved in Narcotic, Gang Related or Violent Criminal Activity may not be eligible. This is in compliance with Bismarck's Safe Housing and Landlord Program.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST COMPLETE THIS SECTION AND SIGN BELOW.

I hereby certify that the information I have provided in this application is true and accurate. I understand that if I do not provide all of the information requested, or if I make inappropriate property selections, my name may not be added to the waiting list. I understand that having provided any false information will result in my application being cancelled or denied. I understand that the Burleigh County Housing Authority will conduct criminal background checks on all adult members of my household.

_____ Head of Household	_____ Date
_____ Additional Adult	_____ Date

STUDENT INFORMATION

Is any member of your household a **Part-Time** or **Full-Time** student? ☐ YES ☐ NO

(Ex: Preschool, Elementary, High School, College/University, Trade School, Etc.)

If yes, which member(s)? _____

Does anyone in your household anticipate becoming a student in the next 12 months? ☐ YES ☐ NO

If yes, which member(s)? _____

Will any member of your household be Full-Time students during **any 5 months**:

This Year: ☐ YES ☐ NO If yes, which member(s)? _____

Next Year: ☐ YES ☐ NO If yes, which member(s)? _____

Is at least one (1) student receiving assistance under Title IV of the Social Security Act (AFDC/TANF)? ☐ YES ☐ NO

Is at least one (1) student enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? ☐ YES ☐ NO

Are the students married and filing a joint tax return? ☐ YES ☐ NO

If yes, which member(s)? _____

Was at least one (1) student previously under the care and placement responsibility of the state agency responsible for administering foster care? ☐ YES ☐ NO

Is the student a single parent living with his/her minor child who is not a dependent on another's tax return? ☐ YES ☐ NO

If yes, which member(s)? _____

EMPLOYMENT INFORMATION

EMPLOYER #1: HEAD OF HOUSEHOLD APPLICANT WHO IS EMPLOYED: _____

Employer: _____

Occupation: _____

Contact Person: _____

Telephone: _____

Current Salary: \$ _____ PER _____

Length of Employment: _____

EMPLOYER #2: HOUSEHOLD MEMBER WHO IS EMPLOYED: _____

Employer: _____

Occupation: _____

Contact Person: _____

Telephone: _____

Current Salary: \$ _____ PER _____

Length of Employment: _____

BANK INFORMATION

Bank Name #1: _____

Telephone: _____

Address: _____

Name on Account: _____

Checking Account No.: _____

Savings Account No.: _____

Bank Name #2: _____

Telephone: _____

Address: _____

Name on Account: _____

Checking Account No.: _____

Savings Account No.: _____

ALIMONY/CHILD SUPPORT INFORMATION

Does any member of your household receive formal or informal **Child Support**?

☐ YES ☐ NO

(note: this includes money, items, cloths, groceries, etc)

If yes, name of recipient and amount? _____ Amount \$ _____ per _____

If yes, name of person(s) paying Child Support? _____

Does any member of your household receive **Alimony** payments?

☐ YES ☐ NO

(This includes help from children's father or mother for clothes, groceries, etc.)

If yes, name of recipient and amount? _____ Amount \$ _____ per _____

If yes, name of person(s) paying Alimony: _____

ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"

***Attach a Separate Sheet of Paper for Additional Income/Asset Information**

YES	NO		INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Are any members of the household self-employed? (includes, Uber, Lyft, Door Dash ... others) Who is self-employed? _____ What type of work does this person do? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive cash contributions or gifts to help pay expenses that a household would normally pay, including rent, utility payments or groceries on an ongoing basis from persons not living with you? Name of person that pays you? _____ What is their address? _____ What is their phone number? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from Workers' Compensation/Unemployment Benefits? Who is receiving Workers' Compensation/Unemployment Benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive pay from the military? Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Veteran's Administration (VA) benefits? Who receives VA benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive GI Bill benefits? Who receives GI Bill benefits? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive payments from the Social Security Administration? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> DDAI <input type="checkbox"/> Other _____ Who receives payments from the Social Security Office? _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as AFDC/TANF/TEEM, General Assistance? Who is receiving Public Assistance? _____ Caseworker: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from a pension, annuity or retirement benefit account? <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement _____ Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive periodic payments from insurance policies? Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your household receive long-term medical care insurance payments, <i>in excess of \$180 per day</i> , for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone Number: _____	\$ _____ PER _____

ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"

*Attach a Separate Sheet of Paper for Additional Income/Asset Information		INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive periodic payments from lottery winnings? Who receives these payments? _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive income from mineral, surface, oil or gas rights? Who receives these payments? _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive Income from rental of real estate or personal property? Who receives these payments? _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive income from Indian Trust Land or any other Tribal affiliated benefits? <i>(Ex: mineral interest, land, gaming, etc.)</i> Who receives these payments? _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member receive child care assistance? Who receives this assistance? _____ Contact Person: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member have a family member age 17 or under who has unearned income? <i>(Ex: Social Security, SSI, etc.)</i> Which household member? _____ List Unearned Income Type: _____</p> <p style="text-align: right;">\$ _____ PER _____</p>
		ESTIMATED VALUE
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member currently own real estate or a mobile home? Property Owner? _____ Mortgage Company: _____ Phone Number: _____ If Real Estate or Mobile Home is owned, is it for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member have personal property held for investment purposes? <i>(Ex: gems, jewelry, coins, stamp collections, etc.)</i> Household member who holds personal property? _____ Property Type: _____</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member have a CD or Money Market account? <input type="checkbox"/> CD <input type="checkbox"/> Money Market Name(s) on Account? _____ Bank Name: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> 401K <input type="checkbox"/> Other: _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or Whole Life Insurance? <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Whole Life Insurance <input type="checkbox"/> Other _____ Name(s) on Account? _____ Institution Name: _____ Phone Number: _____</p> <p style="text-align: right;">\$ _____</p>

ADDITIONAL HOUSEHOLD INCOME/ASSET INFORMATION

PLEASE ANSWER YES OR NO TO EACH QUESTION AND BE PREPARED TO VERIFY ITEMS CHECKED "YES"

***Attach a Separate Sheet of Paper for Additional Income/Asset Information**

**ESTIMATED
VALUE**

YES	NO		VALUE
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have any Treasury Bills or Government Savings Bonds? Which household member(s)? _____ Series: _____ Serial Number: _____ Issue Date: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have a Trust Account? Is this account: <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable Name(s) on Account? _____ Institution Name: _____ Phone Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have cash on hand or safe deposit boxes? Which household member? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member sold, given away, or otherwise transferred ownership of assets within the last two (2) years? Which household member? _____ List asset(s): _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member have any accounts or assets that were not described above? Which household member? _____ What type of account or asset is this? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any changes to your income/assets <i>within the next 12 months?</i> If yes, please explain: _____	

HOUSEHOLD CERTIFICATION

I understand that the information provided on this application will be used to determine my eligibility for Section 42 and/or any State or Federally Funded Housing Programs. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for Section 42 and/or any State or Federally Funded Housing Programs.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household _____ Date _____

Additional Adult	Date
------------------	------

Additional Adult	Date
------------------	------

Additional Adult	Date
------------------	------

RELEASE OF INFORMATION



Burleigh County Housing Authority
410 South 2nd Street
Bismarck, ND 58504
PH: (701) 225-2540
TDD: (800)-545-1833 Ext. 439

I understand that I need to notify Burleigh County Housing Authority (BCHA) in writing if my address changes. (If BCHA correspondence is returned or we are unable to contact you because of an incorrect address, your name will be removed from the waiting list(s).)

I certify that the information on this application is complete and true to the best of my knowledge. I understand that false statements of information are punishable under federal law. I understand that false statements of information are grounds for denial of my application and/or termination of housing assistance and tenancy.

I understand that if any member of my household owes money to any Federally Funded Housing Agency, has engaged in illegal narcotic activity, gang related activity, violent criminal activity, has been evicted/terminated from a Federally Funded Housing Program for these activities (including Material Misrepresentation/Program Violations) my/our name(s) will be placed on a Do Not Select listing which will be forwarded to other housing agencies.

All prospective tenants applying for any service through the Burleigh County Housing Authority are asked to give authorization for the release of all information, including private/nonpublic information, from utility companies, previous landlords, management companies and governmental agencies (including law enforcement agencies) concerning the applicant's rental history and any and all information maintained by law enforcement agencies, including but not limited to criminal history.

I/We hereby authorize the Burleigh County Housing Authority to obtain either credit reports or consumer reports, any and all information pertaining to my rental history from utility companies, former management companies or landlords whose properties I have resided in during the last five (5) years and any and all information, including private/nonpublic information, maintained by law enforcement agencies, including but not limited to my criminal history, for the purpose of reviewing my rental application.

ALL HOUSEHOLD MEMBERS, AGE 18 OR OLDER, MUST SIGN BELOW; AUTHORIZATION TO VERIFY ALL INFORMATION.

Applicant's Signature

Date

Print Applicant's Name

Date of Birth
(Mandatory)

Driver's License/ID Number & State

Applicant's Signature

Date

Print Applicant's Name

Date of Birth
(Mandatory)

Driver's License/ID Number & State

Applicant's Signature

Date

Print Applicant's Name

Date of Birth
(Mandatory)

Driver's License/ID Number & State

Applicant's Signature

Date

Print Applicant's Name

Date of Birth
(Mandatory)

Driver's License/ID Number & State

STUDENT CERTIFICATION (OTHER PROGRAMS)

(03/22)

Applicant/Resident Name	Date
<input type="checkbox"/> Initial Certification	Date of Expected Move-In
<input type="checkbox"/> Recertification	Effective Date

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

The Housing Credit Program and HIF define a full-time student as an individual who attends school for 5 months – consecutive or not – out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which s/he is attending; AND is in elementary school or higher.

STEP 1

List each household member (INCLUDING MINORS) and their CURRENT student status.

Head of Household	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time
Household Member #2	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time
Household Member #3	<input type="checkbox"/> Non-Student	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full-Time

IF YOUR HOUSEHOLD CONTAINS NO STUDENTS, complete the attestation below

I, _____ hereby attest that my household contains NO students at this time nor do I expect anyone to become a student in the next 12 months. **BUT WILL NOTIFY MANAGEMENT IF THAT FACT CHANGES.**

IF YOUR HOUSEHOLD CONTAINS PART-TIME STUDENT(S), list all such students below and the school attending.

Part-Time Student #1	School Attending
Part-Time Student #2	School Attending

The student(s) part-time status will be verified with the school indicated above. If it can be verified that the household contains at least ONE part-time student, the household will not be subject to the Housing Credit or HIF full-time student rule.

IF YOUR HOUSEHOLD IS ENTIRELY COMPRISED OF FULL-TIME STUDENT(S), PLEASE GO TO THE NEXT STEP.

STEP 2

Is anyone living in the household ELIGIBLE to file a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, indicate the name of individual below and attach proof of joint filing status entitlement.

ATTACH: Proof of eligibility such as a copy of the marriage license or certificate or most recent tax return indicating joint filing status. If such proof can be provided the household will not be subject to the Housing Credit full-time student rule.

Name of Individual	<input type="checkbox"/> Eligible to File Tax Return Jointly	<input type="checkbox"/> Currently Filing Tax Return Jointly
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If No, go to Step 3

STEP 3

Answer the following questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Our household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF (Temporary Assistance for Needy Families). ATTACH: A third-party verification of AFDC or TANF award. If such proof can be provided your household will be Housing Credit student eligible.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The household contains a full-time student that is was PREVIOUSLY under the care and placement responsibility of Child Welfare Services or a state foster care or state transitional independent living program. ATTACH: A verification of such past placement in either Child Welfare Services or a state foster care or state transitional independent living program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The household contains a full-time student that is enrolled in a job training program with a mission to help individuals with serious barriers to entry into the workforce obtain job skills in order to gain gainful employment. Name: ATTACH: A verification of enrollment & mission statement or other indication that the program meets the above stated mission to help individuals with of the program if not JTPA. If such proof can be provided your household will be Housing Credit student eligible.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a full-time student that is a single parent with child(ren) and I am not claimed as a dependent on anyone else's tax return and my child(ren) are either claimed on my tax return or their other parent's tax return.

Tax Return Claimed	Name of Child	Name of Absent Parent (if claiming)
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		
<input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's		

ATTACH: Provide a copy of your most recent tax return and each return reflecting a parent claimed each child in your household. If such proof can be provided your household will be Housing Credit student eligible.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Head of Household	Date
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OFFICE USE ONLY

Date Received	Calculations
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Effective Date	Move-in Date
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Each applicant for or household member in a HOME-assisted unit who is age 18-23 (or under 18 and treated as Head, Co-head, or Spouse) must complete, sign and date an Annual Student Certification at move-in and then annually during the HOME Affordability Period.

APPLICANT/TENANT INFORMATION

Applicant/Tenant Name	Property Name	Unit Number
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You have applied for or currently reside in a rental housing unit located in a development that received financing under the U.S. Department of Housing and Urban Development (HUD) HOME Investment Partnership Program (HOME Program). The HOME Program requires that we verify all your income and assets, as well as other claims of eligibility, including student eligibility. Even if your household is income-eligible, you are not eligible to reside in a HOME-assisted unit if you are enrolled either part-time or full-time in an institution of higher education and do not meet at least one eligibility exception in Part B, C or D. Supporting documentation may be required. Institutions of higher education include accredited post-secondary vocational or community colleges, colleges or universities, or any other accredited for-profit or nonprofit institution of higher education that prepares students for gainful employment in a recognized occupation.

PART A: STUDENT STATUS

I am enrolled or planning to enroll in an institution of higher education. <i>If you checked "No". Skip Parts B, C and D but complete Part E. If you checked "Yes," complete Part B.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART B: ELIGIBLE STUDENT

I live or will live with my parent(s) or legal guardian in this unit <i>If you checked "Yes". Skip Parts C and D but complete Part E. If you checked "No," complete Part C.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART C: ELIGIBLE INDEPENDENT STUDENT (supporting documentation is required)

SECTION 1

I live or will live with my parent(s) or legal guardian in this unit <i>If you checked "Yes". Skip Parts C and D but complete Part E. If you checked "No," complete Part C.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have established a separate household from my parent(s)/legal guardian for at least one full year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My parent(s)/legal guardian claimed me as a dependent on their most recent tax return. <i>If you checked "Yes" to #1 and "No" to #2. Skip Section 2 and Part D but complete Part E. Otherwise, complete Section 2.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2

I will be age 24 by December 31 of this year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am legally married.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a graduate or professional student (working on a master's or doctorate degree such as M.A., M.B.A., Ph.D.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a veteran of the U.S. Armed Forces or am on active duty for other than training purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am disabled and receiving Section 8 assistance since 11/30/2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have a legal dependent (child or parent).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was an orphan, in foster care, or a dependent/ward of the court after age 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am homeless or self-supporting but at risk of being homeless. This can be verified by: <input type="checkbox"/> My high school or district homeless liaison <input type="checkbox"/> The director or an emergency shelter or transitional housing program funded by HUD <input type="checkbox"/> The director of a runaway or homeless youth basic center or transitional living program		

If you checked "Yes" to any statement in Section 2, Skip Part D but Complete Part E. Otherwise, complete Part D.

PART D: ELIGIBLE DEPENDENT STUDENT

I am income eligible for Section 8 assistance, and my parents are income eligible for Section 8 assistance. <i>If you checked "Yes," your parent's income must also be verified. Complete Part E.</i> <i>If you checked "No,". Do not complete Part E; you are not eligible to live in a HOME-assisted unit.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART E: CERTIFICATION AND SIGNATURE

Under penalty of perjury, I certify that the information presented in this certification is true and accurate. I agree to notify management immediately of any change in my student status or if I no longer meet at least one exception. I understand that providing false or misleading information constitutes an act of fraud and may result in the termination of my lease agreement.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date
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You have applied for, or currently reside in, a rental housing unit located in a development operating under the Low Income Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development. Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available. * Refer to the attached page for definitions of race, ethnicity and disability.

Property Name	Unit Number
Household Name	

HOUSEHOLD COMPOSITION				RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
Mbr #	First Name	Last Name	Date of Birth	Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RACIAL CATEGORIES*	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Enter applicable code (see attached page)							
White - 1							
Black or African American - 2							
American Indian or Alaska Native - 3							
Asian – 4 (4a, 4b, 4c, 4d, 4e, 4f, 4g)							
Native Hawaiian/Other Pacific Islander – 5 (5a, 5b, 5c, 5d)							
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ETHNIC CATEGORIES*	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Check all that apply for each household member							
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY STATUS*	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Check all that apply for each household member							
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No or Choose Not to Disclose a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date

**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)**Washington Courts LLLP****ND-0944004****322 West Arbor Ave**

Name of Property

Contract/Project Number

Address of Property

Community Homes of Bismarck, Inc.**Section 8 Project Based**

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)

- ☐ Not of Hispanic, Latino/a, or Spanish Origin
- ☐ Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
- ☐ Puerto Rican ☐ Mexican, Mexican American, Chicano/a
- ☐ Cuban ☐ Another Hispanic, Latino/a or Spanish Origin

Racial Categories (select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian (select sub-category as well)
- ☐ Asian India ☐ Chinese ☐ Filipino
- ☐ Japanese ☐ Korean ☐ Vietnamese
- ☐ Other Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander (select sub-category as well)
- ☐ Native Hawaiian ☐ Guamanian or Chamorro
- ☐ Samoan ☐ Other Pacific Islander
- ☐ White
- ☐ Other

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 form 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 may mark one or more.

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.

UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$50,000. Complete only **one** form per household; include assets of children.

Household Name	Unit Number
Development Name	City

ASSETS INCLUDE (Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible. Include only those amounts which are accessible)

Source of Income	Have Asset Yes or No	Cash Value* (A)	x Interest Rate (B)	= Annual Income (A x B)
Savings Account		\$		\$
Checking Account		\$		\$
Cash on Hand		\$		\$
Safety Deposit Box		\$		\$
Certificates of Deposit		\$		\$
Money Market Funds		\$		\$
Stocks		\$		\$
Bonds		\$		\$
IRA Accounts		\$		\$
401K Accounts		\$		\$
Keogh Accounts		\$		\$
Trust Funds		\$		\$
Equity in Real Estate		\$		\$
Land Contracts		\$		\$
Lump Sum Receipts		\$		\$
Capital Investment		\$		\$
Life Insurance Policies (excluding term)		\$		\$
Other Retirement/Pension Funds not named above:		\$		\$
Personal Property held as an investment**:		\$		\$
Other (list):		\$		\$
Total Gross Annual Income				\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts (the difference between FMV and the amount received, for each asset on which this occurred) are included above and are equal to a total of \$_____.

☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date
Applicant/Tenant	Date

This document can only be used for Low Income Housing Tax Credit and Housing Incentive Fund tenant files. Housing Trust Fund, Neighborhood Stabilization, and other HUD programs must follow the HUD Part 5 under \$50,000 asset rules, which require actual income calculations.

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: WASHINGTON COURT Building #: _____ Apartment #: _____	
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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

--	--

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
410 SOUTH 2nd STREET
BISMARCK, ND 58504
Phone (701) 255-2540 Fax (701) 255-3459

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Housing Tax Credit Program, Rural Development, and HOME

Property Name: _____

Unit: _____

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income, asset, medical, and childcare expense information to be provided on one or more of the following forms:

Employment	Military Pay
Unemployment	Veteran's Benefit
Self-Employment	Worker's Compensation
Social Security/SSI	Bank
Public Assistance	Pension/Annuity
Regular Contributions	Stocks/Bonds
Alimony/Child Support	Real Estate
Student Status & Financial Aid	Disability Status
Landlord Verification	Medical Providers
Life Insurance	Trust Accounts

This authorization is limited to the forms listed above and expires 365 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income, asset, and medical information as requested on the forms above. No other information may be released without my express written authorization.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by property administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Signature of Authorized Management Agent

Printed Name of Agent

Date



Equal Housing Opportunity

This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888





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 → → →