



WEBSITE APPLICATION FOR HOUSING
AN EQUAL OPPORTUNITY AGENCY

DATE STAMP

COMMUNITY HOMES OF BISMARCK, INC WASHINGTON COURT
410 SOUTH 2ND STREET BISMARCK ND 58504

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

Section 504 Coordinator: Dwight Barden

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

This Form must be filled out in English. Print neatly in Blue Ink. All fields are required.

We will accommodate persons who cannot utilize the application process by providing alternative methods of taking applications. Please advise us of your needs.

List the correct legal name of all household members who will live in the assisted unit as it appears on their social security card. Begin with the head of the household, spouse, children, live in aides and other adults. If you are expecting a child please list the unborn child (and due date) as a household member and notify us when he or she is born.

Table with 8 columns: Name (First, Middle Int., Last), Relationship to Head of Household, Sex M/F, Disabled Y/N, Birthdate mm/dd/yy, Social Security Number, Place of Birth (city, state). Rows 1-6.

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

Table with 11 columns: Names of all Household Members receiving income, Name of Employer or Self Employment, Total Weekly Wages, TANF/Trans, Monthly Child Support/Alimony, Unemployment Benefits/Workers Comp, School Grants, Pension, Retirement, VA benefits etc., Soc. Sec., SSI SSDI etc., All other income: land rent, interest, etc. Rows 1-4.

Assets Attach additional pages if necessary

Name of Bank or Savings and Loan \$ Checking Balance \$ Savings Balance C.D. \$ Stock \$ IRA

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

CURRENT LANDLORD INFORMATION

CHECK IF:

Name

Name of Landlord / Housing Authority/ Friend

Landlord

Physical Address Apt #

Street Address of Landlord / Housing Authority /Friend

Housing Authority

City State Zip

City State Zip

Parent/Relative/Friend

Phone Number

Landlord Phone Number

Owned Home

I have lived at this address since: this date MM/YY to Present.

Applicant Current Mailing Address if different from physical:

Contact us in writing with any changes of address. Address or P.O. Box City State Zip

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

**APPLICANT PRIOR ADDRESS**

**PRIOR LANDLORD INFORMATION**

**CHECK IF:**

Name \_\_\_\_\_

Name of Landlord / Housing Authority/ Friend \_\_\_\_\_

- Landlord**
- Housing Authority**
- Parent/Relative/Friend**
- Owned Home**

Street Address \_\_\_\_\_

Street Address of Landlord / Housing/ Friend \_\_\_\_\_

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

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

Dates at this address: From: \_\_\_\_\_ to \_\_\_\_\_  
mm/yy mm/yy

(\_\_\_\_\_) \_\_\_\_\_  
Landlord Phone Number

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 sex offender? 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 where ALL adult household members are currently living and have previously lived:

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

**Criminal Record**

11. 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:

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

Name of Household Member	Crime number	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   
If yes, Whom? Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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 of 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 Applicant (Head-of Household) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_ Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

*If signing as a Guardian, provide a copy of the Court appointed documentation with application.*  
8/2015

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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

**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)

Community Homes of Bismarck, Inc. ND-0944004

322 West Arbor Ave.

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Community Homes of Bismarck, Inc.		Section 8 Project Based
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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.

Who is your Landlord? Or name of Housing Authority?

Or who are you living with? Parents/Relative?

Check If:

- Landlord
- Housing Authority
- Parent/Relative
- 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



**BURLEIGH COUNTY HOUSING AUTHORITY**

and/or

**WASHINGTON COURT**

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**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 \_\_\_\_\_

**Who was your Landlord? Or name of Housing Authority?**

**Or who were you living with? Parents/Relative?**

**Check If:**

- Landlord
- Housing Authority
- Parent/Relative
- Owned 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