

<p style="text-align: center;">WEBSITE APPLICATION FOR HOUSING AN EQUAL OPPORTUNITY AGENCY BURLEIGH COUNTY HOUSING AUTHORITY (BCHA) 410 SOUTH 2nd STREET BISMARCK ND 58504 Phone: 701-255-2540 TDD: 1-800-545-1833 Ext. 439</p>	For office use only
--	---------------------

PLEASE PRINT OR TYPE: Complete each question. Contact us in writing with any change of address. 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).

1. What program(s) are you applying for? (Check at least one program)

Burleigh County



- Public Housing - Property owned by Burleigh County Housing Authority (BCHA)
- Housing Choice Voucher Program (HAP Assistance in Burleigh County)
- Crescent Manor/Crescent West (Designated elderly only 55+ years) (Owned by BCHA)
- Shelter Plus Care (Must be homeless and disabled and working with an Agency)

Kidder County (Located 40 miles East of Bismarck)

- Housing Choice Voucher Program (HAP Assistance in Kidder County)

2. List the correct legal name of all household members who will reside in the unit as it appears on their social security card. Begin with the head of the household, spouse, children 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.

Please Print				Relationship to Head of Household	Sex M/F	Birthdate	Social Security Number			Place of Birth (city, state)
Name(s)	First	Middle In.	Last							
1				HEAD						
2										
3										
4										
5										
6										
7										
8										
9										

3. MY CURRENT MAILING ADDRESS

Contact us in writing with any change of address.

Name _____ Phone number (____) _____
Address or PO Box _____ Apt # _____
City _____ State _____ zip _____

I have lived at this address since; date _____

4. Are you enrolled as a student at an institution of higher education? Yes No
 (For example, UTTC, BSC, U of Mary, etc.)
 If yes, where? _____
5. 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)? _____
6. 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)? _____
7. Do you, or anyone in your household claim disability status? Yes No
 If yes, whom? _____
 Do you require a specific accommodation to fully use our programs and services? Yes No
8. Have you ever lived in low-income or federally subsidized housing before? Yes No
 If yes, when? _____
 What was the name of the Housing Authority? _____
9. Do you require an interpreter? Yes No
 If yes, what language do you speak? _____
10. Do you authorize anyone other than yourself or your household to request and receive verbal and written information regarding your housing? Yes No
 If yes, whom? Name: _____ Address: _____
 Phone: _____ Relationship: _____
11. What is your ethnicity? **(Required field check one).**
 Hispanic or Latino
 Not Hispanic or not Latino
12. What is your national origin or race? **(Required to check all that apply to you).**
 White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

Please read and check the red box below.

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

Signature _____ **Date** _____

Notice: "The information you have provided on this application is subject to verification through computer matching with other federal agencies for the purpose of locating delinquent debtors."

Burleigh County Housing Authority does not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Disability, Familial Status, or National Origin.