

**MORGAN APARTMENTS APPLICATION**

**1921 & 1935 6<sup>th</sup> St SE**

**Minot, ND 58701**

**(701) 852-0485**

*(Managed by the Minot Housing Authority)*

**APPLICANT INFORMATION**

**Bedrooms desired: 1 or 2**  
*(please circle)*

Full Name: \_\_\_\_\_  
(last) (first) (middle)

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Employer: \_\_\_\_\_ Years There: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Source(s) of Income: \_\_\_\_\_

**In an emergency situation, 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: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**In case of an emergency, I give permission to Minot Housing Authority Staff to enter my apartment for a WELFARE CHECK. Circle one: YES or NO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date