

Mitchell Housing Authority

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

Please complete each question on the form and sign the form on the back page.

PLEASE PRINT

APPLICANT

(You must list an address)

NAME _____					
First	Middle	Last			
ADDRESS _____					
Street, Box No.		City	County	State	Zip
TELEPHONE _____					
Home		Other Contact		Work	
Please list other states you have lived in: _____			Email address: _____		

HOUSEHOLD COMPOSITION:

List each family member who will live in your household including yourself.

RACE CODES: 1 = White 4 = Asian
 2 = Black/African American 5 = Native Hawaiian/Pacific Islander
 3 = American Indian

Ethnicity: 1 = Hispanic 2 = Non-Hispanic

LEGAL NAME	Relationship to Head*		Optional sex	Date of Birth	Soc. Sec. No.	Disabled (Y/N)	Student (Y/N)	Race	Ethnic
	Head*	Optional sex							
1.	HEAD								
2.									
3.									
4.									
5.									
6.									
7.									

NOTE: A full-time student, who lives out of town, but returns home for at least three consecutive months per year, is allowed bedroom assignment. A part-time student living away from home is not allowed bedroom assignment.

What is you/your family's current **MONTHLY** income (if no income---put zero):
 \$ _____ (wages) \$ _____ (SSI/Social Security) \$ _____ (child support) \$ _____ (other income)

Please check the program you are interested in: You may check more than one.

Section 8 Voucher _____	Project Based Voucher (Mitchell Town Homes) _____	(2 &3 Bedrooms)
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Office use Only: Date: _____	Application #: _____
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****NOTE PREFERENCES****

Local Preferences may be given to applicants who are: Documentation must be provided to receive the preference;

Are you currently a victim of Domestic Violence? yes _____ no _____
**You will need certification from an approved domestic abuse shelter. Staff verified _____

Is the head of household or spouse listed on this application 62 years old or older? yes _____ no _____
**Proof of age Staff verified _____

Is the head of household or spouse listed on this application disabled? yes _____ no _____
**Please provide proof of disability, ie, SSI award letter, note from doctor Staff Verified _____

Are you a working family (20 or more hours a week) ? yes _____ no _____

Are you a working single person (20 or more hours a week)? Yes _____ no _____
** Staff verified _____

**** YOU MUST PROVIDE PAY STUBS!!!** Staff Verified _____

Do you require a handicap/wheel chair accessible unit? yes _____ no _____

Are you currently Homeless: yes _____ no _____ Staff Verified _____

Are you a veteran: yes _____ no _____

Are you or anyone in your household a registered sex offender: yes _____ no _____

For office use only: Staff verified: _____
Initial Date

Do you expect anyone to move in or out of the household within the next twelve- (12) months? yes _____ no _____
Example: marriage, pregnancy, (if so, expected due date), etc. _____

Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:
-any misrepresentation or false information will result in my application being cancelled or denied;
-this is a pre-application for rental assistance through Mitchell Housing & Redevelopment Commission and is not an offer of housing;
-at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Mitchell Housing & Redevelopment Commission program policy;
-it is my responsibility to notify Mitchell Housing & Redevelopment Commission of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
-I may be denied if I owe money to Mitchell Housing & Redevelopment Commission or another public housing authority;
-I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;
-my participation in federal housing programs is subject to my being eligible and in compliance with HUD and MHRC policies.

Signature

Date



Return to: Mitchell Housing & Redevelopment Commission
200 E 15th Ave. Mitchell, SD 57301
PH: 605-996-6811 Fax: 605-996-8717