The Minot Housing Authority does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability.

PRE-APPLICATION FOR HOUSING

MINOT HOUSING AUTHORITY
108 E. Burdick Expy
Minot, ND 58701
Ph: (701) 852-0485
Fax: (701) 852-3043

MINOT HOUSING AUTHORITY

FOR OFFICE USE ONLY	
Bdrm Size	_____
Unit Set-Aside	_____
Annual Income	$_____

DATE STAMP

Complete each question. Please print neatly in ink or type. Contact us in writing with any change of address.

1. **Select Property** – **DO NOT SELECT ALL** your application will be deemed incomplete.

MULTI-FAMILY: Apartments/Townhomes	**55 YEAR + APARTMENTS:**
☐ Fieldcrest Apartments (1, 2 & 3 Bedrooms) *N. Minot*	
☐ Sunset Ridge Apartments (1, 2 & 3 Bedrooms) *N. Minot*	☐ Cook's Court (1 & 2 Bedrooms) *S. Minot*
☐ The Willows Townhomes (2, 3 & 4 Bedrooms) *Burlington*	☐ Souris Heights (1 & 2 Bedrooms) *N. Minot*
☐ Washington Townhomes (2, 3 & 4 Bedrooms) *S. Minot*	

PLEASE SELECT BEDROOM SIZE: ⟹ **Bedrooms Desired: (*1st Choice*) 1 2 3 4**   **Bedrooms Desired: (*2nd Choice*) 1 2 3 4**

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		**HEAD**							
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. Employer, Child Support, Social Security, etc.)	Anticipated Changes within next 12 Months YES	NO	IF YES, EXPLAIN	Household Member Who Receives $
$					
$					
$					
$					

(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)_____

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

_____   _____
Head of Household   **Date**   **Additional Adult**   **Date**