

MORGAN APARTMENTS RENTAL APPLICATION

1921 / 1935 6th St. SE, Minot, ND 58701 701.852.0485/Fax 701.852.3043

Managed By: Minot Housing Authority • 108 Burdick Expressway East, Minot, ND 58701

APPLICANT #1- HEAD OF HOUSEHOLD					
FIRST NAME	MIDDLE	LAST NAME		SS#	
DOB / /	DL# / ID#	PRIMARY PHONE		ALTERNATE PHONE #	
CURRENT ADDRESS:		CITY	STATE	ZIP	EMAIL ADDRESS
PRESENT EMPLOYER:		PHONE	OTHER SOURCES OF INCOME: SS/SSI/SSDI/OTHER \$/MONTH		

APPLICANT # 2					
FIRST NAME	MIDDLE	LAST NAME		SS#	
DOB / /	DL# / ID#	PRIMARY PHONE		ALTERNATE PHONE #	
CURRENT ADDRESS:		CITY	STATE	ZIP	EMAIL ADDRESS
PRESENT EMPLOYER:		PHONE	OTHER SOURCES OF INCOME: SS/SSI/SSDI/OTHER \$/MONTH		

In any emergency, the Minot Housing Authority makes every effort to assist medical professionals in obtaining important information. Minot Housing Authority will keep the following information on file and confidential as required per your authorizations. Please remember to update this form if there are any changes.

NEAREST FAMILY, FRIEND, OR CASEWORKER WE SHOULD NOTIFY IN AN EMERGENCY:

- 1) Name: _____ Relationship _____
 Address: _____ Phone: _____
Permission to Enter Residence in case of an Emergency: YES / NO
- 2) Name: _____ Relationship _____
 Address: _____ Phone: _____
Permission to Enter Residence in case of an Emergency: YES / NO

MEDICAL INFORMATION:

Medical History: (Please state any medical issues/disorders that may be important to know in case of a medical emergency: Medications, Allergies, EpiPen, Seizures, Diabetes, High Blood Pressure, etc.)

AUTHORIZATION FOR ACCESS TO APARTMENT:

- 1) In case of a Medical Emergency, I give permission for Minot Housing Authority Management to enter my apartment for a WELFARE CHECK. **Circle One: YES / NO**
- 2) Upon vacating my apartment, I give Minot Housing Authority permission to dispose of any items left in the apartment at their discretion: **Circle One: YES / NO**

PETS:

Pets are not allowed at the Morgan Apartments; however, Emotional Support Animals/Service Animals will be allowed with a doctors note for a reasonable accommodation and current shot records. You will be required to sign an Emotional Support/Service Animal Addendum.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

