

Mobridge Housing & Redevelopment Commission Pre-Application For Housing Assistance

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 CLEARLY

APPLICANT

NAME _____						
First	Middle	Last				
ADDRESS _____						
Street, Box No.			City	County	State	Zip
TELEPHONE _____						
Home/Cell			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*		Sex	Date of Birth	Soc. Sec. No.	Disabled	Student	Race	Ethnic
	Head*	M/F	(Y/N)			(Y/N)			
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. **Provide paystubs, Social Security award letter or SSI award letter, proof of child support payments: (if no income---put zero): Provide all requested documents for application to be processed any incomplete applications will be returned!!!!!!**

\$ _____ (wages) \$ _____ (SSI/Social Security) \$ _____ (child support) \$ _____ (other income)

Office use Only: Date: _____ Time: _____ Application #: _____
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****NOTE PREFERENCES****

Local Preferences may be given to applicants who are:

(Check yes if one of these situations applies to your family. All preferences will be verified.

Are you currently a victim of Domestic Violence? yes _____ no _____
**You will need certification from an approved domestic abuse shelter. (1) Staff verified _____

Is the head of household or spouse listed on this application 62 years old or older? yes _____ no _____
**Proof of age (2) Staff verified _____

Is the head of household or spouse listed on this application disabled? yes _____ no _____
(2) Staff Verified _____

Are you a working family? (20 or more hours per week)? yes _____ no _____ : **Please provide pay stubs**
** Please provide pay stubs (3) Staff Verified _____

Are you a working single person (20 or more hours per week)? yes _____ no _____ : **Please provide pay stubs**
**Please provide pay stubs (4) Staff Verified _____

All other Families and Singles yes _____ no _____ (5) Staff Verified _____

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

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

Are you or anyone in your household a registered sex offender: yes _____ no _____
For office use only: Staff Verified _____

Do you have any type of criminal record? yes _____ no _____ If "yes", are you on Probation? yes _____ no _____
If you ARE on Probation, until when? _____ What are you on probation for? _____

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. _____

Life Insurance/ Other: (type) _____ yes ___ no ___ Amount \$ _____

Have you disposed of any assets in the past two years? * yes _____ no _____

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 Mobridge 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 Mobridge Housing & Redevelopment Commission program policy.
-it is my responsibility to notify Mobridge 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 Mobridge 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: Mobridge Housing & Redevelopment Commission
202 1st Ave E, PO Box 370
Mobridge, SD 57601
PH: 605-845-2560 Fax: 605-845-9902