

<p><b>PRE-APPLICATION FOR HOUSING</b></p> <p><b>STARK COUNTY HOUSING AUTHORITY</b>                  1449 West Villard Street, PO Box 107                  Dickinson, ND 58602-0107                  Ph: (701) 225-3120                  Fax: (701) 225-6160</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>Bdrm Size _____</p> <p>Unit Set-Aside _____</p> <p>Annual Income \$ _____</p>	<p><b>DATE STAMP</b></p>
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Complete each question. **Please print neatly in ink or type.** Contact us in writing with any change of address.

1. **Select Property** – See the Application Guide for more information. **DO NOT SELECT ALL** your application will be deemed incomplete.

<p><b>MULTI-FAMILY APARTMENTS:</b></p> <p><input type="checkbox"/> Patterson Heights (1, 2 &amp; 3 Bedrooms) 2611 Dakota Boulevard, Dickinson, ND</p>	<p><b>55 YEAR + APARTMENTS:</b></p> <p><input type="checkbox"/> Heritage Hills (1 &amp; 2 Bedrooms) 2585 Dakota Boulevard, Dickinson, ND</p>	
<p>PLEASE SELECT BEDROOM SIZE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Bedrooms Desired: (1<sup>st</sup> Choice) 1 2 3</p>	<p>Bedrooms Desired: (2<sup>nd</sup> Choice) 1 2 3</p>

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

2. List yourself and anyone including (but not limited to): minors and live-in aides 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.

*Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.*

Name (Last, First, Middle Initial)	Relationship to Head of Household	Gender (M/F) Optional	Age	Date of Birth	Social Security Number	STUDENT STATUS		
						Full-Time	Part-Time	N/A
1	<b>HEAD</b>							
2								
3								
4								
5								

(List additional household members on a separate sheet of paper and attach to this pre-application.)

3. Is **ANY** member of the household employed?  Yes  No

Please list below the monthly household income, source, and household member that receives income, including minors and those temporarily absent from the home. (Ex. wages, overtime, commissions, tips, bonuses, social security benefit payments, unemployment, retirement fund benefits, TANF, MFIP, TEEM, alimony, child support, interest or dividends from household assets, gambling winnings, etc.)

Monthly Dollar Amount	Source (ex. Place of Employment, Social Security, etc.)	Anticipated Changes within next 12 Months			Household Member Who Receives \$
		YES	NO	IF YES, EXPLAIN	
\$					
\$					
\$					
\$					

(List additional household income on a separate sheet of paper and attach to this pre-application.)

4. Do you require an accessible unit:  Yes  No

5. Are you currently on a Public Housing Authority (PHA) waiting list?  Yes  No If yes, please indicate the name of the PHA?  
 PHA Name: \_\_\_\_\_ PHA Phone Number: \_\_\_\_\_

6. How do you want us to communicate with you?  
 Orally  Sign Language  Interpreter, What Language? \_\_\_\_\_

7. How did you hear about us?:  Newspaper  Online  Radio  Other (please indicate) \_\_\_\_\_

**NOTICE:** This is a pre-application to submit your name on the wait list. A complete application will be required once a unit becomes available. ALL pre-applicants will be contacted by the means you provide on the pre-application. At that time, if a full application is not filed, your name will be removed from the wait list.

I hereby certify that the information I have provided in this pre-application is true and accurate.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Additional Adult \_\_\_\_\_ Date \_\_\_\_\_